



Fire Department of Liberty Township

Membership / Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Race/Sex (Optional): _____
Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this Department?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Fire Certification: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

EMS Education: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three (3) professional references NOT related to you. _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Previous Affiliations

Department/Service: _____ From: _____ To: _____
Department Address: _____ "Career" or "Volunteer": _____
Reason for leaving: _____
Department/Service: _____ From: _____ To: _____
Department Address: _____ "Career" or "Volunteer": _____
Reason for leaving: _____

Driving Record

Do you have a valid driver's license?

YES

NO

State: _____ Expiration Date: _____

Type of License: _____ License Number: _____

License Restrictions: _____

Please list any vehicle accidents in which you were involved during the past five (5) years.

Date: _____ Location: _____ Any citation issued: _____
Basic Description: _____

Date: _____ Location: _____ Any citation issued: _____
Basic Description: _____

Date: _____ Location: _____ Any citation issued: _____
Basic Description: _____

Please list any moving traffic violation citations you have received in the past five (5) years.

Date: _____ Location: _____ Charge: _____
Explanation: _____

Date: _____ Location: _____ Charge: _____
Explanation: _____

Date: _____ Location: _____ Charge: _____
Explanation: _____

Has your driver's license ever been suspended or revoked? YES NO

If yes, state reason(s): _____

Signature of Consent

I, _____, an applicant for the position of Probationary Firefighter with the Fire Department of Liberty Township, agree to assist and cooperate with this Department and any representative thereof in obtaining the following personal history information:

- Medical Records**
- Educational Records**
- Criminal History Background**
- Driving Records**
- Employment History**

I hereby authorize and request all persons to whom this agreement (copy or original) is presented having information relating to or concerning me, to furnish any duly appointed officer or individual of the Fire Department of Liberty Township with such. I hereby release the Fire Department of Liberty Township, my prior employers, schools or other persons from any and all liability for any damage that may result from their furnishing information concerning me.

I understand that the membership process includes medical test, including but not limited to blood tests, urinalysis, and/or breathalyzer, and that the tests are meant in part to determine whether I have recently consumed and /or am under the influence of alcohol, intoxicants, or non-prescribed drugs, as well as my general fitness for membership. I understand that my failure to submit to such tests will result in immediate disqualification from any further consideration for membership, and that the results of the tests may be disclosed to any duly appointed officer or individual of the Fire Department of Liberty Township and legal counsel in the process of a membership decision.

I understand that misrepresentation or falsification of information on this or any other of the documents included in the application process, or failure to assist and cooperate with this Department in obtaining the above requested information will be cause for disqualification from consideration for membership, and I authorize investigation of all statements contained on this and any other of the documents included in the application process.

I understand I must provide the Department with photocopies of the following:

- > **Valid Drivers License**
- > **Proof of High School Diploma or its Equivalent**
- > **Official Birth Certificate**
- > **Certifications of EMS and Fire Training/Schools as appropriate**

If I am chosen for membership with the Fire Department of Liberty Township, I understand that, throughout my membership, the Department has the right to request psychological, physical, and medical examinations and tests, investigate my personal, employment and medical history and other related matters, and verify my ongoing suitability and fitness to serve as a public safety officer. I hereby authorize such investigations, agree to cooperate, and understand that the results of such tests and investigations may be disclosed to any duly appointed officer or individual of the Fire Department of Liberty Township and legal counsel. I further understand that the results of such tests and investigations may result in corrective action, up to and including discharge and that refusal to cooperate is grounds for recommendation for immediate termination. I further understand that misrepresentation or falsification of this or any other of the documents in the application process, even if not discovered until after my membership, is grounds for termination. However, I also understand that under no circumstances will I be required to waive my immunity, and results of medical examinations (including drug tests) shall not be used without my consent in any subsequent criminal court proceeding.

If accepted for membership by the Fire Department of Liberty Township, I agree to abide by all rules and regulations of the Fire Department of Liberty Township, and understand that membership policies or manuals issued by the Fire Department of Liberty Township may be modified, amended, or terminated by the Department from time to time.

Applicants Signature _____

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public _____

My Commission Expires _____

County of Residence _____



Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information contained here within or during my interview may result in my immediate release. Furthermore, I understand that this application is a conditional offer for my candidacy and does not constitute a formal contract or offer of employment by the Fire Department of Liberty Township, until confirmed and approved by said entity.

Signature: _____ Date: _____