

Firefighter Application

St. Joseph Charter Township Fire Department PO Box 147, 3000 Washington Ave. St. Joseph, Michigan 49085

Name:	Driver License #		Birthdate:	
Address:	City:		State:	Zip:
Email address:	Home Phone:		Mobile Phone:	
Employer Name:		Occupation	on:	
Last Completed Level High School		College		Post Grad
Days and times available for training and fire calls: Aways ava	ailahle (R Days: _	between	
Nights:				
Have you ever been a member of a fire department or public safety de	epartment?		Yes	No
Department Name: Years of experience:				
Do we have your permission to contact your previous department?				No
20 110 110 1 901 1 901 1 1 1 1 1 1 1 1 1			Yes	
Do you have any health impairments that would affect your duties in the Fire Dept?			Yes	No
Do you have any specialized skills that would benefit the Fire Dept?			Yes	No
If yes, please explain:				
Are you available to train on Monday evenings from 6 - 9 pm?			Yes	No
Are you available to train on weekends should the need arise?			Yes	No
Do you have any mechanical or computer experience?			Yes	No
If yes, please explain:				
Have you ever been convicted of a felony?			Yes	No
If yes, please explain:				
I hereby attest that all the information I have provided is accurate and information is grounds for immediate dismissal. I further understand background checks on its membership for the purpose of protecting to a background check. * Please note a conver photo of your current driver license will not	that St. Jose he public w	eph Charter e serve. I he	Township consent	nducts to such
* Please note a <u>copy or photo</u> of your <u>current</u> driver license will ne	eeu to be su		тинь иррпса	LIOII.
Signature of Application			Dat	
Please email completed form to chief@sjctfd.org or drop off completed form at St. Joseph Township Fire Dept. Remember to attach a copy/photo of your driver licenses when submitting application.				
(For Office Use Only)				
te received: Accepted Rejected	Date		Badge #:	