

# PLAINFIELD FIRE DEPARTMENT

4343 Plainfield Ave. NE  
Grand Rapids, MI 49525  
(616) 361-2895

## APPLICATION FOR APPRENTICE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ SS # \_\_\_\_\_ DRIVER'S LIC. # \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PAGER # \_\_\_\_\_ MOBILE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DAYS & HOURS WORKED \_\_\_\_\_

IN CASE OF ACCIDENT NOTIFY \_\_\_\_\_ PHONE # \_\_\_\_\_

FAMILY DR. \_\_\_\_\_ PHONE # \_\_\_\_\_

HOSPITAL PREFERRED \_\_\_\_\_ PHONE # \_\_\_\_\_

DO YOU HAVE DEPENDABLE TRANSPORTATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ VIN # \_\_\_\_\_

ARE YOU WILLING TO TAKE A PHYSICAL? \_\_\_\_\_ YES \_\_\_\_\_ NO

WILL YOU ATTEND MONTHLY MEETINGS/TRAININGS? \_\_\_\_\_ YES \_\_\_\_\_ NO

WILL YOUR EMPLOYER RELEASE YOU IN EMERGENCY? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE ANY OTHER PART-TIME EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IT IS AGREED THAT MY DRIVING/CRIMINAL RECORDS WILL BE CHECKED \_\_\_ YES \_\_\_ NO

**IT IS AGREED AND UNDERSTOOD THAT AS AN EMPLOYEE; THE FIRE CHIEF WITH OR WITHOUT CAUSE, CAN TERMINATE YOU AT ANY TIME. THERE WILL BE NO APPEALS.**

SIGNATURE OF APPLICANT \_\_\_\_\_

APPROVED BY CHIEF/DEP. CHIEF \_\_\_\_\_ DATE \_\_\_\_\_

**Return application with the following:** 1. A copy of both sides of your driver's license. 2. A letter from your parents stating they are aware, and approve of you participating in the Apprentice Program. 3. A letter from your school administrator or counselor recommending your participation in the Apprentice Program.

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Condition of Employment

As a condition of employment with the Plainfield Fire Department, I agree to immediately become or remain a nonsmoker, and shall not use any tobacco products at any time.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date