

**PLAINFIELD FIRE DEPARTMENT**

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

APPLICATION FOR PART-TIME FIREFIGHTER \_\_\_\_\_

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 A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATE, DRIVER'S LICENSE, RESUME AND ANY OTHER MICHIGAN FFTC TRAINING CERTIFICATES YOU HAVE.**

**PLAINFIELD FIRE DEPARTMENT**

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

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

**PLAINFIELD FIRE DEPARTMENT**

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

**WAIVER FOR LATERAL HIRES**

**I, \_\_\_\_\_, am making application to become a Fire Fighter for the Plainfield Fire Department. I am currently employed as a Fire Fighter of and for the**

\_\_\_\_\_  
(Your Current Government Organization)

I fully understand that the Plainfield Fire Department will perform a complete and thorough Background Investigation to ensure that I have the necessary skills, abilities and integrity to perform as a Fire Fighter of and for the Plainfield Fire Department. I recognize and understand that this Background Investigation will include but not be limited to personal history, usage of illegal drugs, criminal misconduct, domestic violence, immoral behavior and any other behaviors deemed by the Plainfield Fire Department to be essential for service as a Fire Fighter. I also fully understand that information learned by the Plainfield Fire Department may result in my not being hired.

Recognizing all of the above, I hereby give the Plainfield Fire Department full and complete permission to disclose the findings and results of this comprehensive background investigation to my current employer, \_\_\_\_\_.  
(Your Current Government Organization)

I understand that this disclosure may result in adverse consequences for me in my current job, including but not limited to termination from employment, negative reference for future employment, and possible criminal prosecution. I agree to hold the Plainfield Fire Department harmless from any and all claims made by me as a result of this release of information.

**I have initialed each of the above paragraphs** and have signed this Waiver at the bottom of this page. I fully understand this waiver, and have been offered the opportunity to withdraw my application for employment to the Plainfield Fire Department.

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Address of Current Employee

\_\_\_\_\_  
Current Department Head

\_\_\_\_\_  
Phone Number of Department Head

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Signature