

PLAINFIELD FIRE DEPARTMENT

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

APPLICATION FOR FIREFIGHTER/RESERVE _____

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, AND ANY OTHER MICHIGAN FFTC TRAINING CERTIFICATES YOU HAVE.

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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