



# SAUGATUCK TOWNSHIP FIRE DISTRICT

Proudly serving : Douglas | Saugatuck | Saugatuck Township



3342 Blue Star Highway  
Saugatuck, MI 49453  
Phone: 269 857-3000  
E-mail: stfd-clerk@outlook.com

## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Are you 18 years old or older?  Yes  No      Are you a U.S. Citizen  Yes  No

How did you hear of this opening? \_\_\_\_\_

When are you available?  Weekdays  Weeknights  Weekends      Start \_\_\_\_\_

Have you applied to the Saugatuck Township Fire District before?  Yes  No

List any friends or relative working for the district: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No, If yes, explain:

\_\_\_\_\_

Have you had a moving violation within the past two years?  Yes  No

Do you have any physical, medical or mental impairments that would interfere with your ability to perform the job?  Yes  No      If yes explain: \_\_\_\_\_

Person to be notified in case of an emergency: \_\_\_\_\_

Address and phone number: \_\_\_\_\_

Please list two references, who are not employers, relatives or employed by the Saugatuck Township Fire District:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Did you graduate from high School?  Yes  No



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## MILITARY SERVICE

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you currently a member of a Reserve or Guard Unit? \_\_\_ Yes \_\_\_ No

## EMPLOYMENT HISTORY

Current Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## SUPPLEMENTAL INFORMATION

List any special skills and certifications: \_\_\_\_\_

## APPLICATION'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on the application shall be considered sufficient cause for dismissal. I hereby permit the Saugatuck Township Fire District to obtain any information from previous employers, or others, without liability arising there from.

\_\_\_\_\_  
Signature Dated: \_\_\_\_\_

<b>Office use only:</b>		
_____	_____	_____
<b>Date received</b>	<b>Date interviewed</b>	<b>Notes</b>
_____	_____	_____
<b>Date approved</b>	<b>Start date</b>	<b>Note</b>
_____	_____	_____



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## Applicant's Certification, Agreement, Waiver of Liability & Release of Claims (Please read the following information carefully before signing)

The Saugatuck Township Fire District promotes a non-discrimination policy that ensures participation for all regardless of race, religion, sex, economic status, or disability. In accordance with A.D.A. requirements, if I require special accommodations to perform my services, I must notify the Saugatuck Township Fire District of that need within 182 days after I knew or reasonably should have known that special accommodations were needed. Failure to do so will bar me from alleging that the Saugatuck Township Fire District has not accommodated me as required by law.

I hereby certify that all statements on this application are made truthfully and without evasion and further understand and agree that such statements may be investigated, and if found to be false will be sufficient reason for not being accepted as an employee, or if accepted, may result in my dismissal.

Should the Fire District determine it necessary to do so, I authorize the Saugatuck Township Fire District to secure additional information from my employer, prior employer, educational institutions, or any other persons or organizations which may give the Fire District information concerning my employment / educational accomplishments, disciplinary information or any other personal information they may have, personal or otherwise, and release all parties from all liabilities for any damage that may result from furnishing this information to the Saugatuck Township Fire District.

In consideration of serving as an employee with the Saugatuck Township Fire District, I am hereby requesting a local and state background history on myself. I understand that this is only a State of Michigan background check. If necessary, I will furnish necessary identification (i.e. fingerprints, driver's license & social security number) for such an investigation to take place. I hereby authorize the SAUGATUCK TOWNSHIP FIRE DISTRICT, AND/OR SAUGATUCK DOUGLAS POLICE DEPARTMENT to release any information it may have in its records or may obtain from other sources under my own name and birth date, including my fingerprints, and I hereby release and forever discharge the Saugatuck Township Fire District and its agents, its officers and employees from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise. I understand Saugatuck Township Fire District may request local and state background history on myself at any time as long as I am employed by Saugatuck Township Fire District. I understand that my service may be terminated at any time by the Saugatuck Township Fire District. I also understand that there are certain inherent risks involved in any activity. I do hereby waive, relinquish, release, discharge and hold harmless the Saugatuck Township Fire District and its employees from any and all liability for any physical or mental injury or aggravation of any pre-existing condition, illness or disability, death, or loss of enjoyment or any other harm or loss of any nature which may be sustained by me while serving as an employee for the Saugatuck Township Fire District.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sex (Male or Female)

\_\_\_\_\_  
Signature (Parent or Legal guardian if under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name: (Last) (First) (Middle Initial) (Maiden/Alias)

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

Please Circle All that Apply: African American, American Indian, Asian, Caucasian, Hispanic or Other

### FOR SAUGATUCK TOWNSHIP FIRE DISTRICT USE ONLY

\_\_\_\_\_ No records were found for the above named individual

\_\_\_\_\_ The local history was on file and released

Records check complete by: \_\_\_\_\_ Date: \_\_\_\_\_