



# OAKLAND TOWNSHIP

## PAID-ON-CALL / PART-TIME FIREFIGHTER

APPLICATION FOR EMPLOYMENT

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

To The Applicant: We appreciate your interest in our Township and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race; color; sex; religion; national origin; age; height; weight; marital status; veteran status; or disability.

Please note that this application will remain active for only six (6) months, after which time applicant must re-apply.

### PERSONAL:

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Number)(Street) (City/State) (Zip)

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email address \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_ No \_\_\_

Are you authorized to work in the United States? Yes \_\_\_ No \_\_\_

Have you been previously employed here? Yes \_\_\_ No \_\_\_ If yes, date(s) \_\_\_\_\_

Have you filed an application before? Yes \_\_\_ No \_\_\_ If Yes, date(s) \_\_\_\_\_

Under what name? \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Position(s) applied for: \_\_\_\_\_

Can you perform the essential functions of the job you are applying for with or without reasonable accommodations? \_\_\_\_\_

Kind of work sought: Full Time \_\_\_ Part Time \_\_\_ Other \_\_\_\_\_

If part time, please specify hours and days desired: \_\_\_\_\_

Salary or wage rate desired: \_\_\_\_\_ Date available to work: \_\_\_\_\_

### MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes \_\_\_ No \_\_\_

If yes, what branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Honorable Discharge? Yes \_\_\_ No \_\_\_

Are you in the reserves? Yes \_\_\_ No \_\_\_ If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

**REFERENCES:** (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

**ADDITIONAL INFORMATION:**

Have you been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ (conviction of a crime will not necessarily disqualify you from employment).

If so, where, when and nature of offense: \_\_\_\_\_

If operation of a vehicle is part of the job duties of the position you are applying for, provide the following information:

Drivers License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ Issued by what state? \_\_\_\_\_

Is your license currently valid? Yes \_\_\_\_\_ No \_\_\_\_\_ License Type (Operator or Chauffeur) \_\_\_\_\_

List professional, trade, business or civic activities and offices held. Exclude names or characters which indicate race, color, religion, sex, national origin, age, disability, or marital status \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application.

**AUTHORIZATION AND UNDERSTANDING:**

Release of Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that you may verify any of the information concerning my employment, education, and any statement made herein with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I expressly authorize Oakland Township to contact any of my prior employers and I release all of those prior employers and Oakland Township from any and all liability arising from their providing job-related and lawful information about my employment history. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

**I agree that either party may terminate the employment relationship, with or without cause, at any time, for any reason, and I further agree that this arrangement may only be changed by the Manager of Oakland Township, in writing, directed to me personally, and signed by the Manager.** I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of Oakland Township as they are from time to time changed. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known. For purposes of any required post-offer medical examination, I hereby authorize Oakland Township to access any medical histories or records pertaining to me.

\_\_\_\_\_  
Signature Date

## LIST ALL EMPLOYMENT EXPERIENCE:

(List current or most recent job first; use additional sheets of paper if necessary)

Employer	<u>Dates</u> From:                      To:	Work Performed
Address		
Job Title	<u>Hourly Rate/Salary</u> Starting: Final:	
Supervisor		
Reason for Leaving		

Employer	<u>Dates</u> From:                      To:	Work Performed
Address		
Job Title	<u>Hourly Rate/Salary</u> Starting: Final:	
Supervisor		
Reason for Leaving		

Employer	<u>Dates</u> From:                      To:	Work Performed
Address		
Job Title	<u>Hourly Rate/Salary</u> Starting: Final:	
Supervisor		
Reason for Leaving		

## EDUCATION:

	Name/Location	Years Completed	Diploma/Degree	Courses of Study
<b>Elementary</b>				
<b>High School</b>				
<b>College</b>				
<b>Graduate</b>				
<b>Vocation/Training</b>				

Any other education or training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR INTERVIEWER'S USE

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HIRED:** Yes  Starting Date: \_\_\_\_\_ Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

No  Comments \_\_\_\_\_

**APPROVED:** Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

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



## CHARTER TOWNSHIP OF OAKLAND

### CONSUMER REPORT DISCLOSURE NOTIFICATION AND AUTHORIZATION

By this document, OAKLAND TOWNSHIP, (hereinafter the "Township") discloses to you that a **consumer report** and/or an **investigative consumer report** may be obtained for employment purposes as part of a pre-employment background investigation and/or at any time during your employment.

A **consumer report** is any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or expected to be used as a factor in evaluating you for employment purposes.

An **investigative consumer report** is a **consumer report** that includes information as to character, general reputation, personal characteristics and mode of living, collected through personal interviews with neighbors, friends, associates or others with whom you are acquainted. You have the right to request additional disclosures as to the nature and scope of the investigation and a written summary of consumer rights.

**By my signature below, I acknowledge that I have received and read this separate disclosure notice and that I have been given a copy to keep. I hereby give my authorization and permission for Oakland Township to procure such lawful consumer reports and/or investigative consumer reports as part of a pre-employment background investigation and at any time during my employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization and as ongoing permission for Oakland Township to procure consumer reports at any time during my employment, until a written revocation of this authorization from me is received by the Township Manager.**

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

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