



# OTSEGO FIRE DEPARTMENT

117 E. Orleans Street  
Otsego, MI 49078  
269-694-4390

**Director Brad Misner**

## EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. **NOTICE:** Applicants may be required to complete a pre-employment physical including drug testing.

Otsego is an Equal Opportunity Provider and Employer  
All employment is decided on the basis of qualifications, merit and business need

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I. Suffix*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ DOB: \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever worked for the City of Otsego?  YES  NO If yes, when? \_\_\_\_\_

How did you learn about this job?  Personal Contact  Newspaper Ad  Posting  Radio/TV  
 Outreach Center  Other  Otsego Firefighter (Name) \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO

If yes, explain: \_\_\_\_\_

Has your driver's license been suspended or revoked within the past five (5) years?  YES  NO

If yes, explain: \_\_\_\_\_

List all traffic and criminal citations and arrests: \_\_\_\_\_

\_\_\_\_\_

Are you willing to submit a drug test?  YES  NO Do we have permission to run a background check?  YES  NO

### Applicant Information (Continued)

Do you have any medical conditions that would prevent you from doing the physical demanding work of firefighting? YES  NO

If yes, explain: \_\_\_\_\_

Do you have any allergies? YES  NO

If yes, list allergies: \_\_\_\_\_

In case of an Emergency, notify? \_\_\_\_\_

*Name*

*Relationship*

*Phone #*

Check the usual times when you would be able to respond to emergencies:

Available Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00 a.m. to Noon							
Noon to 6:00 p.m.							
6:00 p.m. to Midnight							
Midnight to 6:00 a.m.							

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Academy / Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Fire / Rescue / EMS Training

Fire Department     First Responder     EMT     Paramedic

Department: \_\_\_\_\_ City / State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Fire Department     First Responder     EMT     Paramedic

Department: \_\_\_\_\_ City / State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Disclaimer and Signature**

*I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations and follow the operational guidelines as prescribed by the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability. I also agree that if I am employed with the City of Otsego, that I will be paid by Direct Deposit.*

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

- Fire Department Use Only**
- Reviewed
  - DL Copied
  - EMS Card
  - SOG
  - Modules
  - Listed
  - Hep B
  - Filed
  - Hired

# Applicant's Certification, Agreement, Waiver of Liability & Release of Claims

(Please read the following information carefully before signing)

The City of Otsego 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 City of Otsego 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 City of Otsego 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 City determine it necessary to do so, I authorize the City of Otsego to secure additional information from my employer, prior employer, educational institutions, or any other persons or organizations which may give the City of Otsego 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 City of Otsego.

In consideration of serving as an employee with the City of Otsego, I am hereby requesting a local and state background history on myself that includes but not limited to, criminal conviction and driving records. I understand that this is not limited to only the State of Michigan for a 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 any State, County and/or Local Police Department's 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 City of Otsego 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 that my service may be terminated at any time by the City of Otsego. I also understand that there are certain inherent risks involved in any activity. I do hereby waive, relinquish, release, discharge and hold harmless the City of Otsego 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 City of Otsego.

\_\_\_\_\_  
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

African American

American Indian

Asian

Caucasian

Hispanic

Other

## FOR CITY OF OTSEGO USE ONLY

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

\_\_\_\_\_ Records attached.

Records check completed by: \_\_\_\_\_

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