JACKSON TOWNSHIP FIRE & RESCUE

Application for Membership

An Equal Opportunity Employer

Name _____
Last *First* *Initial*

Address _____
Street *City* *State* *Zip Code*

How long at present address? _____

Phone Number ( ) _____ ( ) _____
Home *Other (cell or work)*

Emergency Contact _____ ( ) _____
Name / Relationship *Phone*

Are you 18 years of Age or Older? N/A Military Service(current or prior): N/A

Are you a citizen of the United States N/A

Have you ever been convicted of a felony? N/A If yes explain in detail: _____

_____

Do you have valid driver's license? N/A Do you own a car? N/A Do you have auto insurance? N/A

Have you had any traffic violations in the past 36 months (DUI/Speed) N/A

If yes, please explain: _____

Who (if anyone) recommended you to our department? _____

Why do you want to become a member of the Jackson Township Fire & Rescue? _____

_____

What days and hours would you be available for service to Jackson Township Fire & Rescue (this includes responding to calls, trainings, and work details)? _____

_____

Do you have a high school diploma or equivalent? N/A If so, where from and when? _____

Do you have any special skills or training that would enhance your service to the Jackson Township Fire & Rescue?

_____

_____

Do you currently or have you ever belonged to any other Fire or Emergency Services organization? N/A

If Yes, please list organization(s) and position held: _____

_____

Do you have any relatives who are presently, or have formerly been employed by or served with Jackson Township or Jackson Township Fire & Rescue? N/A

If Yes, please list their names, position held and agency: _____

_____

_____

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(continued)

Employment History

Current Employer _____ Dates Employed _____ to _____

Address _____ Position _____

Phone Number (_____) _____ Supervisor: _____ Work Schedule: _____

Previous Employer _____ Dates Employed _____ to _____

Address _____ Position _____

Phone Number (_____) _____ Supervisor _____

References

Please provide three (3) References of persons not related to you, whom you have known at least three years:

Name & Occupation	Phone Number	Years Known
1.		
2.		
3.		

BE IT UNDERSTOOD THAT THE JACKSON TOWNSHIP FIRE & RESCUE IS A VOLUNTEER ORGANIZATION OWNED AND OPERATED BY THE JACKSON TOWNSHIP BOARD OF TRUSTEES AND THAT ACCEPTANCE OR REJECTION OF THIS APPLICATION IS THEIR PEROGATIVE.

YOU WILL BE REQUIRED TO COMPLETE AND PASS A PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN AS WELL AS A BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT.

After all background investigation is completed and approval has been obtained, there is a 180-day probationary period before full membership to the Jackson Township Fire & Rescue is granted.

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts, and I understand that if any misrepresentation, omission or falsification is discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background relative to the position I am seeking. I release all parties from any liability in connection with the prevision and use of such information.

_____

Signature of Applicant

_____

Date

Jackson Township Fire & Rescue is committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, handicap or disability, or veteran status.

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