

By signing my name to this application form, I authorize the Mattawan Fire Department to contact and to obtain information from all references, employers, public agencies, licensing authorities and to otherwise verify the accuracy of all information provided by me in this application.

By signing my name to this application form, I certify that all information I have provided is true, complete and correct, any misstatement or omission of fact on this application will result in the dismissal of this application.

Date Submitted _____
Signature _____

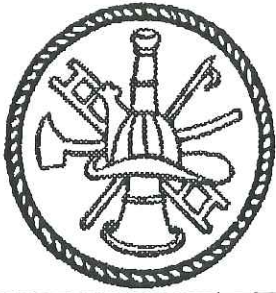
Date Chief /Officers
Reviewed _____

Present to membership for discussion Yes/No

Prospective volunteers will receive consideration without discrimination

References- name address/phone number

- 1.
- 2.
- 3.



Mattawan Fire District
55697 North Main
P.O. Box 294
Mattawan, MI 49071-0294

Authorization for pre-employment background check

authorize Mattawan Fire District to conduct such pre-employment background records checks as may be necessary in reaching an employment decision. I authorize Mattawan Fire District to access any and all records pertaining to me through the LEIN/NCIC and SOS computer systems through the Van Buren County Sheriff's Office or any other agency as may be applicable.

Name: _____
(Last) (First) (Middle)

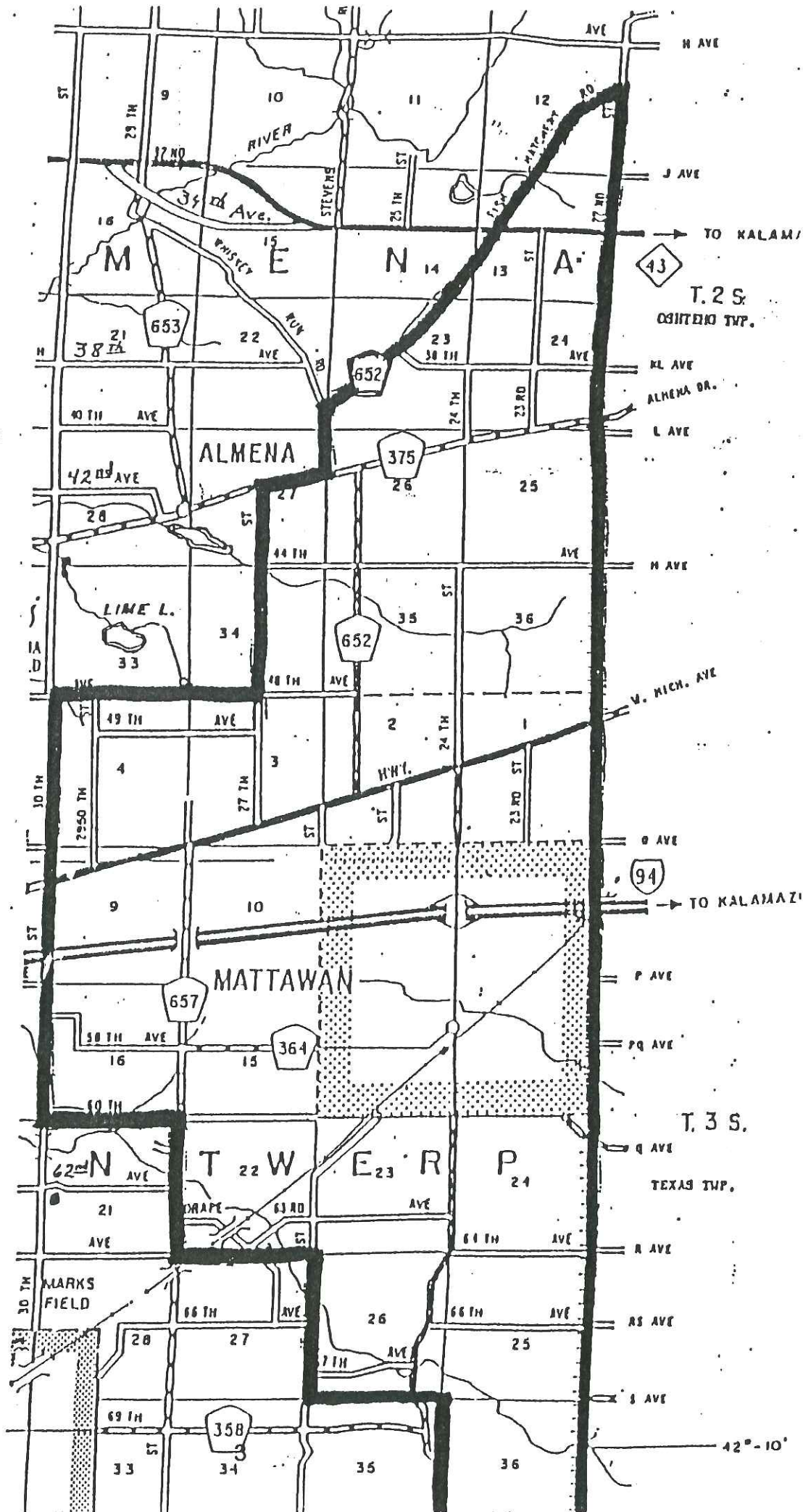
Drivers License # _____

Social Security # _____

Applicant: _____ / _____
(Print) (Signature)

Witness: _____ / _____
(Print) (Signature)

Date: _____



N
+
S
W
E

TO KALAMAZOO
43
T. 2 S.
ALMENA TWP.

KL AVE
ALMENA DR.
L AVE

H AVE
W. MICH. AVE

94
TO KALAMAZOO

P AVE
PQ AVE

T. 3 S.
TEXAS TWP.

Q AVE
R AVE
RS AVE
S AVE

42°-10'