

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

APPLICATION FORM						
-						
Last Name	First Name	Middle Initial	Date			
Street Address			Home Phone			
City	State	Zip Code	Work Phone			
Social Security #		Drivers Lice	nse #(provide copy)			
Name/Phone of Emerge	ncy contact		(1)			
(To the questions, below answer yes	s or no. If explanation is	needed, you may use page	e two)			
Are you legally eligible for em	ployment in the U.S.	A.? <u>Yes/no</u>				
Do you have any points on yo	ur driving record at th	nis time? Yes/no				
Have you ever pled "guilty" or	"no contest" to, or be	een convicted of a crir	me? <u>Yes/no</u>			
If yes to the above question, p	olease provide date(s	s) and details	entre de la constanta de la co			
Are you currently employed?	Yes/no_If yes, where	ə?				
Are you currently affiliated wit	h any other public se	rvice agency?	If yes,where			
Would you be able to leave w	ork in the event of a	dispatch for the M.F.D).?			
What hours are you most ava	ilable to respond to d	lispatches?				
On page two (2) please provide	le three (3) reference	es of people that you l	nave known a			

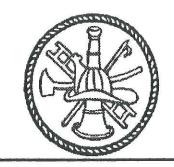
minimum of two (2) years, and are of no relation to you. Also, please explain briefly why you want to be a member of the Mattawan Fire Department. You may also use page (2) for

explanation of any of the questions on page one.

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.
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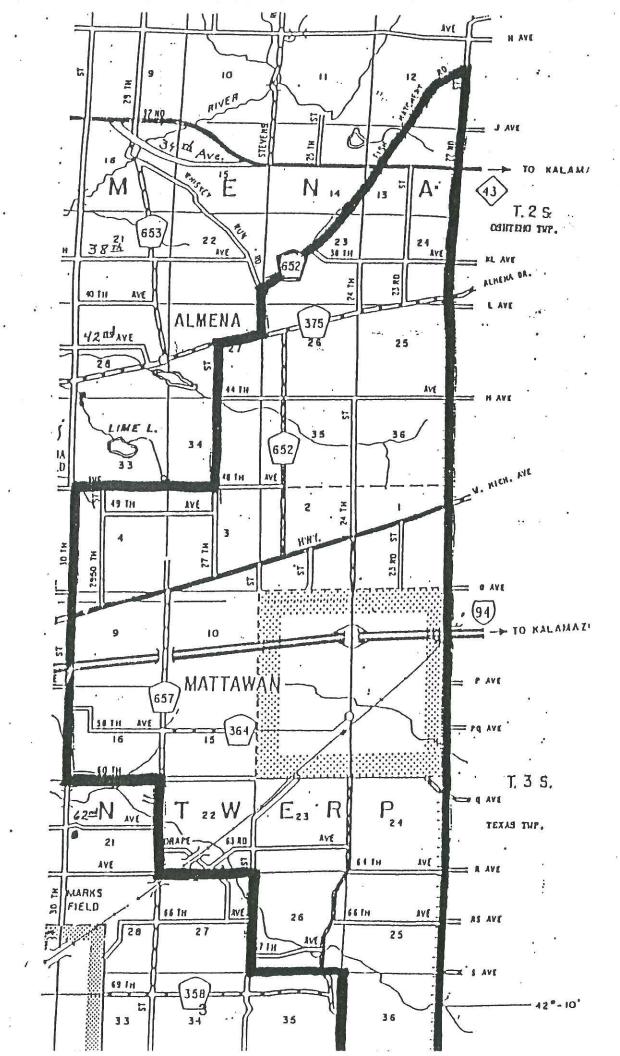


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Authorization for pre-employment background check

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

Name:					
(Last)		(First)		(Middle)	
Drivers License #_					
Social Security#_			_		
pplicant:(I	Daint)		/		
	rint)			(Signature)	
Witness:			/		
(1	Print)			(Signature)	
Date:		-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A			



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