

# APPLICATION FOR EMPLOYMENT



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.

(PLEASE PRINT)

Position(s) Applied For				Date of Application	
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email Address		Social Security Number

Best time to contact you at home is: ..... :..... <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age; can you provide required proof of your eligibility to work? ..... ☐ Yes ☐ No

Have you ever filed an application with us before? ..... ☐ Yes ☐ No

If Yes, give date .....

Have you ever been employed with us before? ..... ☐ Yes ☐ No

If Yes, give date .....

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status ..... ☐ Yes ☐ No

*Proof of citizenship or immigration status will be required upon employment. ....*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? .....

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_

8  
11  
07

DATE: \_\_\_\_\_



.....

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Describe any job-related training received in the United States military.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard sheet of stationery.



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List of financial trade businesses or civic activities and off-board

~~You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other~~

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## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

☐

Terminal

☐

Spreadsheet

Production/Mobile  
Machinery (list)

Other (list)

☐

PC/MAC

☐

Word Processing

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☐

Typewriter

☐

Shorthand

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WPM \_\_\_\_

WPM \_\_\_\_

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

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.      ☐ YES      ☐ NO

### REFERENCES

1.	( )	Phone#
(Name)		
(Address)		
2.	( )	Phone#
(Name)		
(Address)		
3.	( )	Phone#
(Name)		
(Address)		



## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_

Employed ☐ Yes ☐ No Date of Employment \_\_\_\_\_

INTERVIEWER

DATE

Job Title \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*



FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_

OPTION: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## **CONSENT FORM**

As a prospect of **Bruce/Romeo Fire Department**, I understand that is this Agency's policy to secure conviction criminal history information and a Michigan Driver's License check as part of their pre-employment screening process using the information provided below.

Name \_\_\_\_\_  
Last First Middle

Maiden name/names previously used:

\_\_\_\_\_  
\_\_\_\_\_

Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number \_\_\_\_\_

I authorize **Bruce/Romeo Fire Department** to utilize the above information for the sole purpose of obtaining a Michigan Driver's License check and conducting a background investigation.

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



## Bruce/ Romeo Fire Department

223 E. Gates St. Romeo, MI 48065 Ph. (586)-752-2520 Fax (586) 752-3024

### AGREEMENT FOR TRAINING EQUIPMENT REIMBURSEMENT

This agreement is entered into between the "TOWNSHIP OF BRUCE" (hereinafter "TOWNSHIP") and  
\_\_\_\_\_ (hereinafter "EMPLOYEE")

**WHEREAS**, the TOWNSHIP through its fire department provides psychological and physical testing equipment for extensive in-house and on the job training and during which time the EMPLOYEE is compensated in accordance with the terms and conditions of the bargaining agreement.

**WHEREAS**, there is a cost to the TOWNSHIP for providing such equipment, testing and training and the TOWNSHIP is desirous, once the training is completed of have the EMPLOYEE remain an employee of the TOWNSHIP; and **THEREFORE**, as one of the conditions of his/her employment, the EMPLOYEE agrees and authorizes the following:

1. The EMPLOYEE agrees that he/she will remain an employee of the TOWNSHIP for at least 24 months and in the event that the EMPLOYEE voluntarily terminates his/her employment, or is terminated due to failure to meet contractual obligation prior to the expiration of the said 24 month period, the EMPLOYEE will be obligated to reimburse the TOWNSHIP the sum of three thousand four hundred and forty eight dollars (\$3448.00) during the first twelve (12) months of employment, or one thousand seven hundred and twenty four dollars (\$1,724.00) during the second twelve (12) months of employment, which shall represent the EMPLOYEE'S portion of the cost of providing equipment, testing and training to the EMPLOYEE.
2. In lieu of paying three thousand four hundred and forty-eight dollars (\$3,448.00), or one thousand seven hundred and twenty-four dollars (\$1,724.00) respectively, the EMPLOYEE authorizes the TOWNSHIP, at the time of his/her employment termination, to garnish from his/her final paycheck, the amount owed. If the final paycheck does not equal the amount owed, the EMPLOYEE will be responsible for the difference.
3. If the EMPLOYEE terminates his/her employment prior to completing 24 months of employment, the TOWNSHIP may, but is not required, reduce the amount owed on a probation basis.
4. The EMPLOYEE acknowledges that he/she has read, fully understands and voluntarily agrees to the terms and conditions of the Agreement and Authorization.

EMPLOYEE

TOWNSHIP OF BRUCE

BY: \_\_\_\_\_

\_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_