

ZEELAND CHARTER TOWNSHIP FIRE DEPARTMENT

Employment Application



Please mail to ZCTFD, 6522 Byron Road, Zeeland MI 49464
or scan and email to chief@zctfd.org

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Soc. Sec. #	
City		State		ZIP	
Phone		E-mail Address			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Currently certified MI Firefighter I & II?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Zeeland Twp.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Currently Licensed ___MFR or ___EMT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Driver License #	State:		Type: ___ Operator ___ Chauffeur ___ CDL: _____		
Any Accidents in the last 3 Years?			Any Citations in the last 3 Years?		
EDUCATION					
High School	City				
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College	City				
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other	City				
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
REFERENCES					
<i>Please list three professional and two personal (non-family member) references.</i>					
Full Name	Relationship				
Company	Phone				
Full Name	Relationship				
Company	Phone				
Full Name	Relationship				
Company	Phone				
Full Name	Relationship				
Phone					
Full Name	Relationship				
Phone					

EMPLOYMENT		
Company		Phone
Address		Supervisor
Job Title and Responsibilities		
From	To	Reason for Leaving
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Would you be able to leave work from time to time for a major call? ___ Yes ___ Maybe ___ No		
Company		Phone
Address		Supervisor
Job Title and Responsibilities		
From	To	Reason for Leaving
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title and Responsibilities		
From	To	Reason for Leaving
May we contact your supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

REASON FOR APPLICATION
Please describe your reasons for wanting to become a Firefighter:

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature
Date

Please feel free to attach a resume or cover letter, describing additional skills or training or other information which may be relevant.