

THORNAPPLE TOWNSHIP EMERGENCY SERVICES
APPLICATION FOR MEMBERSHIP
128 High St.
Middleville, Michigan 49333

Dear Applicant:

Thank you for showing interest in Thornapple Township Emergency Services. TTES is a combination department that offers both Ambulance and Fire Services to the Thornapple Township Area. Paid-On-Call applicant can be serve on either fire, ambulance or both. Upon completing this application packet, you should find this to be an important commitment.

Please read the below information carefully and in its entirety. It contains the following:

1. This Application for Thornapple Township Emergency Services should be given on a voluntary basis by the applicant. Fill in ALL blanks. If you need additional space to complete any questions, use a blank sheet of paper. Make sure the application is signed. Any unsigned applications are not acceptable, and will result in automatic rejection.
2. Authorization for Release of Information & Personal Information for Background Checks/Investigations: This allows the Thornapple Township to obtain any information on your application through law enforcement agencies.
3. If you have any additional skills or trainings you feel would be advantageous to this department, please provide Training Certificates for review. Example: Officer I, Fire Inspector, Fire /EMS Instructor Certification, etc.

Please complete this application packet to the best of your knowledge and sign all forms. If there are any questions concerning this packet, please contact the Thornapple Township Hall (269-795-7202) and leave your name, phone numbers and information needed. Someone will return your call.

Respectfully,
Thornapple Township Emergency Services

APPLICATION FOR MEMBERSHIP
THORNAPPLE TOWNSHIP EMERGENCY SERVICES
(Please type or print all information)

Date: _____

Name: _____ SS#: _____

Age: _____ Date of Birth: _____ Birth Place: _____

Present Address: _____
(Number and street) (How long)

Home Phone: _____ Cell Phone: _____ Email: _____

Employer's Name: _____ Phone #: _____

Length of Employment: _____

List three character references, outside family and Thornapple Township Emergency Services:

(Name) (Address, city, state, zip) (Phone #)

(Name) (Address, city, state, zip) (Phone #)

(Name) (Address, city, state, zip) (Phone #)

Highest grade of education: _____

Are you a legal citizen of the United States? _____

How long have you resided in the TTES coverage area? _____

Employment Status: (Full Time, Part Time or Paid on Call) _____

Applying for (fire, ambulance, both) ? _____

Do you work day time hours? _____ Evening hours? _____

List all addresses in the previous five years (most recent first):

List all places of employment for the last five years to present date. Include addresses and supervisors, job description and reasons for leaving:

<i>Employer</i>	<i>Address</i>	<i>Supervisor</i>	<i>Job Description</i>	<i>Reasons for Leaving</i>

Have you been convicted of any violations of the law other than parking violations?

Yes _____ No _____ If yes, complete the following:

<i>Violation</i>	<i>Date</i>	<i>Place</i>	<i>Court</i>	<i>Disposition</i>

Have you ever been a member of another fire department? If yes, give the name(s) and address of the department(s).

List any special training you feel would be advantageous to the fire service:

Do you belong to other volunteer organizations? If so, please list and briefly describe them:

List any present or past members of the Thornapple Township Emergency Services you know:

I understand that if I should be accepted as a member of the Thornapple Township Emergency Services, I will follow the policies and guidelines of this department. I also agree to participate fully in activities associated with the Emergency Services. I further agree that all statements and facts set forth in this application for membership are true to the best of my knowledge. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Thornapple Township Emergency Services.

(Signature of Applicant & date)

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Thornapple Township Emergency Services
128 High Street
Middleville, Mi. 49333

Date: _____

Please accept this authorization to give the Thornapple Township Emergency Service or their agent any and all information pertaining to any records in your files involving _____ (name of applicant), including police reports, accident reports, etc.

(Signature of Applicant)

Thornapple Township Personal Information for Background Checks/Investigations

Thornapple Township conducts driving and background checks and/or investigations on top candidates requesting employment with the Thornapple Township. This includes the following areas: full, part, seasonal and contractual employment, volunteers and internships. A conviction does not automatically bar an individual from employment. Each case will be considered individually. In order to complete the process the information below is required.

Print Name (Last, First, Middle Initial) Date of Birth Social Security Number

Place of Birth Sex Race Height Weight Eyes Hair

Driver's License # Expiration Date Position Applying For

Have you ever been convicted, served probation or pretrial diversion for a violation of the law other than a minor traffic violation?

_____ Yes _____ No If yes, please provide details and specific dates (month and year).

Signature

Date

I certify that the above information is true and complete to the best of my knowledge. I authorize a complete background investigation based on the information I have provided.