

THORNAPPLE TOWNSHIP EMERGENCY SERVICES  
APPLICATION FOR EMPLOYMENT

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 EMPLOYMENT  
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).

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

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

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

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I understand that if I should be accepted as an employee of the Thornapple Township Emergency Services, I will follow the policies and guidelines of this department. 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.

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*(Signature of Applicant & date)*

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THORNAPPLE TOWNSHIP EMERGENCY SERVICES

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**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.

**PHYSICAL ABILITY TEST**  
Waiver and Release

I, \_\_\_\_\_ (print your name), having completed an application to participate in examinations held by Thornapple Township Emergency Services for the position of

\_\_\_\_\_ Paid-on-Call Fire/EMS                      \_\_\_\_\_ Part Time EMS

and having been advised that as part of these examinations, it will be necessary for me to demonstrate my physical skills and abilities in a series of tests, do hereby and in consideration of Thornapple Township permitting me to participate in such examinations, waive and release Thornapple Township, its officers, agents and/or employees, from any and all claims, damages, or liability whatsoever which might accrue or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I further state that I am not aware of any condition, physical or otherwise, which could be aggravated, worsened, or otherwise be adversely affected by my performance of these tests. I make this release for myself, my heirs, executors, and/or administrators. I understand that I have the opportunity (if I desire) to review this Waiver and Release with an attorney before I sign this Waiver and Release.

**I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS AND AM SIGNING THIS RELEASE AND WAIVER VOLUNTARILY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name *(please print)*

If applicant is a minor (under 18 yrs.), applicant's parents and/or guardian (attach papers) must also sign this waiver.

**I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS AND AM SIGNING THIS RELEASE AND WAIVER VOLUNTARILY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name *(please print)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name *(please print)*