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OLIVE TOWNSHIP FIRE RESCUE

6480 136th AVE
HOLLAND, MI 49424
(616) 786-9996

EQUAL EMPLOYMENT POLICY

We welcome you as an applicant for employment with Olive Township. Your application will be reviewed on the basis of merit and without regard to race, color, religion, sex, age, national origin, disability, marital status, or any other type of discrimination prohibited by law. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment with Olive Township. Falsifying information will be grounds for disqualification or dismissal. Please complete this entire application as incomplete information may result in no further consideration of employment. Please print in ink or use a typewriter to answer all questions.

PERSONAL INFORMATION

Date: _____

Position(s) desired: _____

Name: _____

Department: _____

Current address: _____
Last First Middle
Number Street Apt#

Have you ever applied to this organization before?

Yes: ___ No: ___

City State Zip Code

If yes, give dates(s): _____

List all previous addresses for last 15 years: (IF YOU NEED ADDITIONAL SPACE ATTACH ANOTHER SHEET OF PAPER)

Number Street Apt#
City State Zip Code

Number Street Apt#
City State Zip Code

Phone numbers:

Home: () -

Cell: () -

E-Mail: _____

Are you related to anyone (other than through marriage) currently employed by the township or serving as an official for the township?

Yes _____ No _____

Drivers License #: _____

Class: _____

If yes, give name, department, or office and relationship.

Social Security #: _____

In case of accident or emergency, please notify:

Name Address Phone# Relationship to applicant

Have you been convicted of (1) a felony or (2) a misdemeanor within the last 15 years?
(Conviction may be an automatic bar to employment. Each case will be considered on its own merits.)

Yes _____ No _____ If yes, describe:

Have you been found responsible on any civil infractions within the last 15 years?

Yes _____ No _____ If yes, describe:

List traffic violations for past 15 years:

Have you used any illegal drugs within the last 15 years? OR Have you used prescription drugs without obtaining a valid prescription within the last 15 years?

Yes _____ No _____ If yes, describe: _____

EDUCATIONAL INFORMATION

Elementary Middle school High School GED College Assoc. ^{Degree} Bach. Masters

(Circle highest level completed)

Name of high school or GED Program: _____

Location: _____

Dates (mo./yr.) attended: _____ If graduated, month & year: _____

Extracurricular activities: _____

Offices, honors/awards: _____

College/Graduate School:

Name & address	From	To	Degree	Major	Extracurricular activities, Honors and awards
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If any portion incomplete, number of college undergraduate credit hours successfully completed:

Have you been a firefighter before? Yes _____ No _____
If yes, where and for how long?

Additional courses, studies, seminars, workshops and certificates you hold that might relate to this position:

List any skills or training that you have that are related to this position: _____

EMPLOYMENT HISTORY

INSTRUCTIONS: Please list all employers beginning with your present or most recent employment. **Please supply all information requested.** You are encouraged to submit a personal resume in addition to this application. If you need additional space, use another sheet of paper.

Please note that we will contact your present and former employers for a reference.

Please give information below:

Employer	Mailing Address	Telephone Number
Position Held	Duties Performed	Immediate Supervisor
Employment Dates From _____ To _____	Last Salary	Reason for leaving

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Position Held	Duties Performed	Immediate Supervisor
Employment Dates From _____ To _____	Last Salary	Reason for leaving

PERSONAL REFERENCES

Please list the names and telephone numbers of three (3) people not related to you who you have known for at least five years.

Name	Address	Phone #	Relationship	How long
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please briefly tell us why you are applying for this position and why you think you would be successful in this job:

VOLUNTARY INFORMATION

How did you learn of this position?

Date of Birth: _____

PLEASE READ THE FOLLOWING STATEMENTS

I certify that the facts contained on this application form or any other document(s) supplementing this application and thus having become part of this application are true and complete to the best of my knowledge and understanding that, if employed, **falsified statements shall be grounds for dismissal.**

I authorize Olive Township to conduct a thorough investigation on any criminal record and driving record that may be on file at any local or state police agency on me.

I authorize an investigation of all information provided in conjunction with my application for employment, including contacting my supervisors, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to you.

I understand that if hired, my employment is **at will** and that I may resign at any time and likewise Olive Township may terminate my employment at any time with or without cause.

I understand that employment with Olive Township is contingent upon the successful completion of a specified probationary period.

I also understand that I must undergo, at the township's expense, a physical examination and drug/alcohol screening, the result of which must indicate that I meet the physical requirements of the job for which I am applying.

My signature below confirms that I have read and understand the above statements.

Signature: _____ Date: _____