



APPLICATION FOR EMPLOYMENT

OXFORD FIRE DEPARTMENT

96 N. Washington St.
Oxford, MI 48371

The Oxford Fire Department is an equal opportunity employer and does not discriminate in hiring or employment based on race, color, religion, sex, national origin, age, handicap, marital or veteran status.

INSTRUCTIONS: Please fill out the entire application. Failure to do so will disqualify the applicant from further consideration. Please print or type in the spaces provided. You may attach a resume detailing your professional and educational background. All information will be verified.

PERSONAL INFORMATION

Position: _____ Date: _____

Name: _____
[Last] [Middle] [First]

Address: _____
[Number] [Street]

[City] [State] [Zip]

Telephone: (____) _____ Cell: (____) _____

Email Address: _____ Social Security #: _____

Are You Over 18? Yes No List any Aliases: _____

Do you have any relatives currently employed with Oxford Township or any of its affiliates? No Yes(List)

Are you able to perform the essential job functions as specified for this position? Yes No (Explain)

DRIVING RECORD

Do You Possess a Valid Michigan Driver's License? Yes No

Driver's License #: _____ State: _____ Expiration: _____

Operator Commercial (CDL) Commercial (CDLWP Endorsement Passenger)

How Many Accidents In The Last Three Years: _____ Explain: _____

*[*Driving Record will be verified]*



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PERSONAL HISTORY

Have you ever been convicted of a crime (excluding minor traffic violations) which has not been annulled or expunged or sealed by a court? No Yes (Explain) [**Responses will be verified*]

Have you ever been discharged or requested to resign from any position? No Yes (Explain)

Are you a citizen of the United States of America or have legal right to remain permanently in the USA?
 Yes No (Explain)

Are you dependent upon or a habitual user of any addictive or hallucinogenic drug including but not limited to Amphetamines, Barbiturates, Heroin, Morphine, Cocaine, Mescaline, LSD, STP, Hashish, Marijuana, Methadone other than for medical treatment under the supervision of a licensed physician? No Yes (Explain)

Have you ever served in the Armed Forces? No Yes (Complete the following:)

Dates: From _____ To _____ Rank at Separation: _____

Branch of Service: _____ Highest Rank Held: _____

Type of Discharge: _____

EDUCATIONAL BACKGROUND

	Name of School	City/State	Graduate Y/N	Last Grade Completed	Degree / Credit
High School					
College					
College					
Other					
Honors/Awards					



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EMPLOYMENT HISTORY

Please list periods of employment in sequence beginning with your current or most recent position:

CURRENT: From ___/___/___ To ___/___/___ Position: _____

Base Pay: \$ _____ Annually Monthly Bi-Weekly Weekly

Employer: _____ Avg. Hours per week: _____

Address: _____ City: _____ State: _____

Duties: _____

Supervisor: _____ Telephone: _____

Reason for Leaving: _____

PREVIOUS: From ___/___/___ To ___/___/___ Position: _____

Base Pay: _____ Annually Monthly Bi-Weekly Weekly

Employer: _____ Avg. Hours per week: _____

Address: _____ City: _____ State: _____

Duties: _____

Supervisor: _____ Telephone: _____

Reason for Leaving: _____

PREVIOUS: From ___/___/___ To ___/___/___ Position: _____

Base Pay: \$ _____ Annually Monthly Bi-Weekly Weekly

Employer: _____ Avg. Hours per week: _____

Address: _____ City: _____ State: _____

Duties: _____

Supervisor: _____ Telephone: _____

Reason for Leaving: _____



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PERSONAL/PROFESSIONAL REFERENCES

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____

Telephone: _____ Years known: _____

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____

Telephone: _____ Years known: _____

Name: _____ Occupation: _____

Address: _____ City: _____ State: _____

Telephone: _____ Years known: _____

CERTIFICATION

IMPORTANT- READ CAREFULLY BEFORE SIGNING

1. I certify that all information contained in this application and attachments hereto is true, complete, and accurate. I understand that any misrepresentations or furnishing of false or misleading information will result in rejection from any further consideration for employment or, if employed, be grounds for dismissal from employment.
2. I understand that any offer of employment is conditional upon the results of an approved physical agility test and a physical examination conducted by a physician selected by the department.
3. I authorize the Fire Department to verify and investigate all information provided in this application and further authorize those persons and organizations named therein to release information regarding me, that they may fully respond to all inquiries concerning me and specifically, information including any disciplinary reports, letter or reprimand or other disciplinary action. I also authorize education institutions to release information relative to claimed degrees and achievements. In consideration of the acceptance of my application for employment by the Oxford Fire Department, I hereby release the department, current and past employers, education institutions, health care professionals and institutions and any other parties named herein from any and all claimed liability arising out of any such responses and disclosures.
4. I hereby acknowledge that this application is for employment of indefinite duration terminable at will at any time for any reason by myself or by the Oxford Fire Department. Further, I understand that no Supervisor, employee, or any other individual group of individual has the authority to make any agreement oral, written or implied or any other representation contrary to this.

Applicant Signature

Date



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OFFICE USE ONLY

Date Application Received: _____

Application Accepted: Yes No (Explain)

Criminal Background Check: **Date** _____ **Passed:** Yes No

Driver's Record Check: **Date** _____ **Passed:** Yes No

Agility Test: **Date** _____ **Passed:** Yes No

Physical: **Date** _____ **Passed:** Yes No

Offer Employment: **Date** _____

Accepted Employment: **Date** _____

Orientation: **Date** _____

Equipment Issued: **Date** _____