

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.

PERSO	NAL INFORMATIO	ON			
Position:	Date:				
Name:					
[Last]	First] [N	Middle Initial]			
Address: [Number]	[Street]				
[City]	[State]	[Zip]			
Telephone: ()	_ Cell: ()				
Email Address:	mail Address: Social Security #:				
Are You Over 18? Yes No					
Do you have any relatives currently employed with C Are you able to perform the essential job functions as					
D	RIVING RECORD				
Do You Possess a Valid Michigan Driver's License?	Yes No				
Driver's License #:	State:]	Expiration:			
Operator Commercial (CDL)	Commercial (CDL)	WP Endorsement Passenger)			
How Many Accidents In The Last Three Years:	How Many Accidents In The Last Three Years: Explain:				
[*Driving	Record will be verified]				



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PE	ERSONAL HISTORY		
Have you ever been convicted of a crime (excluding expunged or sealed by a court? No Yes (Exp			been annulled or
Have you ever been discharged or requested to resig	gn from any position?	No	Yes (Explain)
Are you a citizen of the United States of America or Yes No (Explain)			
Are you dependent upon or a habitual user of any a Amphetamines, Barbiturates, Heroin, Morphine, C other than for medical treatment under the supervi	nddictive or hallucinogenic dru ocaine, Mescaline, LSD, STP,	ıg includi Hashish,	ng but not limited to
Have you ever served in the Armed Forces? No	Yes (Complete the following	g:)	
Dates: From To	Rank at Separation: _		
Branch of Service:	Highest Rank Held	l:	
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

CURRENT:	From/	To _	/_	Position	ı:			
	Base Pay: \$			An	nually	Monthly	Bi-Weekly	Weekly
	Employer:						Avg. Hours per	week:
	Address:				_ City:		State:	
	Duties:							
	Supervisor: Telephone:							
	Reason for Lea	aving:						
REVIOUS:	From/	То	_/	_ Position:_				
	Base Pay: \$			An	nually	Monthly	Bi-Weekly	Weekly
	Employer:						Avg. Hours per v	week:
	Address:				_ City:		State: _	
	Duties:							
	Supervisor: Telephone:							
	Reason for Lea	aving:						
REVIOUS:	From/_	To _	/	Position:				
	Base Pay: \$_			A	nnually	Monthly	Bi-Weekly	Weekly
	Employer:						Avg. Hours per w	veek:
	Address.				_ City:		State:	
	Addicss.							
	Duties:							



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Name:	Occu	pation:
Address:	City: _	State:
Telephone:		Years known:
Name:	Occu	pation:
Address:	City: _	State:
Telephone:		Years known:
Name:	Occu	pation:
Address:	City: _	State:
Telephone:		Years known:
	CERTIF	ICATION
IMPORTAN		EFULLY BEFORE SIGNING
accurate. I understand that	any misrepresenta	application and attachments hereto is true, complete, and attions or furnish of false or misleading information will ation for employment or, if employed, be grounds for
2. I understand that any offer		s conditional upon the results of an approved physical
3. I authorize the Fire Departr and further authorize those me, that they may fully resp any disciplinary reports, let institutions to release inform acceptance of my application department, current and	ment to verify and persons and organ ond to all inquiric ter or reprimand ation relative to clude for employment past employers, arties named here	ed by a physician selected by the department. investigate all information provided in this application sizations named therein to release information regarding es concerning me and specifically, information including or other disciplinary action. I also authorize education aimed degrees and achievements. In consideration of the toby the Oxford Fire Department, I hereby release the education institutions, health care professionals and in from any and all claimed liability arising out of any
4. I hereby acknowledge that the any time for any reason by Supervisor, employee, or an	is application is fo myself or by the (ny other individua	r employment of indefinite duration terminable at will a Oxford Fire Department. Further, I understand that not all group of individual has the authority to make any 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
Psychological Evaluation:	Date	Passed: ☐ Yes ☐ No
Offer Employment:	Date	□ Yes □ No
Accepted Employment:	Date	□ Yes □ No
Orientation:	Date	
Equipment Issued:	Date	