

# UNION-LAKEVILLE FIRE DEPARTMENT

## **Firefighter and Firefighter/EMT**

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Street Address** \_\_\_\_\_ **Apartment/Unit #** \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Phone:  Email:

Date of Birth: Social Security No.: Driver's License #

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever been convicted of a felony, DUI, or OWI?  YES  NO

## **EXPERIENCE/CERTIFICATIONS**

**Copies Must be Submitted at Time of Application**

Do you have any prior experience in Firefighting:  YES  NO

If Yes, what Fire Department have you served on:

Who were the Chief and Ass't Chief:

Firefighter I     Firefighter II

Haz Mat Awareness  Haz

## Haz-Mat Awareness      Haz-Mat Operations

NMOS 100,200,700,000

EMT Technician B

Chauffeur License     CDL/Endorsements \_\_\_\_\_     EVOC

## AVAILABILITY

Present Employer: \_\_\_\_\_

What shift do you currently work:  Day  Evening  Mid-Night

When are you available:  Morning  Afternoon  Evening  Mid-Night  Anytime

YES  NO  Do you live in Union Township If Yes, how long have you resided in township: \_\_\_\_\_

Do you have any health problems that could prevent you from completing duties as such that are required of a Firefighter? If so, please list all: (please include speech, hearing, vision, back conditions, and/or respiratory conditions)

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YES    NO

Do you have any fears, such as heights or confined spaces:       

If yes, please explain fears: \_\_\_\_\_

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Why do you want to be a volunteer/employee for Union-Lakeville Twp Fire? \_\_\_\_\_

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What asset(s) will you provide to the department? \_\_\_\_\_

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I, \_\_\_\_\_ hereby submit my application to the Union Township Advisory Board and Union Township Trustee, with the understanding that I will abide by the Standard Operating Guidelines set forth by the territory board and providing unit. I also give the Union Township Trustee, providing unit, and any of its investigative agencies permission to complete a full investigative background check and motor vehicle record check. Any information obtained will be kept confidential and the property of the Union Township administration and will be sealed after it's reviewed and discussed by the Advisory Board.

\_\_\_\_\_  
Name – Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date