



STRONACH TOWNSHIP FIRE DEPARTMENT

2471 Main Street, Manistee, MI 49660
231-454-2184 · stronachfiredept@gmail.com · stronachfiredept.com

EMPLOYMENT APPLICATION

Paid-On-Call Firefighter/EMS Provider

Please print clearly and complete all sections. Incomplete applications will not be considered. Attach additional pages if needed.

Date of birth and driver's license number: the Manistee County Sheriff's Office needs both to run your background check, and the Michigan Fire Fighters Training Council requires both to register you for training. **Do not write your Social Security number on this application.**

Returning your application: Email it to stronachfiredept@gmail.com, fax it to 231-723-4911, mail it to the address above, or drop it off at the Stronach Township Hall (mailboxes outside, or with the Clerk during business hours). Questions? Call the Stronach Township Fire Department at 231-454-2184.

PERSONAL INFORMATION

Full legal name		
Street address		
City	State	ZIP code
Phone	Email	
Date of birth (month/day/year)	Driver's license number	State issued

Are you at least 18 years of age? ☐ Yes ☐ No
Do you have a valid Michigan driver's license? ☐ Yes ☐ No
Are you legally eligible to work in the United States? ☐ Yes ☐ No

EDUCATION

High school diploma or GED ☐ Yes ☐ No	If yes, year completed
College or technical school (if any)	
Degree or certificate earned	

CURRENT CERTIFICATIONS

Check all that currently apply and write in the expiration date. ☐ None yet (will obtain)

☐ Firefighter I	Expires	☐ Firefighter II	Expires
☐ Medical First Responder	Expires	☐ EMT	Expires
☐ Paramedic	Expires	☐ CPR/AED	Expires
CPR/AED certifying agency		Other certifications	

Note: Firefighter I and II certifications must be obtained within 2 years of hire. Training will be provided.

EMPLOYMENT HISTORY

List your most recent employer first. Include the last 7 years of employment history.

Current or most recent employer		
Employer name		
Position / title		
Employed from	Employed to	Currently employed here? ☐ Yes ☐ No
Supervisor		Supervisor phone
Reason for leaving		

Previous employer		
Employer name		
Position / title		
Employed from	Employed to	
Supervisor	Supervisor phone	
Reason for leaving		

Attach additional employment history if necessary.

PROFESSIONAL REFERENCES

Provide three professional references. Do not list relatives or family members.

Reference 1	
Name	Relationship to you
Phone	Email

Reference 2	
Name	Relationship to you
Phone	Email

Reference 3	
Name	Relationship to you
Phone	Email

FIRE SERVICE / EMS EXPERIENCE

Have you served with any fire department or EMS agency before?

☐ Yes ☐ No

If yes, give the department or agency, your position, and the dates you served:

CRIMINAL HISTORY DISCLOSURE

Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)?

☐ Yes ☐ No

Do not include a conviction that a court has set aside (expunged). A conviction does not automatically disqualify you. Each one is reviewed case by case, as described in the Background Check Authorization.

If yes, give details, including the date, charge, disposition and jurisdiction:

PHYSICAL REQUIREMENTS ACKNOWLEDGMENT

Firefighting and emergency medical services require:

- The ability to lift, carry and operate equipment weighing 50 pounds or more
- Climbing ladders and stairs, and working in confined spaces
- Extended periods of strenuous physical activity in extreme conditions
- Vision and hearing adequate for emergency response operations

Can you perform these essential functions, with or without reasonable accommodation?

☐ Yes ☐ No

AUTHORIZATIONS AND CERTIFICATIONS

Read each section, then write your initials and the date below it.

BACKGROUND CHECK AUTHORIZATION

I hereby authorize Stonach Township Fire Department to conduct a comprehensive background investigation including, but not limited to, criminal history records check, driving record verification, reference checks, and verification of credentials and employment history. I understand this investigation may include information from law enforcement agencies, courts, educational institutions, and previous employers.

I understand that any criminal conviction will be evaluated on a case-by-case basis and will not automatically disqualify me from employment. Stonach Township will consider the nature and seriousness of the offense, the nature of the position, and the length of time since the conviction.

I release Stonach Township Fire Department, its officers, employees, and agents from any liability arising from the procurement and use of such information in the employment decision-making process.

Applicant initials

Date

DRUG SCREENING AUTHORIZATION

I understand that employment with Stonach Township Fire Department is contingent upon successfully passing a pre-employment drug screening test. I hereby consent to submit to drug screening testing and authorize the release of test results to Stonach Township Fire Department.

I understand that a positive drug test result, refusal to submit to testing, or tampering with a drug test will result in disqualification from employment or termination if already employed.

Applicant initials

Date

PHYSICAL EXAMINATION ACKNOWLEDGMENT

I understand that employment is contingent upon successfully passing a physical examination conducted at Stonach Township's expense. I agree to submit to such examination and authorize the examining physician to release the results to Stonach Township Fire Department for employment purposes only.

Applicant initials

Date

APPLICANT CERTIFICATION

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in rejection of this application or immediate termination of employment if discovered after hire.

I understand that this application does not constitute an offer of employment and that employment with Stonach Township Fire Department is at-will, meaning either party may terminate the relationship at any time, with or without cause or notice.

I authorize Stonach Township Fire Department to contact my references and previous employers and release them from any liability for providing information.

Applicant signature

Date

Printed name