



SALINE AREA FIRE DEPARTMENT EMPLOYMENT APPLICATION

The Saline Area Fire Department is an equal opportunity employer and qualified candidates will receive consideration without regard to age, race, color, religion, gender, sexual orientation, disability, national origin, marital status, height, weight, genetic information, or any other protected status.

Date: _____ Driver License No. _____ Social Security No. _____

Name _____
(Last) (First) (Middle)

Address _____
(Number and Street)

Length Of Time At Above Address _____ Phone Number _____

Current Employer _____ Address _____

Phone No. _____ Supervisor Name _____

Type Of Work _____ Length Of Time Employed _____

May We Contact Your Present Employer? _____

Education: List Name Of School And Last Grade Completed

Grade School _____

High School _____

Other _____

Describe Any Specialized Training, Certifications, Apprenticeship, Skills And Extra Curricular Activities

References: Give Name, Address And Phone Number Of Three References Not Related To You And Are Not Previous Employers.

Are You Currently Under Indictment For A Felony Warrant? Yes _____ No _____

Have You Ever Been Convicted Of A Felony: Yes _____ No _____

If Yes, Give:

Charge _____ Court _____ Date _____

Number Of Traffic Tickets Received (Excluding Parking Tickets)_____

Has Your Driver's License Ever Been Suspended Or Revoked?_____

Number Of Accidents Involved In_____

Were You Adjudged At Fault In Any Accidents_____

Are You 18 Years Old Or Older: Yes___ No___

Are You Legally Eligible To Work In The United States: Yes___ No___

Do You Meet All The Required Minimum Qualifications As Set Forth In The Job Posting Titled "Saline Area Fire Department Employment Opportunity" For The Position Of Full Time Firefighter: Yes___ No___

Have You Ever Applied To The Saline Area Fire Department Before: Yes___ No___;
If So, When_____

AGREEMENT

I have reviewed the document titled "**Saline Area Fire Department ESSENTIAL JOB FUNCTIONS**" and I am able to perform those essential job functions with or without accommodations.

I understand that if I have a disability requiring accommodation for completing the **application process or for purposes of employment** I may request the Saline Area Fire Department to make a reasonable accommodation for it. I must make my request in writing to the Saline Area Fire Department, and under Michigan law, the request must be made in writing within 182 days after the need for accommodation is known.

Also, "I agree and understand that any employment offer is conditional upon the results of the pre-employment medical examination." Additionally, I hereby certify that I am not currently engaged in the illegal use of drugs. I understand that as a condition of employment, I will be required to take a pre-employment drug test for the illegal use of drugs that may include the collection of urine samples from my person. I agree that the results of this test may be submitted to the Saline Area Fire Department, or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communicating the results to the Saline Area Fire Department. I understand that if the results of any pre-employment drug test are positive, it will cause for rejection of my application or, if hired, that my employment with the Saline Area Fire Department may be immediately terminated.

I agree not to commence any action or claim against the Saline Area Fire Department arising out of my employment, including but not limited to claims arising under State or Federal Civil rights statutes, more than one year after the event giving rise to the action or claim or be forever barred. I waive any limitation periods to the contrary.

I hereby certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge and understand that, if employed, falsified statements, misrepresentations, or omissions on this application (and accompanying resume, if any) regardless of when they are found, shall be grounds for dismissal. I authorize investigation of all statements contained herein, references listed above, and statements and references on accompanying resume, if any, and, hereby authorize all parties contacted by the Saline Area Fire Department 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 the same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time for any reason, with or without notice, by the employee or the employer.

I further understand that if I am hired that the written contract ultimately signed will be the exclusive terms of my contract of employment and no oral promises will be in any way incorporated as part of this agreement and/or my employment contract.

I further understand and agree that if I am hired by the Saline Area Fire Department, I will be bound by the rules, regulations, policies, procedures, and other terms and conditions of employment as they are from time-to-time changed, with or without notice to me.

DATE: _____ SIGNATURE: _____