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### CITY OF FREMONT FREMONT, MICHIGAN APPLICATION FOR FREMONT FIRE DEPARTMENT

ame(Last	:)	( Fir	rst)	( Middle)	
ocial Security No					
esent address					
		( Number a	and Street)		
			ne		
	(City)	(State)	(Zip)		
revious Addre	esses:				
(Street)		(City)	(State)	(Dates)	
(Street)		(City)	(State)	(Dates	
	(Street)		(61.4.)	(Data	
(Si	treet)	(City)	(State)	(Date	
hy are you ap	oplying for th		d what knowledge,	skills, and abilities	
hy are you ap	oplying for th	is position an	d what knowledge,		
Vhy are you ap	oplying for th	is position an	d what knowledge,		

Have you the legal right to work in the United States? yes no						
List any foreign languages you:						
Understand	Speak	Read	Write			
		ng History:				
If the job you are appl	lying for requires driv	ving a vehicle:				
Do you possess a valid	driver's license? yes	s no				
Expiration date:	License	Number				
Has your driver's licer If yes, explain:	nse ever been restricte	ed, suspended or 1	revoked? yes no			
	<u>Ed</u>	ucation:				
School	Name of school		Highest grade completed			
High school						
Trade school						
College						
Others	2.000					

# Work Experience:

Present Emplo	yer:				
(Name and add	dress)		(position or type	of work)	(date: from-to
Does your emp	oloyment (	or other intere	sts) cause you to be	e out of town?	
NeverS	Seldom	Regularly	Often	_	
Previous Emp	loyers:				
(Name and ad	dress)		(position or type	of work)	(date: from-to
(Name and ad	dress)		(position or type	of work)	(date: from-to
(Name and ad	dress)	vestic se you	(position or type	of work)	(date: from-to
listed? yes_	no _		ed to resign from an		ns you have
List four (4) n	ersons (no	t related to you	References: u and not former e	mnlovers)	
2.00 .0u. (1) p	0.0000 (1.0	remited to you	a and not former co	mpioyers).	
(name)	(5	street address)	(city)	(state)	(phone)
(name)	(5	street address)	(city)	(state)	(phone)
(name)	:)))ate:	street address)	(city)	(state)	(phone)
(name)	(5	street address)	(city)	(state)	(phone)

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# Physical Record

List any and all of your physica	l limitations:
List any and all health-related	problems which would relate to being a firefighter.
EXAMPLES: Asthma, high blo	ood pressure, diabetes, etc
Have you ever received Worker	r's Compensation for a work-related injury? yes_ no_
If yes, explain:	
Would you be willing to take a	physical examination at our expense? yes no
Will you give consent to allow	the City of Fremont to investigate your past health records?
yes no	
understand that misrepresenta apply for membership in the F abide by all of the rules and re	n of all statements contained in this application. I ation or omission of facts is cause for dismissal. I hereby remont Fire Department. If accepted, I agree to study and gulations of the department, and to participate in its ities. I understand that if accepted, I will have an at-will Fire Department.
Date	Signature
DO	NOT WRITE BELOW THIS LINE
Interviewed by:	
Date:	
Department Action:	Date: