

THORNAPPLE TOWNSHIP EMERGENCY SERVICES  
EMPLOYMENT APPLICATION

128 High St.  
P.O. Box 459  
Middleville, Michigan 49333

Dear Applicant:

Thank you for showing interest in Thornapple Township Emergency Services (TTES). TTES is a combination department that offers both Ambulance and Fire Services to the Thornapple Township Area. Depending on licenses and completed training qualifications, Paid-On-Call (Part-Time for Ambulance personal) applicants can serve on either fire, ambulance or both.

Please read this packet carefully which contains the following:

1. An application for employment and the information should be given on a voluntary basis by the applicant and should be completed in its entirety. If you need additional space to complete any questions, use a blank sheet of paper. Make sure the application is signed. Any unsigned applications are not acceptable, and will result in automatic rejection.
2. Authorization for Release of Information & Personal Information for Background Checks/Investigations: This allows Thornapple Township to obtain any information on your application through law enforcement agencies.
3. If you have any additional skills or trainings you feel would be advantageous to this department, please provide training certificates for review. Example: Officer I, Fire Inspector, Fire /EMS Instructor Certification, etc.

Please complete this employment application packet and sign all forms. If there are any questions concerning this packet, please contact the Thornapple Township Hall (269-795-7202) and leave your name, phone numbers and information needed. Someone will return your call.

Respectfully,

Chief Bill Richardson  
Thornapple Township Emergency Services

THORNAPPLE TOWNSHIP EMERGENCY SERVICES  
EMPLOYMENT APPLICATION  
*(Please type or print all information)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Are you 18 years old or older: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*(Number and street) (How long)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

List three references, outside of family and Thornapple Township Emergency Services personnel:

\_\_\_\_\_  
*(Name) (Address, city, state, zip) (Phone #)*

\_\_\_\_\_  
*(Name) (Address, city, state, zip) (Phone #)*

\_\_\_\_\_  
*(Name) (Address, city, state, zip) (Phone #)*

Highest grade of education: \_\_\_\_\_

List all education and training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a legal citizen of the United States? \_\_\_\_\_

How long have you resided in the TTES coverage area? \_\_\_\_\_

Employment Status: (Full Time, Part Time or Paid on Call) \_\_\_\_\_

Do you work day time hours? \_\_\_\_\_ Evening hours? \_\_\_\_\_

Late night hours? \_\_\_\_\_ Weekends? \_\_\_\_\_

List all addresses in the previous five years (most recent first):

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List all places of employment for the last five years to present date. Include addresses and supervisors, job description and reasons for leaving:

<i>Employer</i>	<i>Address</i>	<i>Supervisor</i>	<i>Job Description</i>	<i>Reasons for Leaving</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you been convicted of any violations of the law?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following:

<i>Violation</i>	<i>Date</i>	<i>Place</i>	<i>Court</i>	<i>Disposition</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been employed by another emergency services department? If yes, give the name(s), dates of employment and address of the department(s).

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List any special training you feel would be advantageous to the emergency services department:

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Do you belong to other volunteer organizations? If so, please list and briefly describe them:

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List any present or past employees of Thornapple Township Emergency Services you know:

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I understand that if I should be employed by Thornapple Township/Thornapple Township Emergency Services, I will adhere to the Thornapple Township's Employee Handbook. I also agree to fully participate in all activities associated with Thornapple Township Emergency Services. I further agree that all statements and facts set forth in this employment application are true and factual. I also understand that any false statement or misrepresentation will result in immediate dismissal from the Thornapple Township/Thornapple Township Emergency Services.

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*(Signature of Applicant)*

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*(Date)*

## AUTHORIZATION FOR RELEASE OF INFORMATION

Date: \_\_\_\_\_

To: \_\_\_\_\_

Please accept this authorization to give Thornapple Township/Thornapple Township Emergency Services or their agent any and all information pertaining to any records in your files involving \_\_\_\_\_ (name of applicant), including police reports, accident reports, etc.

\_\_\_\_\_  
*(Signature of Applicant/Date)*

Thornapple Township  
Personal Information for Background Checks/Investigations

Thornapple Township conducts background and driver's license checks and/or investigations on candidates requesting employment with Thornapple Township. This includes the following areas: full, part, seasonal, paid on call and contractual employment, volunteers and internships. A conviction does not automatically bar an individual from employment. Each case will be considered individually. In order to complete the process, the information below is required.

\_\_\_\_\_  
Print Name (Last, First, Middle Initial)      Date of Birth      Social Security Number

\_\_\_\_\_  
Place of Birth      Sex      Race      Height      Weight      Eyes      Hair

\_\_\_\_\_  
Driver's License #      Expiration Date      Position Applying For

Have you ever been convicted, served probation or pretrial diversion for a violation of the law other than a minor traffic violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No    If yes, please provide details and specific dates (month and year).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize a complete background investigation based on the information I have provided. I authorize all agencies who may have information relevant to this investigation to disclose said information to Thornapple Township and/or its agents. I release all persons or agencies from any liability from disclosure of background information. I hereby authorize that a photocopy of this release be considered as valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date