

SANDS TOWNSHIP EMPLOYMENT APPLICATION  
FIRE / AMBULANCE DEPARTMENT

Name: \_\_\_\_\_

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

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

Drivers License No. \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Phone Number (home) \_\_\_\_\_

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

Phone Number (work) \_\_\_\_\_

Normal Work Hours: \_\_\_\_\_

Make/Model of Car \_\_\_\_\_

Year Car Built \_\_\_\_\_

Level of Training: \_\_\_\_\_

Work Weekends? (yes) (no)

Can you leave work? (yes) (no)

Agree to have a physical examination? (yes) (no)

Agree to have my driving record checked? (yes) (no)

Agree to have a criminal history check completed? (yes) (no)

The reason(s) I am applying for membership with the fire / ambulance department:

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

Any impairments (physical, mental or other) that would prevent me from performing fire / ambulance duties: (yes) (no). If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_

I hereby agree that the information provided above is accurate, and agree that the fire / ambulance department may verify such information, including conducting background checks and obtaining a copy of my driving record, criminal history and physical examination. I agree to the disclosure of such information to the fire / ambulance department by any agency or person, and release any agencies or persons from any liability connected with such disclosure.

I further agree that if accepted for membership on the fire / ambulance department, I will obey all policies and procedures of the township, the ambulance department and all applicable statutes of the State of Michigan. I understand that membership on the ambulance is on an at-will basis, and may be terminated by the township for just cause. If I should be terminated for any reason or leave the department, the equipment used by me will be returned to the township.

Applicant's Signature \_\_\_\_\_