



## Employment Application

Today's Date: \_\_\_\_\_

Position(s) Applying for : \_\_\_\_\_

The Association and LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Should the applicant need reasonable accommodations in the application process, the applicant should advise the representative providing the application.

### Applicant Information

Applicant Name: \_\_\_\_\_ / \_\_\_\_\_  
Prefix / Suffix                      First                      Last                      M.I.

Street Address: \_\_\_\_\_ Township: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Cell Number: \_\_\_\_\_ Will you accept text messages:    YES    NO

Primary Email Address: \_\_\_\_\_

Are you 18 years of age or older?    YES    NO

Are you a United States Citizen or approved to work in the United States?    YES    NO

What document can you provide as proof of citizenship or legal status? \_\_\_\_\_

Will you consent to a mandatory controlled substance test?    YES    NO

Have you ever been convicted of a criminal offense (felony or misdemeanor)?    YES    NO

If YES, please state the nature of the crime(s), where and when convicted and the disposition of the case:

Education Information				
	Name	Location (City, State)	Highest Year Completed	Degree (if applicable)
High School				
College				
Additional				

If additional spaced is needed, please provide a copy and attach the documents

**Current / Previous Employment Information – Most current to least current**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title and Responsibility(s): \_\_\_\_\_

Supervisor / Direct Report Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

May be contact this employer? YES NO

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title and Responsibility(s): \_\_\_\_\_

Supervisor / Direct Report Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title and Responsibility(s): \_\_\_\_\_

Supervisor / Direct Report Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

If not currently Employed at this company – Reason for leaving: \_\_\_\_\_

**References**

Please provide at least 3 references below – Please list at least one professional and one personal.

Name	Relationship	Contact Information (Cell or Email)
1.		
2.		
3.		

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, briefly explain: \_\_\_\_\_

List 3 Skills (if possible) that qualify you for the position you are applying.

1.	
2.	
3.	

List Certifications that qualify you for the positions you are applying.

(List briefly or attach if necessary)

**AT-WILL EMPLOYMENT**

The relationship between you and the Wright Township Volunteer Firemen’s Association and/or affiliated LLC (employer) is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason with or without cause, with or without notice by you or by the employer. No representative of the employer has authority to enter into any agreement contrary to the forgoing “employment at will” relationship. You understand that your employment is “at will”, and that you acknowledge that no oral or written statement or representation regarding your employment can alter your at-will employment status, except for a written statement signed by you and the entire current Business and Line Officers, including trustees of the LLC’s Association.

**Disclaimer /Signature:** *If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand any decision made by the employer is not negotiable or disputable. The employer reserves the right to deny application, employment or any other action taken, no matter what the action is. Additionally, by signing I agree to hold harmless the employer from any action based upon the outcome of this application, employment or denied employment. I also understand that if the employer, the association, or any organization is affiliated with the employer or association, the at-will and disclaimer information shall apply.*

Applicant Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_