

IRA TOWNSHIP FIRE DEPARTMENT

7065 MELDRUM RD.

FAIRHAVEN, MI 48023

IDENTIFICATION AND EMPLOYMENT QUESTIONNAIRE

DATE:

NAME: FIRST	MIDDLE	LAST	SOCIAL SECURITY NO.		
PRESENT ADDRESS:			WORK PHONE:		
PREVIOUS ADDRESS (IF PRESENT IS LESS THAN 6 MONTHS)			HOME PHONE:		
ARE YOU A U.S. CITIZEN:		DATE AND PLACE OF BIRTH:			
YES NO					
IN CASE OF EMERGENCY NOTIFY (NAME AND PHONE NO.):		OCCUPATION / EMPLOYER:			
MILITARY SERVICES IN THE ARMED FORCES OF THE U.S.	IF SO, BRANCH AND DUTIES:	DATE OF ENTRY:	DATE LEFT:	TYPE OF DISCHARGE:	
YES NO					
EDUCATION					
TYPE OF SCHOOL	NAME AND LOCATION	MAJOR	LAST YEAR COMPLETED	GRADUATED	
ELEMENTARY					
HIGH SCHOOL					
COLLEGE					
FIRE / RESCUE COURSES					

<p>HAVE YOU EVER DONE ANY TYPE OF FIRE OR RESCUE WORK? YES NO GIVE DETAILS IF YES.</p>	<p>ARE YOU WILLING TO ATTEND AND MEET REQUIREMENTS OF ANY AND ALL DEPARTMENT AND STATE TRAINING COURSES MANDATED BY THIS DEPARTMENT. YES NO</p>
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EMPLOYMENT AND EXPERIENCE RECORD

NAME AND ADDRESS OF LAST FIVE EMPLOYERS	KIND OF WORK	REASON FOR LEAVING	PERIOD EMPLOYED FROM TO

TYPE OF DRIVERS LICENSE YOU HOLD: OPERATOR COMMERCIAL CHAUFFEUR	ISSUED BY WHICH STATE?	DRIVERS LICENSE NUMBER:
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HAS YOUR DRIVERS LICENSE BEEN REVOKED OR SUSPENDED IN THE LAST 10 YEARS? YES NO IF YES, EXPLAIN:	

HOW MANY YEARS HAVE YOU BEEN DRIVING? ANY RESTRICTIONS ON YOUR LICENSE? YES NO IF YES, EXPLAIN:	DO YOU OWN A CAR? DO YOU HAVE ANY MOVING VIOLATIONS OR ACCIDENTS? YES NO IF YES SHOW DETAILS BELOW.
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MO.YR.	DESCRIPTION OF VIOLATION OR ACCIDENT

