

# OTSEGO FIRE DEPARTMENT

117 E Orleans Street  
Otsego, MI 49078

Name: \_\_\_\_\_  
Last
First
MI
Suffix

Are you at least 18 years old? \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_  
Work
Home
Cell
Pager

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

EDUCATION	HIGH SCHOOL	VOCATIONAL SCHOOL	COLLEGE/ UNIVERSITY	ADVANCED EDUCATION
School Name				
City/State				
Yr. Graduated				
Degree/Area				

Military Experience	Branch	Highest Rank	Dates	Assignment
None				

Fire/Rescue Experience	Fire Department	City/State	Highest Rank	Dates/Years
None				

EMS Training	First Responder	EMT		Paramedic
None				

List all other training, hobbies, etc.:

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Check the Usual times when you would be available to respond to emergencies:

Available Time	Sun	Mon	Tue	Wed	Thur	Fri	Sat
6:00am to noon							
noon to 6:00 pm							
6:00 pm to midnight							
midnight to 6:00 am							

1. Do you have any medical conditions that would prevent you from doing the physically demanding work of firefighting? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you had a complete physical exam within the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

3. List any allergies: \_\_\_\_\_

4. Date of last Tetanus Shot: \_\_\_\_\_

5. Are you within 4 minutes of the Fire Department to respond to calls? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has your driver's license been suspended or revoked within the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

7. List all traffic and criminal citations and arrests:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Do we have your permission to run a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Are you willing to submit a drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

10. In case of Emergency, Notify: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

11. How did you learn about this job?  
 \_\_\_\_\_ Personal Contact \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Posting \_\_\_\_\_ Radio/TV  
 \_\_\_\_\_ Outreach Center \_\_\_\_\_ Other \_\_\_\_\_ Otsego Firefighter  
 Name \_\_\_\_\_

**WORK EXPERIENCE**

<b>DATE MONTH AND YEAR</b>	<b>NAME AND ADDRESS OF EMPLOYER</b>	<b>SUPERVISOR NAME</b>	<b>REASON FOR LEAVING</b>
<b>From</b> <hr/> <b>To</b>			
<b>From</b> <hr/> <b>To</b>			
<b>From</b> <hr/> <b>To</b>			
<b>From</b> <hr/> <b>To</b>			

**REFERENCES**

<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NO.</b>

I certify that all statements given on this form are true. I consent to the release of any information required to verify this information as true. I agree that I will obey all laws, rules and regulations, and follow the operational guidelines as prescribed by the fire department. I reside within four (4) minutes of the fire department. I understand that I will be on probation for not less than 12 months and may be excused from the department with no fault or liability. I also agree that if I am employed with the City of Otsego, that I will be paid by Direct Deposit.

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

Fire Department Use Only: Reviewed _____ DL Copied _____ EMS card _____ SOG _____ Modules _____ Listed _____ Hep B _____ Filed _____ Hired _____
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