

Firefighter Application

St. Joseph Charter Township Fire Department Station #2 1750 Colfax Ave, Benton Harbor, MI 49022

Name:	Driver License #		Birthdate:	
Address:	City:		Ctata	7in:
Address.		ity.	State:	Zip:
Email address:	Home Phone:		Mobile Phone:	
nployer Name: Occupation			on:	
Last Completed Level High Schoo		College	F	ost Grad
Days and times available for training and fire calls: Aways a	ailable OR Days: _		between	
		Nights: _		en
Have you ever been a member of a fire department or public safety (department?	-	Yes	No
epartment Name: Years of exp				
Do we have your permission to contact your previous department?			Yes	No
Do you have any health impairments that would affect your duties in the Fire Dept?			Yes	No
Do you have any specialized skills that would benefit the Fire Dept? If yes, please explain:			Yes	No
Are you available to train on Monday evenings from 6 - 9 pm?			Yes	No
Are you available to train on weekends should the need arise?			Yes	No
Do you have any mechanical or computer experience?			Yes	No
If yes, please explain:				
Have you ever been convicted of a felony? If yes, please explain:			Yes	No
I hereby attest that all the information I have provided is accurate an information is grounds for immediate dismissal. I further understan background checks on its membership for the purpose of protecting a background check.	d that St. Jos the public w	eph Charter e serve. I he	Township cor ereby consent	nducts to such
* Please note a <u>copy or photo</u> of your <u>current</u> driver license will i	ieea to be su	mitted witi	rı tnıs applicat	ion.
Signature of Application		Date		
Please email completed form to sjtfd2@gmail.com or drop off Dept. Remember to attach a copy/photo of your driver				p Fire
	icenses wife	ir submitting	, application.	
(For Office Use Only) e received: Accepted Rejected	Date		Badge #:	