

Date

Have you previously worked for our organization? **Yes / No**

What Department did you work with (circle all that apply)? **EMS / Leroy Twp / Williamston**

When did you previously work? From _____ (Mth), _____ (Yr) To _____ (Mth), _____ (Yr)

Do you have a Driver's License? (Circle One) **Yes / No** If Yes, License Number: _____

Any Traffic Offenses that resulted in the loss of driving privileges? **Yes / No** Criminal Charges Pending? **Yes / No**

Have you any felony convictions? **Yes / No**

Are you in good health and able to perform the job outlined in the Job Description? **Yes / No**

Have you been vaccinated against Hepatitis ? **Yes / No** Current TB Test Results? **Yes / No**

Do you have a current EMS State of Michigan License? **Yes / No** What is your License level? _____

Do you have a Tri-County Medical Control Card? **Yes / No** BCLS Card? **Yes / No** An ACLS Card? **Yes / No**

Do you have a State of Michigan Firefighter I & II Certification? **Yes / No**

Do you have any other Fire/EMS Certifications? (List) _____

Applicants Name:

Comments:

Any false statements, evasions, or deceptions in answering the above questions will be considered sufficient grounds for rejection or dismissal from the organization.

Applicant's Signature

Date