



Dutton-Gaines Township Fire-Rescue
 3471 68th St SE Caledonia, MI 49316
 (616) 541-0119
 paul.sheely@gainestownship.org
 Paul Sheely, *Chief*

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment-If you need more space, add to the back of page.

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Driving Information & Record

Drivers

License # _____ State Issued: _____ Exp: _____

List and explain any traffic violations you've received in the last five years. _____

Law Enforcement Contacts/Criminal History

Describe below any arrests and/or convictions in the space below. Include date of offense and arresting agency if applicable, as well as the disposition. Do not include traffic offenses listed above.

1. Date:
Offense:
Agency:
Disposition:

2. Date:
Offense:
Agency:
Disposition:

3. Date:
Offense:
Agency:
Disposition:

4. Date:
Offense:
Agency:
Disposition: