

Carrollton Township Fire Department
1645 Mapleridge Rd
Saginaw MI 48604

Application Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Are you 18 years of age or older? Yes No

Place of Employment: _____

Address: _____ City: _____

Phone: _____ Supervisor: _____

Work Hours: From _____ To _____

Are you a resident of Carrollton Township? Yes No

In Case of Emergency Notify

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Information on the emergency vehicles you will drive.

Model of Vehicle: _____ Make of Vehicle: _____

VIN of Vehicle: _____

Name on the Title: _____

You must carry a minimum of \$100,000/\$300,000 public liability and property damage after you receive your light and siren.

Insurance Company: _____

Insurance Agent: _____ Agents Phone Number: _____

Previous fire fighting experience, if any: _____

Signature: _____ Date: _____

Carrollton Township Fire Department
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Date: ____ / ____ / ____

Subject: Police Criminal Background Review

For: Fire Department Employment Application

To: Carrollton Township Police

I the undersigned authorize the Carrollton Township Police Department permission to check my criminal history including my driving record pursuant to my conditional offer of employment as a paid on call fire fighter.

Name: _____
(First) (Middle) (Last)

Address: _____ City: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Social Security Number: ____ / ____ / ____

Drivers License Number: ____ / ____ / ____ / ____ / ____

Applicant's Signature: _____