



GREEN LAKE TOWNSHIP EMERGENCY SERVICES EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME	NICKNAME/OTHER NAMES USED:
STREET ADDRESS:			CITY/STATE:		ZIP:
TELEPHONE:		SOCIAL SECURITY NUMBER:		BIRTHDATE:	
CELL: () _____ - _____		_____ - _____ - _____		____/____/____	
HOME: () _____ - _____		LEGALLY ABLE TO WORK IN U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYMENT DESIRED: <input type="checkbox"/> EMS <input type="checkbox"/> FIRE <input type="checkbox"/> FIRE & EMS		DRIVER'S LICENSE:			
		STATE ISSUED:			

EDUCATION

SCHOOL	MAJOR	DEGREE/DATES OF ATTENDANCE (ANY PENDING CHANGES)

CERTIFICATIONS:

HONORS/AWARDS:

SPECIAL SKILLS (TRANSLATION, SIGN LANGUAGE, ETC)

WORK EXPERIENCE

COMPANY	ADDRESS	SUPERVISOR	TELEPHONE	JOB TITLE	REASON FOR LEAVING

REFERENCES

NAME	RELATIONSHIP	ADDRESS	PHONE

DRIVING RECORD		
In the past 5 years have you had your driver's license revoked or suspended	<input type="checkbox"/> yes	<input type="checkbox"/> no
In the past 5 years have you been convicted of reckless driving	<input type="checkbox"/> yes	<input type="checkbox"/> no
In the past 3 years have you been convicted of more than 2 driving violations	<input type="checkbox"/> yes	<input type="checkbox"/> no
In the past 3 years have you been determined to be at fault in a vehicle accident	<input type="checkbox"/> yes	<input type="checkbox"/> no

CRIMINAL HISTORY	
MISDEMEANOR: _____ DATE: _____	

FELONY: _____ DATE: _____	

I CERTIFY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AT THE TIME OF APPLICATION. I ALSO AGREE TO PROVIDE COPIES OF ALL LICENSES AND CERTIFICATES. I ALSO AUTHORIZE GREEN LAKE TOWNSHIP EMERGENCY SERVICES TO RUN A BACKGROUND CHECK, INCLUDING DRIVING RECORD, WITH MY SIGNATURE BELOW.

X	
SIGNATURE	DATE

State your interest in Green Lake Township EMS (what prompted your application to our service):
