

Birch Run Township Fire Department

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE · EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

NAME <i>Matt McConnell</i>		DRIVER'S LICENSE NUMBER
LEGAL ADDRESS	CITY <i>Birch Run</i>	DATE OF BIRTH
STATE <i>MI</i>	ZIP CODE <i>48415</i>	REFERRED BY
PHONE NUMBER (daytime)		PHONE NUMBER (nighttime)

AVAILABILITY

DATE AVAILABLE

ARE YOU EMPLOYED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER <i>McLaren Bay Region</i>	PHONE NUMBER
HAVE YOU APPLIED HERE BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DEPARTMENT <i>Respiratory Therapist</i> ^{LIERT} DATE <i>1-17-17</i>

EMERGENCY INFORMATION

EMERGENCY CONTACT	PHONE NUMBER
ALTERNATE EMERGENCY CONTACT	PHONE NUMBER

REASON(S) FOR APPLYING FOR MEMBERSHIP / ADDITIONAL INFORMATION YOU WISH TO SUBMIT

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
<i>Birch Run high</i>	<i>12 total</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>General</i>
<i>Delta College</i>	<i>4 Gen + clinical</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<i>Respiratory Care</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

8411 Main Street • P.O. Box 152 • Birch Run, MI 48415
 (989) 624-9561 • Emergency Phone: 911
 "Dedicated to Protect Life and Property"