

Birch Run Township Fire Department

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE · EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

NAME <i>Matthew A Yasteh</i>		DRIVER'S LICENSE NUMBER	
LEGAL ADDRESS <i>Boj TRD</i>	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>Imagine Birch Run</i>		PHONE NUMBER	
HAVE YOU APPLIED HERE BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEPARTMENT	DATE <i>4-24-17</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>Home School</i>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<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"