



CHESTERFIELD TOWNSHIP DEPARTMENT OF PUBLIC SAFETY



Bradley A. Kersten, Director of Public Safety

Chesterfield Township · Michigan · 48047 · www.chesterfieldpublicsafety.org

Application for Employment

THE CHESTERFIELD TOWNSHIP DIVISION OF FIRE SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER

Instructions: Type or print in ink. Complete all questions in detail. Attach additional pages, if necessary, and documents requested. This application must be received by the Chesterfield Township Fire Department no later than 3:00 pm on the last date for filing applications indicated on the announcement of the position for which you are applying. Separate application forms are required for each classification or position in which you are interested. Incomplete applications will be disqualified.

Position or classification applied for: _____

Personal Data

Name: _____ Social Security No.: XXX-XX-_____

Address: _____

Phone: (home) _____ (alternate) _____ Best Time to Call: _____

Driver's License Number: _____ Endorsements: _____

Driver's License Expiration Date: _____ Issuing State: _____

Has your driver's license ever been suspended or revoked? Yes ___ No ___

If yes, please explain: _____

Have you ever been convicted of a crime? Yes ___ No ___

If yes, location and nature of offense? _____

Are there any felony charges pending against you? Yes ___ No ___

Are there any job duties related to the position you are applying for that you can not perform?

Yes ___ No ___

If yes, please explain: _____

Were you previously employed by us?

Yes ___ No ___
(If yes, list under record of previous employment.)



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In case of emergency, who should be notified?

Name _____ Address _____ Phone # _____ Relationship _____

How did you find out about this job? Job Announcement _____ Walk -In or Called _____

Group or Organization (list name) _____ Newspaper Ad (list name) _____

Other _____

Education

School	Name & Address of School	Course of Study	Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1	Yes	
			2		
			3	No	
			4		
College			Credit Hours Completed	Yes	
			Required for Degree	No	
Other (Specify)			1	Yes	
			2		
			3	No	
			4		

If you are applying for a clerical position, please indicate your typing speed: _____ WPM

Military Service Record

Were you in the U.S. Armed Forces? _____ Which Branch? _____

Dates of Duty From: _____ To: _____

Are you claiming Veteran's Preference? _____ *If so, attach DD-214 to application*



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Personal References

(Not a Relative or Former Employer)

	Name	Mailing Address (including Zip)	Phone	Association
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Employment History

Directions:

Review the qualifications on the announcement for this examination carefully. If work experience or specific skills are listed as qualifications, you must describe how you meet the qualifications by listing your work experience, skills, etc., in this section of the application. BE COMPLETE AND SPECIFIC. RESUMES MAY NOT BE SUBSTITUTED. Begin with your present or last job. List promotions or changes from part-time to full-time work hours with the same employer separately. Attach extra pages if necessary to provide a complete work history. Describe how you qualify for the examination. Resumes **may not** be substituted.

Note:

FAILURE TO COMPLETE THIS SECTION OF THE APPLICATION MAY RESULT IN DISQUALIFICATION. You will not be contacted to clarify this information, nor will additional information be permitted after the official closing date of the position for which you have applied. You must include all phone numbers, addresses, etc.

(List present or most recent position first, then next most recent, etc.)

Name of Employer:	Exact Title and Description of Duties
_____ Address Zip Telephone	
Name of Supervisor: Department: Dates: From _____ To _____ Type of Business _____ Earnings: Per Hour _____ Per Week _____ Hours Worked Per Wk _____	
Reason for Leaving:	



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Name of Employer:	Exact Title and Description of Duties

Address _____ Zip _____ Telephone _____	
Name of Supervisor:	
Department:	
Dates: _____ From _____ To _____ Type of Business _____	
Earnings: _____ Per Hour _____ Per Week _____ Hours Worked Per Wk _____	
Reason for Leaving:	

Name of Employer:	Exact Title and Description of Duties

Address _____ Zip _____ Telephone _____	
Name of Supervisor:	
Department:	
Dates: _____ From _____ To _____ Type of Business _____	
Earnings: _____ Per Hour _____ Per Week _____ Hours Worked Per Wk _____	
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READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I understand and agree that information provided in this application will be relied upon by the Chesterfield Township Fire Department in considering me for employment, and I certify that all information is true and that I have not knowingly omitted any requested information. I further understand that any false or misleading statements or omissions made by me on this application or other Township records may subject me to disqualification from consideration or dismissal at any time during my employment.

I hereby authorize the Chesterfield Township Fire Department to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I release the Township and any person or organization supplying information to the Township in connection with such investigation of and from liability in connection with the furnishing or use of such information.

I understand that as a condition of employment by the Chesterfield Township Fire Department, I must successfully pass a medical screening.

The law requires that a person with disabilities needing accommodations for employment must notify the employer, in writing, within 182 days after the need is known. If you need accommodations in order to take a test during the recruitment process, you must notify the Personnel Office, in writing, of the need for accommodations within 6 days of notice of the exam.

Date: _____ Signature: _____

THE CHESTERFIELD TOWNSHIP FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

The Chesterfield Township Fire Department, upon reasonable advance notice, will provide support and make reasonable accommodations to assist people with disabilities to access facilities and participate in Township services.