WINDSOR TOWNSHIP EMERGENCY SERVICES APPLICATION - VOLUNTEER (PAID-ON-CALL)

I am interested in becoming a member of the:

_____Fire Division

_____Emergency Medical Service Division

Time(s) I would be available to respond to emergency calls:_____

_____

PERSONAL INFORMATION

Full name: _____
          Last,   First   Middle

Address:_____
          Number   Street

_____ Telephone:(_____)_____
     City   State   Zip

Other names by which I am/have been known (include explanation):

_____

_____

Are you a United States Citizen?   _____Yes   _____No

EDUCATIONAL HISTORY

List all professional licenses/certifications you currently hold (e.g. Firefighter I/II, EMT Paramedic, EMT, ACLS, Hazardous Materials, Confined Space, CPR Instructor) Attach copies of certificates if available

_____

_____

_____

List any other information, knowledge, skills, abilities, and/or interests which you feel may add to your qualifications for employment:_____

_____

_____

My signature on this application authorizes representatives of Windsor Township to contact educational organizations, institutions, or instructors as required to evaluate my application.

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EMPLOYMENT HISTORY

Are you currently employed? _____ Yes   _____ No

List employment information:

       Name:_____

       Address:_____

       Telephone:_____

       Supervisor:_____

Do we have permission to contact your employer?   _____ Yes   _____ No

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CRIMINAL HISTORY

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

Have you been convicted of a crime in the last 7 years?   _____ Yes   _____ No

      If "Yes", when _____   Where_____

Nature of offense_____

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PERSONAL REFERENCES (NO FORMER EMPLOYERS OR RELATIVES)

Name:_____   Telephone:_____

Address:_____

Years known:_____

Name:_____   Telephone:_____

Address:_____

Years known:_____

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I certify that the information I have given on this form is true and complete according to my best knowledge. I recognize that any misrepresentation or falsification will be cause for rejection of this application or for dismissal, if discovered after I have been hired. I agree to undergo a physical examination and/or drug testing any time at the Township's expense to determine if I am physically fit for the job. I authorize Windsor Township to verify any statement contained within this application and will execute authorizations for the release of information as required. In consideration of my employment I agree to conform to the Personnel Rules of Windsor Township. I agree that my employment is not for any definite term, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Windsor Township or myself.

_____   _____
Applicant's Signature   Date

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