

# ZEELAND CHARTER TOWNSHIP FIRE DEPARTMENT

Employment Application



Please mail to ZCTFD, 6522 Byron Road, Zeeland MI 49464  
or scan and email to [chief@zctfd.org](mailto:chief@zctfd.org)

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Birthday:	
City		State		ZIP	
Phone		E-mail Address			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Currently certified MI Firefighter I & II?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Zeeland Twp.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Currently Licensed ___MFR or ___EMT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Driver License #	State:		Type: ___Operator ___Chauffeur ___CDL: _____		
Any Accidents in the last 3 Years?			Any Citations in the last 3 Years?		
EDUCATION					
High School	City				
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College	City				
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other	City				
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
REFERENCES					
<i>Please list three professional and two personal (non-family member) references.</i>					
Full Name	Relationship				
Company	Phone				
Full Name	Relationship				
Company	Phone				
Full Name	Relationship				
Company	Phone				
Full Name	Relationship				
Company	Phone				
Full Name	Relationship				
Company	Phone				

<b>EMPLOYMENT</b>	
Company	Phone
Address	Supervisor
Job Title and Responsibilities	
From                      To	Reason for Leaving
May we contact your supervisor for a reference?                      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Would you be able to leave work from time to time for a major call?    ___Yes    ___Maybe    ___No	
Company	Phone
Address	Supervisor
Job Title and Responsibilities	
From                      To	Reason for Leaving
May we contact your supervisor for a reference?                      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone
Address	Supervisor
Job Title and Responsibilities	
From                      To	Reason for Leaving
May we contact your supervisor for a reference?                      YES <input type="checkbox"/> NO <input type="checkbox"/>	

<b>MILITARY SERVICE</b>	
Branch	From                      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>REASON FOR APPLICATION</b>
Please describe your reasons for wanting to become a Firefighter:

<b>DISCLAIMER AND SIGNATURE</b>
I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature
Date

*Please feel free to attach a resume or cover letter, describing additional skills or training or other information which may be relevant.*