



NORTHVILLE CITY FIRE DEPARTMENT

STATION 1
215 West Main Street
Northville, Michigan 48167
Headquarters (248) 449-9920
FAX (248) 449-9960

STATION 2
201 South Main Street
Plymouth, Michigan 48170
(734) 453-1234 Ext.281
FAX (734) 738-0102

APPLICATION TO ATTEND FIREFIGHTER TRAINING ACADEMY

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home Phone _____ Cell Phone _____ E-mail Address _____

Driver's license number _____ State _____

Have you been convicted of a crime? Yes _____ No _____

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

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO ENROLLMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED WILL BE TAKEN INTO ACCOUNT.

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Position _____ Date Ended _____ Ending Position _____
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Position _____ Date Ended _____ Ending Position _____
Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Position _____ Date Ended _____ Ending Position _____
Responsibilities _____

Reason for leaving _____

EDUCATION

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

Please describe any previous firefighting, EMS or other public safety training, education or experience you have:

MILITARY SERVICE

Have you ever been in the armed forces? Yes _____ No _____ If yes, what branch? _____

Rank at discharge _____ Dates of duty: From _____ / _____ / _____ to _____ / _____ / _____

Are you a present member OF the National Guard or Reserves? Yes _____ No _____

APPLICANT STATEMENT

The facts set forth above are true to the best of my knowledge, information and belief. I understand that, if admitted to the academy, I will be required to sign an Acknowledgment, Waiver and Release and submit to a physical examination at the City's expense, and I hereby consent to such a physical examination. I understand that, while attending the academy, I will not be an employee of the City of Northville or the City of Plymouth and will not be paid for attending classes. If I successfully complete the academy and the State of Michigan's written and practical certification exams, and otherwise meet the applicable requirements, I will be eligible to apply for a position with the Northville City Fire Department.

Date _____

Signature _____