



GRAND TRAVERSE METRO / RURAL FIRE DEPARTMENT

897 PARSONS RD
TRAVERSE CITY, MI 49686
PHONE (231) 922-4840 FAX (231) 922-4918

APPLICATION / PERSONNEL RECORD

PERSONAL INFORMATION

Application Date: _____ Assigned Battalion: _____ Metro / Rural
Applicant Name: _____ Date of Birth: _____
LAST FIRST MIDDLE MONTH DAY YEAR
Address: _____ Home Phone: _____
STREET CITY ZIP CODE
Social Security #: _____ Operators License #: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Corrective Lenses: _____
Have you ever been convicted of a misdemeanor? Yes No Have you ever been convicted of a felony? Yes No
If yes, state nature of the offense, when, where, and disposition: _____

EDUCATION / EMPLOYMENT

Occupation: _____ Business Name: _____
Business Address: _____ Business Phone: _____
STREET CITY ZIP CODE
Education: Grade School High School / GED College Graduated? Yes No

MEDICAL INFORMATION

Disability (list any/all): _____
Chronic Condition (list any/all): _____
Allergies (list any/all): _____
Injury / Illness (lost work time): _____
Medical Doctor: _____ Phone: _____
Hospital Preference: _____ Blood Type: _____
Next of Kin: _____ Relation: _____
Address: _____ Phone: _____
STREET CITY ZIP CODE

USE OTHER SIDE FOR ADDITIONAL INFORMATION: Previous training, work experience, etc.



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RELEASE OF INFORMATION

TO: _____

RE: _____

This is to authorize any physician, surgeon, hospital, medical attendant, nurse, ambulance owner or others, to furnish to Grand Traverse Metro Fire Department, or Grand Traverse Rural Fire Department, or any representative thereof, any and all information or opinions, which they may request regarding my medical history, physical condition and treatment rendered therefore and to allow them to see or copy any records or X-rays which you may have regarding my condition or treatment. Your full cooperation is respectfully requested. I hereby waive any privilege, which I may have to said information to Grand Traverse Metro Fire Department, or Grand Traverse Rural Fire Department.

Date

Signature



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DISCLAIMER FOR EMPLOYMENT APPLICATION

If the Grand Traverse Metro Fire Department or Grand Traverse Rural Fire Department employs me, I will conform to the rules and regulations of the Department and understand that either the Chief or myself can terminate my employment at any time, with or without cause, and with or without notice.

I understand that only the Chairman of the Board has authority to enter into any agreement contrary to the forgoing or for employment for any specified period of time.

Signature of Applicant

Date