

HOWARD TOWNSHIP FIRE DEPARTMENT

2681 Detroit Road
Niles, MI 49120

APPLICATION FOR MEMBERSHIP

Name _____ Date _____

Address _____

Driver's License Number _____ Home Phone _____

Social Security Number _____ Work Phone _____

Birth Date _____

How long have you lived in Michigan? _____ Howard Township? _____

Normal Work Hours _____ Employer _____

Do you work weekends? Yes _____ No _____

Can you leave work? Yes _____ No _____

Agree to have a physical examination? Yes _____ No _____

Agree to have my driving record checked? Yes _____ No _____

Agree to have my criminal history checked? Yes _____ No _____

Reason(s) for applying for membership to the fire department? _____

Any impairment, (physical, mental or other), that would prevent you from performing fire department duties? Yes _____ No _____ If yes, explain:

In case of an emergency, contact:

Name _____ Phone Number _____

Name of Physician _____ Phone Number _____

I hereby agree that the information provided above is accurate, and agree that the fire department may verify such information, including conducting background checks and obtaining a copy of my driving record, criminal history and physical examination. I agree to the disclosure of such information to the fire department by any agency or person and release any agencies or person from any liability connected with such disclosure.

I further agree that if accepted for membership on the fire department, I will obey all policies and procedures of the township, the fire department, and all applicable statutes of the State of Michigan. I understand that membership on the fire department is on an at-will basis and may be terminated by the township for any reason.

Applicant's Signature: _____