Thomas Township Fire Department
8215 Shields Dr Saginaw, MI 48609
989-781-4141

Mini-Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: (____) _____ - _____ E-mail Address: _____

Cell Phone: (____) _____ - _____

Date Available: _____ Are you a citizen of the United States? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education Level

High School Diploma or GED: YES NO College: YES NO

Please list prior fire training/certification(s): _____

_____

Please list prior medical training/certification(s): _____

_____

Availability

During which hours are you normally available to respond?

___ Weekday mornings (7:00am – 5:00pm)

___ Weekday evenings (5:00pm – 11:00pm)

___ Weekday nights (11:00pm – 7:00am)

___ Saturday's

___ Sunday's

Disclaimer and Signature

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: _____