

Name \_\_\_\_\_

Application Number \_\_\_\_\_

**Charter Township of Superior  
3040 North Prospect Road  
Ypsilanti, MI 48198-9426  
Tel: (734) 482-6099**

## **APPLICATION FOR EMPLOYMENT**

# **Superior Township Fire Department**

**Applications must be submitted with the following listed items in this order.**

- 1. Application**
- 2. Resume**
- 3. High School Diploma or Equivalent**
- 4. Copy of Driver's License**
- 5. Emergency Vehicle Drivers Training Certificate**
- 6. State of Michigan Firefighter 1&2**
- 7. State of Michigan EMT Basic or Greater License**
- 8. Current CPR Card**
- 9. State of Michigan Haz Mat Operations Certificate**
- 10. Candidate Physical Agility Test Certificate (CPAT) and Written Exam**
- 11. All other Fire, Rescue and EMS Certificates**

**All listed Licenses and Certificates must be current at the time of application.**

**Applications may be obtained at the Superior Township Hall, located at 3040 N. Prospect, Ypsilanti, MI 48198, Telephone: 734-482-6099, or on the Township's website: [www.superior-twp.org](http://www.superior-twp.org) . You must submit a resume and other required documents with your application. Candidates shall submit their application packet in person, to the Superior Township Hall not later than 2:00 p.m. on June 2, 2025.**

**For further information, please contact Fire Chief Victor Chevrette, Superior Township Fire Department, 734-484-1996 ext 1.**

**Charter Township of Superior  
3040 North Prospect Road  
Ypsilanti, MI 48198-9426**

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_

Tel: (734) 482-6099

# APPLICATION FOR EMPLOYMENT

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

(Please Print)

Position(s) Applied For: **FIREFIGHTER** Date of Application \_\_\_\_\_

How Did You Learn About Us?

\_\_\_\_ Advertisement      \_\_\_\_ Friend      \_\_\_\_ Walk-In  
\_\_\_\_ Employment Agency      \_\_\_\_ Relative      \_\_\_\_ Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Michigan Driver's License number \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Authorization for credit check: Signing below permits Superior Township to make a formal credit check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do you have a valid State of Michigan Driver's License Yes \_\_\_\_ No \_\_\_\_

If yes can you provide a copy of your Michigan driving record? Yes \_\_\_\_ No \_\_\_\_

United States Military service Yes \_\_\_\_ No \_\_\_\_ If yes answer following

Branch of service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Rank \_\_\_\_\_

Have you ever filed an application with us before? Yes \_\_\_\_ No \_\_\_\_

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Shift Work \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

(A positive response to this question does not automatically disqualify you from consideration)

If yes, when where, and the nature of offense.

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Do you have any felony charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when where, and the nature of offense.

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Have you ever had a state license or state certification revoked/suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

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**EDUCATION**

Name of High School \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Name of Undergraduate College \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Name of Graduate or Professional School \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Name of Trade School \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Other (Specify)

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Describe any specialized training, apprenticeship, skills and extra-curricular activities. Attach copies of the following certifications you have received: Firefighter I & II; Emergency Medical Technician; Candidate Physical Ability Test.

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer \_\_\_\_\_  
Dates Employed From/To \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Hourly Rate / Salary Starting / Final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_  
Dates Employed From/To \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Hourly Rate / Salary Starting / Final \_\_\_\_\_  
Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**REFERENCES**

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

I HEREBY CERTIFY I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS

I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs. This may include the collection of urine samples from my person. I agree that the results of the test may be submitted to the Charter Township of Superior or its authorized representative, and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test, and for communication of the results to the Township. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or if I am hired, that my employment with the Township may be immediately terminated.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize the references listed above and my former and/or current employer(s) to give you any and all information concerning my previous or current employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damages, causes of action, including, but not limited to slander and libel, that may result from furnishing any information to you. In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that the position for which I am applying for is a member of the Fire Fighters Union Local 3292 International Association of Fire Fighters and will be subject to the collective bargaining agreement in effect. I understand that no manager or representative of the Employer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

### FOR EMPLOYER USE ONLY:

Position(s) Applied For Is Open: Yes \_\_\_\_\_ No \_\_\_\_\_

Position(s) Considered For: \_\_\_\_\_

Date: \_\_\_\_\_