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 (EMPCO)**
11. **DD - 214 if applicable**
12. **All other Fire, Rescue and EMS Certificates**

All listed Licenses and Certificates must be current at the time off 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 . 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 September 07, 2026.

For further information, please contact Fire Chief Dan Kimball, Superior Township Fire Department, 734-484-1996 ext. 1 or email: dkimball@superior-twp.org

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.

_____

_____

_____

Do you have any felony charges pending against you? Yes _____ No _____

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

_____

_____

_____

Have you ever had a state license or state certification revoked/suspended? Yes _____ No_____

If yes, please explain

_____

_____

_____

_____

_____

_____

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)

_____

_____

_____

_____

_____

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.

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 _____
_____
_____

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 _____
_____
_____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to use in considering your application

_____

_____

_____

_____

_____

_____

_____

REFERENCES

Name_____
Telephone_____
Address _____
Relationship_____

Name_____
Telephone_____
Address _____
Relationship_____

Name_____
Telephone_____
Address _____
Relationship_____

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: _____