



Northeast Ingham Emergency Service Authority  
 1296 W. Grand River  
 Williamston, MI 48895



Phone (517) 655-3384 Fax (517) 655-9384

**Employment Application**

(Check all that apply)

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

Williamston Fire Department (volunteer)

NIESA EMS, per diem

Leroy Township Fire Department (volunteer)

NIESA EMS, full-time

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Education	Name & Location	From	To	Diplomas / Certificate
High School				
College or Technical School				
Programs / Cert. Courses				
Misc.				

**History of Employment**

Name & Address of Employer	Position & Work	From	To
<b>Name:</b>	<b>Position:</b>	<input type="text"/>	<input type="text"/>
<b>Address:</b>	<b>Kind of Work:</b>		
<b>Name:</b>	<b>Position:</b>	<input type="text"/>	<input type="text"/>
<b>Address:</b>	<b>Kind of Work:</b>		
<b>Name:</b>	<b>Position:</b>	<input type="text"/>	<input type="text"/>
<b>Address:</b>	<b>Kind of Work:</b>		
<b>Name:</b>	<b>Position:</b>	<input type="text"/>	<input type="text"/>
<b>Address:</b>	<b>Kind of Work:</b>		

**Reference**

Name	Address	Phone	Years Known

Have you previously worked for our organization? \_\_\_\_\_

If yes, what department did you work with? \_\_\_\_\_

When did you previously work? From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have a Driver's License? \_\_\_\_\_ If Yes, License No: \_\_\_\_\_

Any traffic offenses that result in the loss of driving privileges? \_\_\_\_\_

Criminal charges pending? \_\_\_\_\_ Have you any felony convictions? \_\_\_\_\_

Are you in good health and able to perform the job outlined in the job description? \_\_\_\_\_

Have you been vaccinated against Hepatitis? \_\_\_\_\_ Current TB test results? \_\_\_\_\_

Do you have a current State of Michigan EMS License? \_\_\_\_\_ What is your license level? \_\_\_\_\_

Do you have a Tri-County Medical Control Card? \_\_\_\_\_ BCLS Card? \_\_\_\_\_ ACLS Card? \_\_\_\_\_

Do you have a State of Michigan Firefighter I & II Certification? \_\_\_\_\_

List any other  
Fire/EMS  
Certifications:

Comments:

**Any false statements, evasions or deceptions in answering the above questions will be considered sufficient grounds for rejection or dismissal from the organization.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print your name in space given if you agree with the above statement)

How to submit form: 1. After completing form; save and e-mail form to [niesa@niesa.org](mailto:niesa@niesa.org)  
2. After completing form; print, sign and fax to 517-655-9384.