



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
Name:	Position:	<input type="text"/>	<input type="text"/>
Address:	Kind of Work:		
Name:	Position:	<input type="text"/>	<input type="text"/>
Address:	Kind of Work:		
Name:	Position:	<input type="text"/>	<input type="text"/>
Address:	Kind of Work:		
Name:	Position:	<input type="text"/>	<input type="text"/>
Address:	Kind of Work:		

Reference

Name	Address	Phone	Years Known

Date:

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)

Applicant's Name: