



## APPLICATION FOR EMPLOYMENT

*This Township is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. Federal law has no such requirement.*

### Applications must be received either by:

1. Email Nick Lemcool, Ambulance Director, at [nlemcool@eastbayambulance.org](mailto:nlemcool@eastbayambulance.org)  
With the subject line, "Ambulance Application for Employment"
2. In a sealed envelope addressed and mailed or dropped off to:  
East Bay Charter Township  
Attention: Nick Lemcool, Ambulance Director  
1965 N. Three Mile Road  
Traverse City, MI 49696

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

*(Please note that this application will only remain active for 3 months after which the applicant would need to re-apply.)*

Name: \_\_\_\_\_

(Last, First, Middle)

Social Security Number: \_\_\_\_ (to be provided by successful applicant) \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

(Home/Work/Cell – circle one)

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Michigan motor vehicle license? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any hours or days of the week you cannot work?

\_\_\_\_\_

If so when?

\_\_\_\_\_

Salary Desired \_\_\_\_\_ Type of Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**EDUCATION:**

	Name and Address of School	No. of Years Attended	Did you Graduate?	Subject/Major
Elementary School				
High School				
College				
Specialized Training				

Are you employed now?

\_\_\_\_\_

May we contact your present employer?

\_\_\_\_\_

Have you ever applied to EMS-9A before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, under what name and when? \_\_\_\_\_

Do you have US Military experience? \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

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

Date Discharged: \_\_\_\_\_ Honorably? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you lawfully entitled to be employed in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

(The response to this question will be considered in the context of its job-relatedness only)

If so, please state citation, date and place where offense occurred:

\_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:**

Three individuals not related to you, whom you have known at least for one year:

1. \_\_\_\_\_

\_\_\_\_\_  
(Name, Address and Telephone, Relationship, Years Acquainted)

2. \_\_\_\_\_

\_\_\_\_\_  
(Name, Address and Telephone, Relationship, Years Acquainted)

3. \_\_\_\_\_

\_\_\_\_\_  
(Name, Address and Telephone, Relationship, Years Acquainted)

**EMERGENCY CONTACT:**

\_\_\_\_\_  
(Name, Address, City, State/Zip, Telephone Number)

**CURRENT AND MOST RECENT EMPLOYERS: (Most recent one first)**

Date Month/year	Name, Address and Telephone No. of Employer	Salary: Starting/Ending	Last Position Held/Responsibilities	Reason for Leaving
From:  To:				
From:  To:				
From:  To:				

May we contact the Employers listed? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, which one(s)?

\_\_\_\_\_

**Please read the following statement carefully before signing to indicate your understanding:**

I understand that prior to being offered employment; I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Township prior to the administration of the test so that a reasonable accommodation can be made. The Township reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that if employed, falsified statements or omitted information on this application may result in termination.

I understand and agree that if hired, my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in the application for any employment-related purposes. I release the listed references and all employers, except those specifically stated\*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\*Employers specifically stated:

\_\_\_\_\_

For Employer Use Only

Interviewed By: \_\_\_\_\_

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

Hired: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Position: \_\_\_\_\_

Wage: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_