



**BLENDON TOWNSHIP**

7161 72<sup>nd</sup> Avenue, Hudsonville, MI 49426

Phone 616.875.7707 Fax 616.875.7034

[www.BlendonTownship-mi.gov](http://www.BlendonTownship-mi.gov)

**FIREFIGHTER APPLICATION**

5346 Tyler Street, Hudsonville, MI 49426

Phone 616.875.7707 Fax 616.875.7034

[FireChief@BlendonTownship-mi.gov](mailto:FireChief@BlendonTownship-mi.gov)

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

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* MI  
*ST Zip*

\_\_\_\_\_  
*Yrs @ Address*

(\_\_\_\_) \_\_\_\_\_  
*Home Phone #*

(\_\_\_\_) \_\_\_\_\_  
*Cell Phone #*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Age*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Drivers License #*

*Are You A US Citizen:* Yes  No

\_\_\_\_\_  
*List Your Normal Work Hours*

*Can you leave work?* Yes  No

Have you ever been convicted of a Felony? Yes  No

If Yes: Charge \_\_\_\_\_ Disposition: \_\_\_\_\_

Date of Violation: \_\_\_\_\_

\_\_\_\_\_  
*Height*

\_\_\_\_\_  
*Weight*

\_\_\_\_\_  
*Hearing*

\_\_\_\_\_  
*Wear Glasses?* Yes  No

\_\_\_\_\_  
*Date of last physical* \_\_\_\_\_ *Any Disabilities or Handicaps?* \_\_\_\_\_

Years of Education Completed: \_\_\_\_\_

Three Personal References (Other than Relatives)

**NAME**

**ADDRESS**

**PHONE NO.**

Present Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

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

PREVIOUS FIRE DEPARTMENT EXPERIENCE: \_\_\_\_\_

It is understood that any agreement entered into between Blendon Township Fire Department and the applicant is predicated in the truthfulness of the statements contained herein and that any false statements are sufficient grounds for rejection.

\_\_\_\_\_  
*Signature of Applicant*