



# **ELSIE AREA FIRE DEPARTMENT**

**SERVING OUR COMMUNITY WITH PRIDE**

**APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT IN BLUE OR BLACK INK**

First Name: \_\_\_\_\_ Mid Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Position applying for: Firefighter \_\_\_\_\_ Auxiliary \_\_\_\_\_

Cadet \_\_\_\_\_ Reserve Firefighter \_\_\_\_\_ Rescue \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The reason(s) I am applying for membership in the Elsie Area Fire or Auxiliary Department:

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Any impairment (physical, mental, or other) that would prevent you from performing fire department duties (YES) (NO), If "Yes" please explain.

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*Fire Chief Chris Ormes  
Assistant Chief Dan Chapko*

*Captain Joel Darnell  
Lieutenant Rob Saul  
Lieutenant Dusty Thiel*

*Captain Shane Grinnell  
Lieutenant Josh Anderson  
Lieutenant Heath Arnett*

**Education:**

High school Diploma? Yes / No

Firefighter 1 & 2? Yes / No

MFR / EMT? \_\_\_\_\_ Expires: \_\_\_\_\_

**Previous Department(s):**

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By signing this application, you agree to a background check, which includes; driving record and criminal history.

I certify that all the above information is accurate to the best of my knowledge.

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

Please mail back to: Elsie Area Fire Dept  
PO BOX 586  
ELSIE, MI 48831