

APPLICATION FOR EMPLOYMENT

WOLVERINE FIRE PROTECTION CO
G-8067 N. DORT HWY.
P.O. BOX 219
MT. MORRIS, MI 48458-0219

PAGE #1

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us"			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)			

Best time to contact you at home is: _____ AM
_____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ ☐ Yes ☐ No

Have you ever filed an application with us before? _____ ☐ Yes ☐ No

If Yes, give date _____

Have you ever been employed with us before? _____ ☐ Yes ☐ No

If Yes, give date _____

Do any of your friends or relatives, other than Spouse, work here? _____ ☐ Yes ☐ No

Are you currently employed _____ ☐ Yes ☐ No

May we contact your present employer? _____ ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. _____ ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
Part-Time (please indicate Mornings Afternoon Evenings)
Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? _____ ☐ Yes ☐ No

Can you travel if a job requires It? _____ ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate School				
Graduate School				
Trade School				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Auto Cad	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Apple Products	<input type="checkbox"/> Auto Sprink		
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> NAVIS		
<input type="checkbox"/>	<input type="checkbox"/>		

State any additional information you feel may be helpful to its in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a Job or occupation has been given.

☐ YES ☐ NO

REFERENCES

1.	()	
	(Name)	Phone #
2.	()	
	(Name)	Phone #
3.	()	
	(Name)	Phone #

APPLICANT'S STATEMENT

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I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks _____

Employed ☐ Yes ☐ No Date of Employment _____

INTERVIEWER DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____ DATE _____

NAME AND TITLE

DATE

AFFIRMATIVE ACTION INFORMATION FORM

We are an affirmative action government contractor. In compliance with government regulations, we are required to track the number of our applicants by gender, race/ethnicity, and position for which applied.

We invite you to indicate your gender and race/ethnicity below. This information will be kept separately from your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

GENDER

- ☐ Male
- ☐ Female
- ☐ Non-Binary

RACIAL CATEGORY

- ☐ **White:** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- ☐ **Black or African American:** (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
- ☐ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
- ☐ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment
- ☐ Other _____
(Please Specify)

Name: _____

Date of application: _____

Position applied for: _____

Referred by: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA