



BEDFORD TOWNSHIP FIRE DEPARTMENT APPLICATION

Name:	Date:
Address:	
Email Address:	
Cell Phone:	Other Phone:
Are you eighteen (18) years of age or older:	
Do you have a high school diploma or equivalent:	
Current Employer:	
Work Address:	
Contact Person:	Contact Number:
Previous Employer:	
Work Address:	
Contact Person:	Contact Number:
Are you currently or have you served on a Fire Department:	
If yes, which department:	
Contact Person:	Contact Number:
List any current medical licenses:	
List any current firefighter certification(s):	
List two (2) references including contact number:	
1.	
2.	
<u>In a separate narrative describe why you want to become a member of the Bedford Township Fire Department.</u>	
If you have any questions, contact the Bedford Township Fire Department at 734-847-2359 or visit fire headquarters at 1106 W. Temperance Rd. during normal business hours. PLEASE INCLUDE A RESUME WITH APPLICATION	
Signature:	