



# Lowell Area Fire Department

315 S. Hudson St.  
Lowell, MI 49331  
897-7354

Dear Applicant:

There are Procedures to becoming a member of the Lowell Area Fire Department. After filling out an application, the eligible applicant will be asked to follow the departments “New Membership Procedure”. This new membership procedure consists of four phases. After successful completion of all four phases, there will be an evaluation to make a final decision on membership. This does not preclude from re-applying, for membership, after 30 days.

Day one:

Phase one: a physical agility test. This is not a timed test but all tasks must be completed as described. A demonstration and explanation will be given before testing. The testing team for the physical agility test will be determined and appointed by the Command Staff.

Phase two: a written test. This test is designed to evaluate thought process, writing skills, spelling skills and the ability to complete documentation which is an essential job function for the members of the Department.

Day two:

Phase three: an oral interview with the Command Staff. This is a formal interview process.

Phase four will consist of a NFPA 1582 physical including drug screening, and a full background check including criminal, driving, and social media background investigation.

Upon completion of these phases, the Command Staff will discuss testing scores and determine suitability of each candidate. Notification of acceptance or rejection will be sent via the United States Postal Service.

Good Luck

Corwin Velzen  
Fire Chief



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## Membership Application

Name: \_\_\_\_\_ SS # \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you able to fulfill the duties & responsibilities of this position as outlined in the attached job description?

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

Are there any special accommodations needed for you to fulfill these job duties?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

### **Military Service:**

Branch of Service: \_\_\_\_\_ Service Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Specialized Field: \_\_\_\_\_

Are you currently a member of any Armed Forces Reserve unit? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **Education:**

Indicate Highest Grade Completed:    1   2   3   4   5   6   7   8   9   10   11   12

Name and address of high school last attended:

\_\_\_\_\_

Colleges or Universities Attended and Dates: \_\_\_\_\_

Nature of Studies: \_\_\_\_\_

Technical School Attended and Dates: \_\_\_\_\_

Nature of Studies: \_\_\_\_\_

### **Employment History:**

Present Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_

List three references, not related to you by blood or marriage, who would be familiar with your education and work experience (include phone number):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever been a member of a Fire Department, Rescue Unit or similar organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes:

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

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

Dates of Service: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List all related training you completed: \_\_\_\_\_

Briefly state why you wish to join this department, what this department can gain from your appointment, and what you expect to gain from your membership to this department: \_\_\_\_\_

May we contact your present/previous employers or your references; Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain: \_\_\_\_\_

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

I hereby authorize the Lowell Area Fire Department to perform a background investigation including but not limited to criminal, driving and, social media check on me. Additionally, I understand that misrepresentations or omissions of fact made on this application are grounds for disqualification from the membership process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date