



Boardman Township Fire & Rescue

James Killingsworth, Chief
4855 Pine Street, PO Box 50
South Boardman, MI 49680
231-369-2211 ~ cms.btr@gmail.com

Do you have any impairments that would prevent you from performing job duties? Yes No

If "Yes" please explain: _____

EMERGENCY CONTACT INFORMATION

NAME	
TELEPHONE	

CURRENT EMPLOYER INFORMATION

NAME	
ADDRESS	
TELEPHONE	
MANAGER NAME	



Boardman Township Fire & Rescue

James Killingsworth, Chief
4855 Pine Street, PO Box 50
South Boardman, MI 49680
231-369-2211 ~ ems.btfr@gmail.com

Consent to Perform Criminal History, Driving Record, and General Background Investigation

I attest that the information provided in this application for employment is accurate to the best of my knowledge. I understand that knowingly providing false information may result in my application being removed from further consideration. I acknowledge that any information obtained by the Boardman Township Fire & Rescue will be kept confidential and secure.

I also agree to the following:

1. The Boardman Township Fire & Rescue may access any and all information necessary to perform a thorough investigation into my background. This includes, but is not limited to, driving and criminal history.
2. The Boardman Township Fire & Rescue will add my information to the State of Michigan driving record subscription service for the duration of my employment with the agency. This will allow the agency to be notified of any changes in my driving record.

Applicant Name

Applicant Signature

Date

<p>ADMINISTRATOR USE ONLY</p> <p>Date Application Received: _____</p> <p>Approved? <input type="radio"/> Yes <input type="radio"/> No Date: _____ Admin Initials: _____</p> <p>If no, why?: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>



COUNTY OF KALKASKA

OFFICE OF THE SHERIFF

DAVID A. ISRAEL
SHERIFF

P. O. Box 1119 – 605 North Birch Street
KALKASKA, MICHIGAN 49646
(231) 258-8686

ABRAHAM C. DEVOL
UNDERSHERIFF

FIRE DEPARTMENT LEIN ACCESS
CRIMINAL RECORD & MICHIGAN DRIVER RECORD

Date: _____

FIRE DEPARTMENT REQUESTING RECORD CHECK: _____

FIRE FIGHTER APPLICANT: _____
(Print full name – first, middle & last)

DATE OF BIRTH: _____ RACE: _____ SEX: _____

MICHIGAN DRIVER LICENSE NO. _____

APPLICANT ADDRESS: _____
(street, city, state, zip code)

SIGNATURE OF REQUESTING FIRE CHIEF OR AUTHORIZED REPRESENTATIVE:

(Print Name of Fire Chief or Representative)

(Signature & Date)

LEIN AGENCY RESPONSE:

The following information is provided in accordance with Michigan State Police Criminal Justice Information Systems Policy Committee reference the above named Fire Fighter applicant:

Criminal History

Does have a criminal history _____

Does not have a criminal history _____

Michigan Driving Record for most recent 5 years

Number of Points _____ Suspensions _____ Alcohol related offenses _____

Other misdemeanor traffic _____ Speed violations _____ Other civil infractions _____

DISPATCHER PROCESSING REQUEST: _____ DATE: _____

NOTE: Complete criminal records can be obtained through www.michigan.gov/msp under ICHAT heading. Complete detailed Michigan driving record can be obtained through www.mich.gov/sos under "Quick Links - Requesting you own driving or vehicle record".

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶	_____
Employee's signature (This form is not valid unless you sign it.)	Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------	-----------------------------	--------------------------	--------------------------------------