



EMPLOYER RELEASE AUTHORIZATION FORM

Applicant Name: _____
(please print)

Phone (Cell): _____ Email: _____

Applicant Signature Date

Note to Employer: The applicant listed above is applying for a position as a Firefighter with the Marshall Fire Department. The applicant is required to obtain and submit a written authorization from his/her Employer permitting the Employee (if hired) to leave their place of employment to participate in fire and emergency situations.

The following is agreed to by the Applicant's Employer:

I do hereby certify that this application is made with my knowledge and consent and I understand that if the applicant named above is hired by the Marshall Fire Department, he/she will be giving their time to public service and that he/she will be expected to leave work when the alarm sounds.

Name of Company where Applicant is employed: _____

Address of Employer: _____

Telephone of Employer: _____

Name of Supervisor: _____
(please print)

Signature of Supervisor: _____ Date: _____