

APPLICATION FOR FIRE PERSONNEL EMPLOYMENT

Fire/EMS Committee
Policy # 26

FOR OFFICE USE ONLY	
Date Hired	_____
Starting Date	_____
Starting Time	_____

APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY	
Department _____	Rate _____
Position _____	Date _____

(PLEASE PRINT PLAINLY)

Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.
"We are an equal opportunity employer"

This application will be kept current for six months. You need to complete another to be reconsidered after this date.

PERSONAL

Name _____ Date _____
Last First Middle Social Security No. _____

Present Address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? _____

Are you 18 or older? _____

Type of Position Desired _____ Full Time _____ Part Time _____ Temporary _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 19__

Please insert times on each day you would be available for work.

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Salary Required? _____

NOTE: The (Entity Name) **Personnel Policies & Procedures** Manual provides the following:

Residency

"All employees of the Township must become residents of the Township within twelve months after the date of hire unless specifically exempted by the Township Board, and remain a resident of the Township as long as he or she is a Township Employee."

U.S. ARMED FORCES HISTORY

U.S. Armed Forces Service Yes No

Branch of Service _____ From _____ To _____

GENERAL INFORMATION

List outside Interests _____
(Clubs, Organizations including Professional Organizations, Sports, Hobbies) Need not list any interests which would indicate your religious or ethnic background.

Have you ever been convicted of a crime? Yes No If so, give full particulars _____

Have you ever been refused a fidelity bond? _____

How much time have you missed from work during the last two years? _____

Name of relatives in our employ _____

Do you have a valid driver's license? Yes No

State _____

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
High	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Specify	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?
 (Applicant should not list any information that Federal and State law precludes obtaining in the pre-employment state.)

What types of Business machines do you Operate?

List below present and past employment, beginning with your most recent
 Omit Military Service History - GIVE PRESENT OR MOST RECENT POSITION FIRST.
 Information must be complete - Be accurate

EMPLOYMENT EXPERIENCE/WORK HISTORY

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under a maiden or other name, please indicate that name by the employer.

May we request a reference from your present employer? Yes No

I	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

II	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

III	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

IV	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Describe the work you did:							
	Telephone:								

Have you ever been discharged from any position? Yes No If yes, explain _____

Is this a complete list of your employment? Yes No

Are we granted permission to check all information? Yes No

Indicate by number _____ Any of the above employers whom you **do not** wish us to contact? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

We are an equal employment opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin, height, weight, marital status, or handicap.

Briefly set forth why you desire employment with this (Township, City, Village Name). (If additional space is required, please use the "Additional Information" section on the next page.)

Name and address of the person to be notified in the event of accident or emergency _____

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the township and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the township as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize the township to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owned by me to the firm during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the Supervisor of the township. I further agree that if I should bring any action or claim arising out of my employment against the township in which the township prevails, I will pay to the township any and all costs incurred by the township in defense of said claims or actions, including attorneys fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

Applicants Signature _____

Date _____

Witnessed by: _____

Date: _____

Note: This application will be kept current for six months. You need to complete another to be reconsidered after this date.

FOR ADDITIONAL INFORMATION

Lined area for providing additional information.

NOTIFICATION TO JOB APPLICANTS

You are hereby notified and advised that you have 182 calendar days from this date to notify this company in writing of any accommodation that you would need as the result of any physical handicap that you have in order to perform the job duties of the position for which you are applying.

A handicap includes:

- (a) A Physical or mental condition which is the result of disease, injury, congenital condition of birth, or functional disorder if it substantially limits one or more of your major life activities and which is unrelated to your ability to perform the duties of a particular job or is unrelated to your qualifications for employment or promotion;
- (b) A history of such a physical or mental condition; or
- (c) The condition of being regarded as having such a physical or mental condition.

A handicap does not include:

- (a) a physical or mental condition caused by your current illegal use of controlled substance; or
- (b) a physical or mental condition caused by your use of liquor if that condition prevents you from performing the duties of your job.

A handicap is unrelated to an individual's ability if, with or without accommodation, the handicap does not prevent the individual from performing the duties of a particular job or position.

If you have a handicap, you are required to establish that you have made a written request for the accommodation within 182 days from this date, and that you could perform the duties of the position being applied for with that accommodation.

This notice is given to you on _____, and a copy with your signature on it is being filed along with your employment application.

Signature of Applicant

Witnessed

Date

Date

POSITION DESCRIPTION

Position Title: Firefighter Paid on call/Part-time

General Summary:

Under the general supervision of the Township Fire Chief or the direct supervision of an officer or senior firefighter. Responds to emergency fire, rescue and medical service requests as part of a firefighting unit. Carries out a variety of tasks with relation to life safety, fire control and property conservation, using defined practices, procedures, standards and regulations. In addition, performs routine maintenance and cleaning of fire equipment and facilities of the fire station. Must be physically fit to perform the duties of the job, and mentally capable of performing in stressful situations.

Typical Duties:

1. Receives notification of fires, accidents, and medical emergencies and promptly serves as driver or crew member on rescue or fire apparatus, traveling to the requested service area.
2. Receives general procedural assignments and carries out supportive tasks such as laying and connecting hose lines, setting up rescue equipment, readying manual equipment, opening hydrants and positioning equipment.
3. With emphasis on life saving, enters burning buildings and other hazardous areas to rescue trapped or confused individuals. Must be physically able to remove victims and conform to physical requirements for wearing all personal protective equipment as policies dictate.
4. Participates in fire control and property conservation by directing water or chemical solutions to appropriate areas.
5. Ventilates building areas using axes and other cutting devices. Climbs ladders and utilizes aerial apparatus to reach elevated areas. Uses shovels, wrenches and other manual tools.

6. Participates in post-fire cleanup, shutting down hydrants, returning equipment to apparatus and securing equipment.
7. Participates in technical rescue situations utilizing ropes/knots, stokes baskets, and other specialized equipment. Utilizes all personal protective equipment as policies dictate.
8. Responds to calls for emergency medical assistance. Performs Cardiopulmonary Resuscitation, checks all vital signs and stabilizes emergency patients as needed, prior to reaching professional medical care.
9. Participates in a variety of fire prevention and fire safety activities, conducting public presentations and talks at schools and other interested groups.
10. Cleans equipment and apparatus, washing vehicles, testing and maintaining equipment, and cleaning and drying hose. Performs various building and grounds maintenance activities. As assigned, performs assorted housekeeping chores at the fire station.
11. Attends in-house and outside formal training sessions involving the methods, techniques and procedures used in firefighting, rescue and emergency medical assistance.
12. Performs various clerical duties, maintaining records and preparing a variety of related reports regarding emergency and non-emergency departmental activities.
13. Maintains satisfactory health and physical condition required for the performance of essential functions of the job, as may be further specified by other standards and regulations adopted by the Department or Township Board. Participates in physical or health assessment examinations and Department and Township policy dictates.
14. May perform the work of a higher level employee as dictated by absence or emergency.

- i5. Must maintain high standards of conduct and appearance so as to reflect a professional image at all times.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all job duties performed by personnel so classified.

Employment Qualifications:

RESIDENCY REQUIREMENT: Must live within one driving mile of the Township border or service area.

EDUCATION: High School diploma or equivalent.

EXPERIENCE: This is an entry level position; no specific prior experience required.

NECESSARY SPECIAL REQUIREMENTS: Must submit both a criminal history background as well as driving record report if requested. Satisfactory completion of physical or health assessment examination if requested.

Must maintain a current Michigan motor vehicle operators license without restrictions (other than corrective lenses requirement). A CDL or State of Michigan exemption (Fire Training Council) is required to operate fire apparatus.

A trial period will be in effect until the following minimum requirements are met:

1. Firefighter I Certification within 12 months of hire date.
2. Medical First Responder (MFR) Certification within 12 months of hire date.

The trial period shall not exceed twelve (12) months. Extensions will be reviewed on a case by case basis.

Must maintain Fire Fighter I Certification and Medical First Responder Certification (per State of Michigan Rules) .

Date Issued: 12-21-99