

-- EMPLOYER'S USE --

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DEPARTMENT

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STARTING DATE \_\_\_\_\_ PAY \_\_\_\_\_

**APPLICATION  
FOR  
EMPLOYMENT**

(PLEASE ANSWER ALL QUESTIONS)

-- EMPLOYER'S USE --

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BRANCH LOCATION

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POSITION

NOTICE: Applicant should read the following information carefully before filling out any of the questions in this form. Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. It is also illegal to discriminate in employment of persons because of their age if over 40 but less than 70 years of age.

**WE ARE EQUAL OPPORTUNITY EMPLOYER**

DATE					SOCIAL SECURITY NO.
NAME - PRINT IN FULL	(LAST	FIRST	MIDDLE)	HOME PHONE	BUSINESS PHONE
PRESENT	(NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP CODE)
PREVIOUS ADDRESS	(NUMBER)	(STREET)	(CITY)	(STATE)	(ZIP CODE)
					HOW LONG HAVE YOU LIVED THERE?
					HOW LONG DID YOU LIVE THERE?

**GENERAL INFORMATION**

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you had any recent or past illness or operations which might hinder your ability to perform the duties of the job for which you have applied? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you have any hobby(s) that has a direct bearing on the job you are seeking? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever belonged to a club, organization, society, or professional group which has a direct bearing upon your qualifications for the job for which you are applying? \_\_\_\_\_

If yes, describe \_\_\_\_\_

Referred by: \_\_\_\_\_

List names of any friends or relatives now employed by this company \_\_\_\_\_

**EDUCATION**

NAME OF SCHOOL OR COLLEGE	WHERE LOCATED	CIRCLE LAST YEAR COMPLETED	GRADUATE	
			YES	NO
HIGH SCHOOL		9 10 11 12		
COLLEGE OR UNIVERSITY		1 2 3 4	DEGREE	
BUSINESS, TECHNICAL OR OTHER TRAINING				

ARE YOU CURRENTLY STUDYING?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT	WHERE	DO YOU PLAN TO RETURN TO SCHOOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**EMPLOYMENT DESIRED**

POSITION APPLYING?	WHEN CAN YOU REPORT FOR WORK?	STARTING SALARY EXPECTED?
EVER APPLY TO THIS COMPANY BEFORE?	WHEN?	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO		PAST EMPLOYERS? <input type="checkbox"/> YES <input type="checkbox"/> NO

(APPLICANT TO ANSWER ONLY-IF APPLYING AS A DRIVER OR VEHICLE OPERATOR)

Check the Types of Vehicle You Are Qualified, Through Experience, To Operate:

Passenger Car  Light Truck  Heavy Truck or Tractor, Other \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_ Ever Suspended or Revoked? \_\_\_\_\_

Do You Operate an Automobile?  Yes  No. If Yes, Give Make and Year \_\_\_\_\_

Do You Have Auto Insurance?  Yes  No. Has It Ever Been Cancelled or Renewal Refused?  Yes  No

How Many Convictions For Moving Violations Within Past 3 Years? \_\_\_\_\_

(CONTINUE ON REVERSE SIDE)

**INDICATE BELOW YOUR OFFICE SKILLS  
AND CHECK OFFICE MACHINES YOU CAN OPERATE EFFICIENTLY**

ELECTRIC TYPEWRITER _____ WPM	ADDING MACHINE	DATA PROCESSING TAB EQUIPMENT
MANUAL TYPEWRITER _____ WPM	BOOKKEEPING - BILLING - TYPE	KEY PUNCH
SHORTHAND _____ WPM	CALCULATOR - TYPE	MULTIGRAPH - MULTILITH
TRANSCRIBING MACHINE - TYPE	COMPUTER - TYPE	OTHER

**CHECK KINDS OF WORK IN WHICH YOU HAVE HAD EXPERIENCE**

ACCOUNTING	COLLECTIONS	PAYROLL	STOCK WORK
ADJUSTING	CREDIT	PRINT SHOP	TELEPHONE SWITCHBOARD
AUDITING	DATA PROCESSING	PURCHASING	UNDERWRITING
BOOKKEEPING	FILING	RATING	
CASHIER	LAW	STENOGRAPHIC	

**FORMER EMPLOYERS**

GIVE INFORMATION REGARDING ALL PREVIOUS EMPLOYMENT — INCLUDING MILITARY SERVICE

EMPLOY- MENT	NAME & ADDRESS OF CO.	DATES		JOB AND DUTIES (BRIEF EXPLANATION)	NAME & PHONE NO. OF SUPERVISOR	MONTHLY SALARY	REASON FOR LEAVING
		FROM MO/YR	TO MO/YR				
PRESENT OR LAST	1.						
NEXT PREVIOUS	2.						
NEXT PREVIOUS	3.						
NEXT PREVIOUS	4.						
U.S. MILITARY	BRANCH			HIGHEST RANK	DUTY SPECIALTY		

**REFERENCES**

(GIVE THE NAMES AND ADDRESSES OF THREE PERSONS WHO KNOW YOU WELL AND TO WHOM WE MAY REFER — NO RELATIVES)

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED	OCCUPATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I HEREBY AUTHORIZE THE COMPANY TO CONDUCT AN INVESTIGATIVE CONSUMER REPORT ON ME, AS DEFINED IN PUBLIC LAW 91-508, AND I UNDERSTAND THAT SUCH REPORT MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT IF ANY INQUIRY IS MADE, MORE INFORMATION AS TO ITS NATURE AND SCOPE WILL BE SUPPLIED UPON WRITTEN REQUEST. IF THIS APPLICATION IS CONSIDERED FAVORABLY, I AGREE TO ABIDE BY AND COMPLY WITH ALL THE RULES OF THIS ORGANIZATION.

DATE	SIGNATURE
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(DO NOT WRITE BELOW THIS LINE)

DATE	INTERVIEWED BY	POSITION CONSIDERED
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COMMENTS

TYPING TEST SCORE _____ WPM	DEPARTMENT	JOB CLASSIFICATION	DATE PLACED ON PAYROLL	MONTHLY SALARY
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## RECRUITING & EMPLOYMENT

The Department is an equal opportunity employer. As such, all persons are eligible for employment as paid-on-call firefighters without regard to race, color, creed, sex, or national origin. Also, persons employed will not be subject to discrimination, harassment, or inappropriate treatment with respect to their race, color, creed, sex, or national origin as outlined in specific federal, state, or local ordinance.

- A. Residents of the jurisdictions served by the Department will be given priority in hiring, due to location, response time, etcetera, for the position of paid-on-call firefighter. Further, residents who have previous Michigan Firefighter Training Council training or experience as a firefighter will be given preference over persons with no such qualifications. Persons who live closest to the fire station or who will be available to respond to calls for service during desirable hours may be given priority in hiring.
  
- C. Persons expressing an interest in employment should be referred as soon as possible to the chief or the township office for an application
  
- D. Hiring Process
  - 1. Application
  - 2. Interview to discuss the applicant's background, qualifications, employment history, understanding of job responsibilities, and other matters relevant to employment
  - 3. Applicant Release Form
  - 4. Applicant screening
    - a. criminal background
    - b. driver's license review
    - c. alcohol and drug abuse
  - 5. Conditional offer of employment contingent upon:
    - a. Pre-employment physical examination and drug screen at a medical facility designated by the fire chief, in compliance with NFPA 1582.
    - b. Background investigation, family interview (if applicable), and driving record review.
    - e. Required training:
      - CPR within 1 year***
      - Firefighter I within 2 years***
      - Firefighter II within 4 years***
  
- E. Conditions of Employment

All persons offered employment as a paid-on-call firefighter by the department are expected to attend all regularly scheduled training and respond to all calls for service. Failure to attend regularly scheduled training and respond to calls for service without an acceptable reason may result in termination of employment. Personnel are expected to keep the chief or designee apprised

of all the hours during which they can be expected to be available for service. Personnel must immediately notify the chief of times when they will be unavailable for service due to personal circumstances such as vacation, business trips, unusual family circumstances, illness, injury, or for any other reason. Membership is on an at-will basis and may be terminated by the municipality for any reason, as outlined in the Dorr Township Employee Handbook.

F. Leaves of Absence

If the member and the chief decide that an absence from availability is long enough, they may set up a leave of absence plan which determines the member's status during that time. Issues discussed may include duration of the leave, response while on leave, and reinstatement procedures. Generally, a member will have a six-month probationary period after completing a leave of absence.