

HARRISON COMMUNITY FIRE DEPARTMENT

APPLICATION

All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment. An applicant who refuses to submit to or fails a pre-employment drug test, interferes with a test procedure, or tampers with a test sample will be removed from all employment lists and will be disqualified from city employment for a period of three years. The City of Harrison is an equal opportunity employer, and government policy requires that consideration be given to all applicants without regard to race, color, religion, national origin, ancestry, disability, political affiliation, age or sex.

Name: _____

First

Middle

Last

Address _____ How long there _____

Previous Address _____ How long there _____

Phone _____ Cell Phone _____ Driver's License # _____

Are you over 18 and under 70 years of age? _____ Social Security # _____

Can you respond to daytime alarms? _____ During working hours? _____

Can you be available three hours per week for training is normally on Tuesday at 7:00 p.m.? _____

List any traffic violations during the last five years: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

If yes, please explain _____ (Proof of citizenship or immigration status will be required upon employment).

Have you been convicted of a felony? _____ If yes, please explain _____

(Conviction will not necessarily disqualify an applicant from employment).

While performing the duties of firefighter the employee's environment can range from a classroom setting to highly dangerous fire suppression situations. Physical demands, therefore, range from sitting in a classroom or vehicle to enormous physical exertion associated with firefighting. The following demands and environmental characteristics will be encountered by employees at varying frequencies while performing the duties of this job: standing; walking; running; using hands to fingers, handle, or feel; reaching with hands and arms; climbing or balancing; stooping, kneeling, crouching, or crawling; talking or hearing; and tasting or smelling. The employee may also be required to lift and/or move objects of very heavy weight. Specific vision abilities required by this job include close vision, color vision, peripheral vision, depth perception, and ability to adjust focus. Employees shall also be able to wear and use a self-contained breathing apparatus (SCBA).

While firefighting, the employee may be exposed to fire, wet and/or humid conditions; moving mechanical parts; high, precarious places; fumes or airborne particles; toxic or caustic chemicals; outside weather conditions; and extreme heat. The employee may also be exposed to risk of electrical shock, vibrations,

extreme cold and explosives. The noise level in the work environment can vary from quiet while in the classroom to very loud at fire scenes.

Can you perform these tasks with or without reasonable accommodations? _____.

If no, please specify what tasks you may not be able to perform, if any. If accommodations *are* required, please describe the accommodations necessary in detail.

Education	Name and Address of School	Course of Study	Years	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Education History: Please state any firefighting experience you have had and the level of training achieved. (Please list any past fire department you have been with). _____

Employment History: Please provide your employment history for the last ten years.

1. Employer _____

Address _____

Phone No. _____ Position held _____ Start Date _____

End Date _____ Reason for leaving _____

2.

Employer _____

Address _____

Phone No. _____ Position held _____ Start Date _____

End Date _____ Reason for leaving _____

3.

Employer _____

Address _____

Phone No. _____ Position held _____

End date _____ Reason for leaving _____

4.

Employer _____

Address _____

Phone No. _____ Position held _____

End date _____ Reason for leaving _____

Please provide three personal references not related to you.

1.

Name _____

Address _____

Occupation _____ Phone No. _____

2.

Name _____

Address _____

Occupation _____ Phone No. _____

3.
Name _____

Address _____

Occupation _____ Phone No. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. By submission of this application, I am authorizing the City of Harrison to conduct a criminal history check as part of the pre-employment screening process. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Remarks:

HARRISON FIRE DEPARTMENT

Harrison Fire Department will use the following procedures for processing prospective employee applications, interviewing, background checks, physical examinations and employment.

Harrison Fire 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. Additionally, 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 of Michigan or local law ordinance.

- ◆ All applicants must complete *Application for Employment* which is available online or at City Hall
- ◆ All applicants must complete the *Confidential Information Release Form and Background Check Release Form*.
- ◆ Applicants must provide the City Manager with a copy of their valid Michigan driver's license
- ◆ Criminal Record and driving record checks will be conducted. Individuals having six (6) or more points on their driving record are not eligible for hire.
- ◆ If applicant successfully meets the minimum criteria for items above, the Fire Chief will schedule an interview for the applicant.
- ◆ The interview will be conducted by the Fire Chief, Assistant Chief, and or a panel to consist of no less than two Fire Department Officers.
- ◆ Appropriate background checks will be conducted as needed.
- ◆ If the applicant is considered acceptable for employment within the sole discretion of the city, he/she will be required to submit to, and pass, a physical examination & Drug Screen provided by the City. Physicals and drug screening will be paid for by the City, scheduling of the physical will be the responsibility of the applicant.
- ◆ The City will endeavor to apprise applicants of the status of their application.
- ◆ All applications for employment shall be deemed current for a period of 6 months.
- ◆ Candidates who are hired will schedule a meeting at the Harrison Fire Department to sign required paperwork, receive equipment, and is placed into membership as a probationary firefighter.
- ◆ All Fire Department employment is considered to be "AT-Will", and can be terminated at any time without cause by the employee or the employer.

☞ CONDITIONS OF EMPLOYMENT

- ◆ All persons offered employment as paid on call firefighters by the Department are expected to attend all regularly scheduled training and respond 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 must immediately notify the Fire 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.
- ◆ All persons employed as paid on call firefighters must maintain themselves in physical condition so as to be able to safely perform the duties of their position.

⌘ CONDITIONAL OFFER OF PROBATIONARY EMPLOYMENT

◆ Purpose

The purpose of this agreement is to extend to the applicant, a conditional offer of employment. Applicants must meet below the listed terms and conditions before being hired by this Department. A final offer of employment will be extended to applicants only after applicants have satisfied all the requirements established by this department. All entering applicants for the listed position of Probationary Firefighter are required to successfully comply with these same conditions.

◆ Terms and Conditions

♣ An applicant must meet the following terms and conditions:

♣ Comply with the minimum employment standards for Firefighter as established by Department Policy, referred to as, Recruiting and Employment.

♣ Successfully complete the minimum required training as mandated by the Michigan Firefighter's Training Council –FF-I within 24 months of the date of hire. (PA 196, of 1987) effective October 1, 1988

♣ Be sufficient medical condition, as determined by a medical history and examination, necessary to perform the essential functions of the above position.

♣ Any additional requirements specified by this department, which may include but not limited to:

◆ Physical examination & Drug/Alcohol Screen

◆ Having a valid Driver's License

◆ Annual Driving record review

I have read and understand the content of this policy.

Signature

Date