

APPLICATION FOR GARFIELD TOWNSHIP FIRE & RESCUE

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

Date _____
Name _____ Social Security No. _____

 Last First Middle
Present Address _____
 No. Street City State Zip

Telephone No. _____
Are you legally eligible for employment in the U.S.A.? _____ If yes, when? _____

NOTE: The Garfield Township Fire & Rescue Personnel Policies & Procedures Manual provides the following:

RESIDENCY

"All employees of the Township must be residents of the Township for twelve months before date of hire unless specifically exempted by the Township Board, and remain a resident of the Area 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? () Yes () No

Name of relatives in our employment _____

Do you have a valid driver's license? () Yes () No
State _____

RECORD OF EDUCATION

Name of High School last attended _____
Grade completed (circle) 6 7 8 9 10 11 12 GED COLLEGE
Year Graduated _____
Other Specify _____

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:)

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

EMPLOYMENT EXPERIENCE/WORK HISTORY

(Start with your present or last employer. If you need more space, use an extra sheet of paper. 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

Name and Address of Company and Type of Business _____
Telephone Number _____
Month/Year _____ To Month/Year _____
Reason for Leaving _____
Name of Supervisor _____
Describe the work you did _____

Name and Address of Company and Type of Business _____
Telephone Number _____
Month/Year _____ To Month/Year _____
Reason for Leaving _____
Name of Supervisor _____
Describe the work you did _____

Are we granted permission to check all information? () Yes () No

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name _____
Address _____
Phone Number _____

Name _____
Address _____
Phone Number _____

Name _____
Address _____
Phone Number _____

We are an equal opportunity company. We are dedicated to a policy of a 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 Garfield Township Fire & Rescue.

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 agree that any false information in support of my application may be 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 results of my pre-employment physical (if physical is required) are known.

Applicants Signature

Date

FOR ADDITIONAL INFORMATION

NOTIFICATION TO JOB APPLICANTS

You are hereby notified and advised that you have 182 calendar days from this date to notify this department 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

Seeing: Involves obtaining the impressions through the eye of the shape, size, distance, motion, color, or other characteristics of objects. The major visual functions are:

Acuity, far - clarity of vision at 20 feet or more
Acuity, near - clarity of vision at 20 inches or less.

Depth perception - three dimensional vision. The ability to judge the distance and space relationships so as to see objects where and as they actually are.

Field of vision - the area that can be seen up and down or to the right or left while the eyes are fixed on a given point.

Accommodation - adjustment of the lens of the eye to bring an object into sharp focus.

Color vision - the ability to identify and distinguish colors.

Use of the arms and hands is required in reaching, handling, fingering and/or feeling, writing, operating office equipment. Visual functions include acuity, far and near, depth perception, field of vision, accommodation and color vision.

ENVIRONMENTAL CONDITIONS:

Extremes of cold plus temperature changes: Variations in temperature which are sufficiently marked and abrupt to cause noticeable bodily reactions.

Extremes of heat plus temperature changes: Temperature sufficiently high to cause marked bodily discomfort unless provided with exceptional protection.

Wet and humid: Contact with water or other liquids. Atmospheric condition with moisture content sufficiently high to cause marked bodily discomfort.

Noise and vibration: Sufficient noise, either constant or intermittent, to cause marked distraction or possible injury to the sense of hearing, and/or sufficient vibration (production of an oscillating movement or strain on the body or its extremities from repeated motion or shock) to cause bodily harm if endured day after day.

Hazards: Situations in which the individual is exposed to the definite risk of bodily injury.

Fumes, odors, toxic conditions, dust, and poor ventilation:

Fumes - smoky or vaporous exhalations, usually odorous, thrown off as the result of combustion or chemical reaction.

Odors - noxious smells, either toxic or non-toxic.

Toxic Conditions - exposure to toxic dust, fumes, gases, vapors, mists, or liquids which cause general or localized disabling conditions as a result of inhalation or action on the skin.

Dust - air filled with small particles of any kind and inorganic dust including silica and asbestos.

Poor Ventilation - Insufficient movement of air causing a feeling of suffocation; or exposure to drafts.

NATURE OF WORK:

Controls and extinguishes fires, protects life and property, and maintains equipment as volunteer firefighter for the Township Fire Department. Responds to fire alarms and other emergency calls. Selects hose nozzle, depending on type of fire, and directs stream of water or chemicals onto fire. Positions and climbs ladders to gain access to upper level of buildings or to assist individuals from burning structures. Creates openings in buildings for ventilation or entrance, using ax, chisel, crowbar, electric saw, core cutter, and other power equipment. Protects property from water and smoke by use of waterproof salvage covers, smoke ejectors, and deodorants. Administers first aid and artificial respiration to injured persons and those overcome by fire and smoke. Communicates with superior during fire, using portable two-way radio. Performs assigned duties in maintaining apparatus, quarters, buildings, equipment, grounds, and hydrants. Participates in drills, demonstrations, and courses in hydraulics, pump operation and maintenance, and firefighting techniques. May drive and operate firefighting vehicles and equipment.

SPECIFIC MINIMUM QUALIFICATIONS AND REQUIREMENTS FOR INITIAL EMPLOYMENT:

Must be physically able to perform the duties of a volunteer firefighter as required by the Township and as Determined by the Township's designated medical examiner.

Must possess and/or be able to acquire certification and/or licenses required by law to operate fire department vehicles.

1. MFR (medical first responder) or greater within three (3) years of initial employment
2. Firefighter 1 or greater within two (2) years of initial employment

Must have and continue to maintain a good driving record.

Must be insurable under the guidelines established by the Township's liability insurance carries.

Must be able to, with or without reasonable assistance, speak, read, write, understand and comprehend English for the purpose of performing the multiple communication functions of the job's duties and Responsibilities, and for the purposes of completing and/or following and/or applying all directives, manuals, logs, reports and other communications pertaining to your employment.

Must be pleasant, congenial, and able to remain calm and courteous in relationship with other personnel and the public.

Must have the ability to work well with other individuals.

Must have the ability to acquire and to use specialized firefighting knowledge, techniques and practices.

Must have independent reliable source of transportation available at all times to immediately bring you to

The fire station upon receiving the alarm signal.

Must have a workable telephone in personal residence at all times or make other reasonable arrangements

Upon Chiefs request.

Must **NOT** have a beard, or side burns, or facial hair, which will in any way interfere with the seals on

Breathing apparatus, or cause the seals to improperly seat tightly against the face.

GENERAL MINIMUM QUALIFICATIONS AND REQUIREMENTS FOR INTIAL EMPLOYMENT:

Able and willing to work cooperatively and effectively within the structure of team approach concept and/or individual initiative concept.

Must be self-motivated and be able to perform job duties independent of and without direct supervisory assistance and/or direction.

Must have the ability to work well with individuals on both professional and nonprofessional levels, and therefore must have the ability to communicate directly with management personnel, and other personnel.

Must be able to pass physical agility tests when administered and as required.

Must have a positive attitude toward the job and toward people.

Must be able to work well and to perform work efficiently and productively under pressure which may be caused by having to face critical and unexpected situations.

Must be willing and able to report for work when called in a fit mental and physical condition in order to perform job duties and assigned tasks. This includes the willingness and ability to participate in training and development activities.

Must be able to correctly fill out and maintain records and logs, time cards and other forms and/or reports as required.

Must be able to perform those duties that require contact with other persons, whether fellow employees or the general public, in a amiable and courteous manner.

* ***** *** ***** * ** * ***** * * * * *

All firefighters are subject, at all times, to the provisions of the Garfield Township Fire Department's Policies and Procedures Manual and any amendments, additions, deletions and/or other revisions thereto.

*** * * ** ***** ***** * * * * ***** ** *****

APPENDIX D

EMPLOYEE ACKNOWLEDGMENT OF RECEIPT
PERSONNEL POLICIES AND PROCEDURES MANUAL

By signing below, I acknowledge that I have received a copy of the Garfield Township Fire Department Personnel Policies and Procedures Manual. I also acknowledge that I have had an opportunity to read the manual and have any questions answered, and that I understand the provisions of this manual.

Signed: _____ Date: _____

Witnessed: _____ Date: _____
To be filed in the employee's personnel file.

***** ***** * * * * ** ***** ***** ***** *** ***** * * * ** *

APPENDIX E

JOB APPLICANT'S UNDERSTANDING

I understand and agree that:

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.

It is my understanding that the township will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

I agree that my employment may be terminated by the Garfield Township Fire Department at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any

information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the township.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I further understand that if I am employed, such employment is an indefinite period of time and that the Township can change wages, benefits and conditions at any time.

I have read and understand and I agree to the above.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

To be filed in the employee's personnel file.

APPENDIX F

JOB APPLICANT'S RELEASE AND WAIVER OF DRIVING RECORD

I, _____, having applied for a job with Garfield Township Fire Department do hereby authorize the Secretary of State, state of Michigan, to release and forward to the Garfield Township Fire Department, Lake, Michigan any information pertaining to my driving record as in the possession of his/her offices.

I agree to fully and completely release and forever discharge the named Secretary of State, his/her officers, directors, employees, agents, successors, representatives and assigns from any and all liability, claims, demands and causes of action whatsoever, including but not limited to, claims of personal injury, harm defamation of character, claims of invasion of privacy, unauthorized release of personal records and information, information that may lead to my wrongfully being denied employment, or if employed, my wrongful discharge, and employment discrimination including age discrimination, arising directly or indirectly out of his/her/their decision to provide information to said entity, and of his/her/their having provided such to the entity.

Applicant's Driver's License Number

State Where Issued

Signature of Job Applicant

Date

Witnessed By:

Date

(DO NOT WRITE BELOW LINE)

() Record Clear

{ } Other

Verified By:

Date:

Original - Personnel File

Copy - Applicant

APPENDIX G

JOB APPLICANT'S RELEASE AND WAIVER
(Previous or current employer)

I, _____, having made application to Garfield Township Fire Department for consideration of employment with the Township, do hereby authorize

through its employees, agents, representatives or assigns to release and convey to Garfield Township Fire Department, either verbally in person or by telephone, or in written form, any information contained in said authorized company's records with regard to my employment with said company as such pertains or may pertain to my disciplinary, attendance, and tardiness records, performance evaluations, training, and reasons for termination, or any such related information that is not maintained in written form but may otherwise be recalled from the memories of my previous supervisors or work leaders so that such information may assist the Township in making a determination regarding my qualifications for employment.

I agree to fully and completely release and forever discharge the foregoing named company, its officers, directors, employees, agents, successors, representatives and assigns from any and all liability, claims, demands and causes of action whatsoever, including but not limited to, claims of personal injury, harm, defamation of character, claims of invasion of privacy, unauthorized release of personal records and/or information, or information which may lead to my wrongfully being denied employment, or if employed, my wrongful discharge, and employment discrimination including age discrimination, or employment discrimination based upon physical or mental handicap, arising directly or indirectly out of its decision to provide such above described information to the Township and its having provided such.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Three signed originals required. One forwarded to previous employer. One retained by applicant. One to be filed in the employee's personnel file.

POLICY: APPLICANT RELEASE FORM

I, _____, presently residing at _____
_____ hereby apply for membership/employment with
the Garfield Township Fire Department. I have been advised and am fully aware
that a representative of the department will be conducting a thorough
investigation of my background to assist in determining my suitability for this
employment. I realize that, in conducting this background investigation,
representatives will be making inquiries of the following personal institutions:
Officials and Records Offices at schools which I have attended; Physicians
and/or other persons who may have examined or treated me for any physical or
other type illness or injury; Police and/or Court Records with whom I may have
an arrest or conviction record; Credit Bureaus and/or firms who may have
information regarding my credit history, employment history, and/or financial
standing: present and previous employers; and any other persons who may be able
to provide information about me which the department deems necessary.

I hereby authorize and instruct any person or institution in possession of
information about me to release same to the Department. I hereby waive any
privileged or right which might otherwise forbid any physician, or other person
who has attended me or any other school, official, court, policy agency, credit
bureau, employer, firm or person, from disclosing to the department any
knowledge or information they have concerning me. I Further consent that the
Chief of the Department or his/her representative be provided with a copy of any
such records concerning me which they may desire.

I hereby give my consent to the Department or it's designee to perform test of
my blood and/or urine to determine my possible usage of prohibited substances.

I recognize the right of the Department, in its sole discretion, to treat all
sources as confidential, and withhold from me and/or my agent the names of such
confidential sources and information obtained therefrom.

Signature of Applicant

Date

AUTHORIZED BY: _____

TITLE: _____