

MILAN AREA FIRE DEPARTMENT
APPLICATION FOR EMPLOYMENT

DATE: _____

NAME: _____

PHONE: _____

INSTRUCTIONS: Fill out and sign all required forms and return in person, email or USPS to:

Mail to: Milan Area Fire Department

45 Wabash St.

Milan, MI 48160

email to: rgstevens@milanareafire.com

FIREFIGHTER AND FIRST REPONDER EMPLOYMENT APPLICATION

PLEASE PRINT

DATE: _____

Name: _____

Drivers License No. _____

Address: _____

City or Township: _____

Phone: H _____ M _____

Email: _____

Date of Birth: _____

SS Number: _____

Employer: _____

Normal work hours: _____

Can you leave work to respond? (Y) (N)

PREVIOUS FIRE DEPARTMENT TRAINING

FF TRAINING (Y) (N) Level _____

EMS LICENSE (Y) (N) LEVEL _____

Agree to a Physical Exam (Y) (N)

Agree to driving record check (Y) (N)

Agree to criminal history check (Y) (N)

Any impairments (physical, mental, or other) that would prevent you from performing the duties of a Firefighter? (Y) (N) If Yes please explain. _____

Do you require any special needs? (Y) (N) If yes explain: _____

The reason(s) that I am applying for a position with the Milan Area Fire Dept: _____

Emergency Contact: _____ Phone: _____

I _____ affirm that the above information is accurate and true.

Signed _____ Date _____

I hereby agree that the information provided above is accurate, and agree that the fire department may verify such information including conducting background checks and obtaining a copy of my driving, criminal history and physical examination. I agree to the disclosure of such information to the fire department by any agency or person and release any agencies or persons from any liability connected with such disclosures.

I further agree that if accepted for membership on the fire department I will obey all policies, procedures and guidelines of the fire board, fire department, and all applicable statues of the state of Michigan. I understand that membership on the fire department is on an at-will basis, and may be terminated by the fire chief or fire board for any reason.

Applicant Signature _____

Interviewed by: _____

OFFICE USE ONLY

Date application received _____ Date reviewed _____

Approved YES () NO () Hire date _____

Reasons _____

Notes/Restrictions _____

Background check performed by: _____ Date _____

Approved by: _____ Date _____

APPLICANT RELEASE FORM

I, _____, presently residing at _____ hereby apply for membership/employment with the Milan Area 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 Milan Area Fire 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 Milan Area Fire 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 there from.

Signature of Applicant

Date

GUIDELINE: RECRUITING & EMPLOYMENT

Milan Area Fire Department
Guideline #2004-1.05

I. PURPOSE

The purpose of this guideline is to outline the procedures to be followed in recruiting and employment of fire personnel for the Milan Area Fire Department.

II. STATEMENT

This department is an equal opportunity employer. As such, all persons are eligible for employment 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, national origin or disability as outlined in specific Federal, State and, local laws and ordinances. The Milan Area Fire Department is an at will employer.

III. IMPLEMENTAION.

- A. To be considered for the position of firefighter with the Milan Area Fire Department, applicants must meet the following MINIMUM qualifications
1. Be a citizen of the United States.
 2. The applicant must provide proof of high school graduation or GED.
 3. All applicants must be at least 18 years of age.
 4. No felony convictions.
 5. Possess a valid Michigan drivers license and have a satisfactory driving record.
 6. Be of satisfactory physical condition as measured by a physical agility test and medical examination. Have minimum 20 / 40 vision in each eye correctable to 20 / 20 in each eye.
 7. Have a contact telephone number where the applicant can be reached.
 8. Live within the jurisdiction of the Milan Area Fire Department, or work within the jurisdiction of the Milan Area Fire Department for an employer who willingly allows release from work to attend emergency responses.
- B. In addition to the minimum qualifications described above, applicants with the following DESIRABLE qualifications may be given preference over those with none or fewer desirable qualifications.
1. Previous Michigan Firefighters Training Council training and certification of Firefighter I. And II.
 2. Previous Michigan Department of Health Medical First Responder training.
 3. Reside in close proximity to the fire station.

IV. APPLICATION PROCEDURE

Persons expressing an interest in becoming a firefighter of the department shall be referred to the Fire Chief. To apply for firefighter in the department, all interested persons shall:

- A. Complete and return to the Fire Chief, the employment application Approved for use by the department, and a signed authorization to release information.
- B. Provide proof of high school graduation or equivalent education.
- C. Provide copies of any previous MFFTC training certificate.
- D. Participate in an interview conducted by the Fire Chief or his designate. This interview will focus on the following aspects of the applicant's:
 1. General background
 2. Qualifications
 3. Employment history
 4. Understanding of job responsibilities
 5. Any other job related issues
- E. Successfully complete a background investigation conducted by the Fire Chief or his designate that will include:
 1. Criminal history
 2. Drug and/or alcohol use
 3. Driving record
 4. Personal history
 5. Employment history
- F. Successfully complete the department Physical Agility Test.

V. ACTION ON APPLICATIONS

Based on information developed in the above process, the officers of the department shall vote to recommend or not recommend that the board make the applicant a probationary firefighter of the department. At least three affirmative votes, including one from the Fire Chief or the Assistant Chief, shall be necessary to recommend an applicant to the board.

Appointment as a probationary firefighter of the department rests with the board. The board shall act upon an applicant recommended by the officers at the first board meeting after such recommendation, with appointment made by a simple majority of board members present at this meeting. Appointment as a probationary firefighter of the department shall be contingent upon successful completion of a medical examination and drug test.

Applicants who are not appointed by the board may reapply for firefighter after six months following the date of the board action rejecting the application.

VI. MEDICAL EXAMINATION and DRUG TEST

Applicants appointed as probationary firefighters of the department shall, as a condition of employment, successfully complete a medical examination at a medical facility of the department's choosing, and at the department's expense. This medical examination shall include a blood test to detect the presence of illegal drugs.

The results of the medical examination and drug test shall be provided to the Fire Chief as soon as practical, and shall be made a part of the firefighters confidential personnel file.

Failure to attain less than a full recommendation from the examining physician, or the detection of any illegal substances by blood test shall be reviewed by the Fire Chief with the board, and are grounds for withdrawing the offer of employment.

I have read, understand and agree to the content of this policy.

Signature

Date