

City of Tecumseh

Application for Paid On-Call Fire Fighter
101 E. Russell Rd
Tecumseh, MI 49286
517-423-4545



APPLICATION INFORMATION FULL TIME/PART-TIME/SEASONAL EMPLOYEES

The following is a summary of the application procedure:

1. The City of Tecumseh is an Equal Employment Opportunity Employer and is seeking applicants without regard to race.
2. If hired, I understand that I will serve the city of Tecumseh and my employment and compensation can be terminated by the City of Tecumseh with or without notice, with or without cause, and at any time and for any reason.
3. You must complete the application in full. The application is valid for a period of six months. All applications must be submitted to: Fire Chief, City of Tecumseh, 101 E. Russell Rd., Tecumseh, MI 49286.

I have read and understand the foregoing statements:

Applicant's Signature

Date

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**THE COMMITMENT TO BECOMING A PAID ON-CALL
FIREFIGHTER**

Before you make a decision to join a fire department you should have a very good understanding of the requirements and responsibility that come along with that commitment.

First off you need to understand that this is not a social club. We take our responsibility to the community very seriously. We are allowed to enter into people's lives in a way that most people will never do. We see people at their most vulnerable times. And we are entrusted by the citizens to carry out our duties to the highest level of honesty, integrity and responsibility.

All members of the department must complete all State of Michigan required training.

Firefighter level I & II	approximately 180 – 200 hours
Haz-Mat Awareness	8 hours
Haz-Mat Operations	24 hours
Drivers Training	9 hours
NIMS Training	16 hours

Additional training required by the Fire Department includes, medical training ranging in 100 to 250 hours depending on the level.

Our department also conducts in-house training twice a month for 2 – 3 hours each time. Members are required to maintain a minimum of 60% attendance for all in-house trainings.

The department currently responds to an average of 57 calls per month. Each member of the department must maintain a minimum attendance per month of 20% or 11.4 calls.

In addition to the trainings and calls, each member of the department is responsible for assisting with various committees within the Firefighters Association. And as such you will need to attend meetings and some special functions.

The department pays its members for all calls, in-house training sessions and some work details (i.e. hose testing). Members are not paid for attending State required training. However, the City does pay for all training expenses for the State required training. It's all part of the commitment.

This is just some of the commitments required to becoming a member of the fire department.

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We do try to work things out as to limit the number of days or nights that we have to be at the station for training, meetings and work details. Family time is the most important thing and we try to limit your time away from them.

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This application must be completed in full. Any falsification or fraudulent omission of any information in this Application may be grounds for disqualification.

Do you have the legal right to work in the U.S.?

Yes No

Are you 18 years or older?

Yes No

Have you ever worked under a different name?

Yes No

Do you have a relative working for the City?

Yes No

Can you perform the duties of the job in which you wish to be employed, with or without accommodation?

Yes No

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Date _____ Driver License #: _____

Last Name _____ First Name _____ MI _____

Present Address _____ Length of Time _____
(Number & street)

Phone (Home) _____ (Work) _____

If less than 2 years at above address, please complete the following:

Prior Address: _____ Length of Time _____
(Number and street) (City, state and zip)

AVAILABILITY:

I am available to respond to alarms during the (check one)

Day _____ Evening _____; during the hours of _____

EDUCATION: (List name of school and last grade completed)

Grade School _____

High School _____

College _____

Other _____

MILITARY EXPERIENCE:

Are you an Armed Forces Veteran? Yes [] No []

Branch of Service _____ Rank _____

Type of Discharge _____

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REFERENCES: List four mature responsible persons who are well acquainted with you other than relatives.

<u>Name</u>	<u>Current Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any felony charges against you?

Yes [] No []

If yes, explain: _____

Have you ever been convicted of a crime? Yes [] No []

If yes, give: Charge _____ Court _____ Date _____

Number of traffic tickets received (excluding parking tickets) you have received in the last five (5) years: _____

Has your driver's license ever been suspended or revoked? Yes [] No []

Have you ever been involved in an accident? Yes [] No [] If yes, how many? ____

Were you judged at fault in any accident? Yes [] No []

Have you ever been employed by this department or any other department? Yes [] No []

Who suggested that you apply for a position here? _____

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EMPLOYMENT HISTORY

CURRENT EMPLOYER:

Name _____ Length of Employment _____

Address _____

Name of Supervisor _____ Phone _____

Type of Work _____

Work Hours _____ Shift _____ Days _____

PREVIOUS EMPLOYER:

Name _____ Length of Employment _____

Address _____

Name of Supervisor _____ Phone _____

PREVIOUS EMPLOYER:

Name _____ Length of Employment _____

Address _____

Name of Supervisor _____ Phone _____

Were you ever subject to DISCIPLINARY ACTION in connection with any employment?

Yes [] No [] If yes, give details:

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CURRENT EMPLOYER MUST FILL IN

Will you allow this applicant to respond to calls during working hours? Yes [] No [] N/A []

I do hereby signify that this application is made with my knowledge and consent.

Signature of Employer _____ Date _____

Please describe in 30 words or less why you would like to be a member of the fire department.

ABILITY TO PERFORM JOB FUNCTIONS:

Are you able to perform the following tasks with or without accommodation?

Climbing _____ Wearing of Breathing Apparatus _____

TRAINING AND SKILLS:

List any training or skills which you feel would be an asset to the Fire Department:

I understand that paid on-call members of the fire department are at-will employees. Paid on-call members are subject to the City of Tecumseh rules and regulations as prescribed in the city personnel manual and the rules and regulations of the Tecumseh Fire Department and its Association.

Signature of Applicant _____

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I, the undersigned, authorize the City of Tecumseh Police, to conduct a criminal history file check by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the Tecumseh Fire Department.

Signed: _____

Date: _____

Date of Birth: _____

Driver License Number: _____

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Please read and sign below

City of Tecumseh
Authorization
for
Release of Information
and
Statement of Consent

I, _____, do hereby authorize a review by and a full disclosure to Kevin Welch, City Manager, a duly authorized agent of the City of Tecumseh of all records, or any part thereof, concerning myself, whether the said records are public or private, and including those which may be deemed to be of a privileged or confidential nature.

I certify that the facts set forth in my Application for Employment, in my resume and in other materials I have submitted are true and complete. I understand and acknowledge that false information provided by me will result in disqualification from employment with the City of Tecumseh (hereinafter "the Employer") or in dismissal from employment if an offer of employment is made and accepted.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including record of deposits, withdrawals and balances; retail mercantile establishments and retail credit agencies (including credit reports and/or ratings); medical and psychiatric consultations and/or treatment, including those of hospitals, clinics, private practitioners, the U.S. Veteran's Administration, Social Security Administration and military medical and psychiatric facilities; public utility companies; employment and pre-employment records, including background investigation reports, medical reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; and other financial statements and records of any nature whatsoever, and wherever filed; records of complaint, arrest, trial and/or

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convictions for alleged or actual violations of law, including criminal and/or traffic records and juvenile actions including all records pertaining to same.

I fully consent, after a conditional offer of employment is made to having any medical, physical, psychiatric, psychological, or other examination and/or testing, including urine and/or blood for alcohol, controlled dangerous substances, conducted by a physician or other professional of the Employer's choice to determine my physical suitability to be employed by the City of Tecumseh prior to beginning employment and also during the entire course of my employment with the City of Tecumseh. I understand that any offer of employment is conditional upon the results of this examination(s) and/or test(s).

I also fully consent to submit to a background examination for the purpose of verification of information given by me or contained in my records, application, resume, questionnaire and/or interview in connection with my application for employment with the City of Tecumseh.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to those records which will permit the development of a background and history of my personal life. I further reiterate my authorization to submit, after a conditional offer of employment is made, to any and all medical, physical, psychiatric, psychological, or other testing, including urine and/or blood for controlled dangerous substances for the specific purpose of developing pertinent data for the City of Tecumseh to consider in determining my suitability for employment by the City of Tecumseh. It is my specific intent to provide access to information, however personal, privileged or confidential it may appear to be, and the sources of information specifically enumerated above are not intended to deny or prevent access to any other records not particularly identified herein.

I understand that any information obtained by a personal history background investigation which is developed, directly or indirectly, in whole or in part, upon this release will be considered in determining my suitability for employment, as stated above. All medical information received will be kept in a separate file and will not be reviewed or used in determining whether a conditional offer of employment will be made.

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I hereby authorize the Employer to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the employers and its employees and agents, and all of my former and current employers, education institutions, and the other references I have provided from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that criminal convictions may result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.

If I am employed, I understand that additional personal data will be required for statistical purposes.

I will abide by all polices, rules and regulations of the Employer.

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Applicant's signature

Date signed

Please Print Name

Date of Birth

Social Security Number

Driver's License Number and State Issued From

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.