

# APPLICATION FOR EMPLOYMENT



# Ross Augusta Fire Department

## Application for Employment

(Pre-employment questionnaire) (An Equal Opportunity Employer)

### **Mission**

We are dedicated professionals that honorably serve our residents and visitors by providing quality prevention and safety programs along with response to fire and EMS services with respect and pride.

Ross Augusta Fire Dept. is a paid on-call department

### **Station 4-1**

12086 M-89

Richland, MI, 49083

### **Station 4-2**

109 W Clinton St

Augusta, MI, 49012

Duty

Tradition

Pride

\*this form has been revised to comply with the provisions of the Americans with disabilities act and the final regulation and interpretive guidance promulgated by the EEOC of July 26<sup>th</sup>, 1991

# APPLICATION FOR EMPLOYMENT



## GENERAL SUMMARY – JOB DESCRIPTION FOR FIREFIGHTER

Under the supervision of the Fire Chief, and/or the direction of a command officer a Firefighter responds to emergency calls and non-emergency calls. Performs duties as may be assigned, Maintenance for the department apparatus, equipment and facilities.

### Typical Duties

1. Responds to all calls for assistance both emergent and non-emergent per department policies. and in a safe and prudent manner.
2. Attends department meetings and trainings ready and willing to perform task required.
3. Wears department issued gear and safety equipment at all emergencies per department policy.
4. Performs fire suppression duties as ordered and in conformance with best practices and may accomplish all task within the scope of training as a firefighter per Department SOG's.
5. May render medical aid within the scope of a medical first responder licensed level and in a pre-hospital setting.
6. Returns to the fire station after each response and assists in preparing equipment, supplies, and apparatus for the next response.
7. Performs duties as assigned by the Chief or command staff member with in accordance with standing orders and department policies and guidelines.
8. Must interact with the public in a professional manner.

The preceding statements are intended to describe the general nature and level of work performed by persons in the job classification. They are NOT to be construed as an exhaustive all-inclusive and exclusive list of duties performed by personal classified as a firefighter.

Educations Minimums: High School or G.E.D.

Must Complete the Michigan firefighter Training council firefighter 1 & 2 including Hazmat Operations and Drivers Training. Candidates must pass RAFD's training program. Additionally, you must pass a Medical First Responder Class (MFR) and obtain licensing within two (2) years of appointment to the Ross Augusta Fire Dept.

Upon acceptance, all firefighter candidates SHALL be placed on probationary status until success completion of the Michigan firefighters training council firefighter 1 & 2, Medical first responder (MFR) and Department training is completed. Under no circumstances shall the probations period extend beyond two (2) calendar years from the date of appointment. If the candidate has NOT completed firefighter 1 & 2, MFR and Department training in the entirety the candidate shall be terminated from employment at the Ross Augusta Fire Department.

The following signature states my agreement to complete and pass the above mentioned classes which also includes maintaining your MFR license (keeping up with MFR Credits) throughout the employment with Ross Augusta Fire Department.

If I don't complete and pass the above mentioned classes within the 2-year window I will be responsible for reimbursing the Ross Augusta Fire Department for the cost of the classes.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Duty

Tradition

Pride

\*this form has been revised to comply with the provisions of the Americans with disabilities act and the final regulation and interpretive guidance promulgated by the EEOC of July 26<sup>th</sup>, 1991

# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

NAME:				
	LAST	FIRST	MIDDLE	DATE
PRESENT ADDRESS:				
	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS:				
	STREET	CITY	STATE	ZIP
PHONE NUMBER :		ARE YOU 18 YEARS OF AGE OR	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PHONE PROVIDER:		OLDER?		
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY: BECAUSE OF VISA OR IMMIGRATION STATUS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
SOCIAL SECURITY NUMBER:				

## EMPLOYMENT DESIRED

POSITION:	START DATE :	SALARY DESIRED:
HAVE YOU APPLIED FOR THIS POSITIONS BEFORE?		DATE:
REFEREED BY:		

## EDUCATION

	NAME & LOCATION	# OF YEAR ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:		
SPECIAL SKILLS:		
ACTIVITIES: (CIVIC, ATHLETIC, ETC.) <small>EXCLUDE ORGANIZATIONS THAT NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STAUUS, COLOR, OR NATION OF ORIGIN.</small>		
US MILITARY OR NAVAL SERVICE:	RANK:	

Duty

Tradition

Pride

\*this form has been revised to comply with the provisions of the Americans with disabilities act and the final regulation and interpretive guidance promulgated by the EEOC of July 26<sup>th</sup>, 1991

# APPLICATION FOR EMPLOYEMENT



FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH MOST RECENT.)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				

**WHICH OF THESE JOBS DID YOU LIKE THE BEST?**

---

**WHAT DID YOU LIKE MOST ABOUT THIS JOB?**

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY:

---

NAME	ADDRESS	RELATIONSHIP	NUMBER
------	---------	--------------	--------

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANYS RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT EITHER MY OR THE COMPANYS OPTION. AT ANY TIME BY THE COMPANY I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN ITS PRESIDENT AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRATRY TO THE FOREGOING.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Duty

Tradition

Pride

# APPLICATION FOR EMPLOYMENT



DRIVER'S LICENSE NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

IF CURRENTLY EMPLOYED WHAT HOURS DO YOU WORK? \_\_\_\_\_

CAN YOU LEAVE WORK IF NECESSARY YES / NO

I AGREE TO HAVE A PHYSICAL EXAMINATION INCLUDING A BACK X-RAY, OR SUPPLY A RECENT COPY OF THE SAME. THE EXPENSE SHALL BE COVERED BY THE ROSS AUGUSTA FIRE DEPARTMENT AT A PHYSICIAN OF THEIR CHOOSING

YES / NO

I AGREE TO HAVE MY DRIVING RECORD CHECKED IN MICHIGAN AND OR ANY OTHER STATE: YES / NO

IF PREVIOUSLY LICENSED IN ANY OTHER STATED PLEASE LIST: \_\_\_\_\_

I AGREE TO HAVE A CRIMINAL BACKGROUND HISTORY CHECK COMPLETED: YES / NO

WHAT IS YOUR REASON(S) FOR APPLYING FOR MEMBERSHIP ON THE ROSS AUGUSTA FIRE DEPARTMENT?


IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PERFERRED HOSPITAL: \_\_\_\_\_

SECONDARY EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Duty

Tradition

Pride

\*this form has been revised to comply with the provisions of the Americans with disabilities act and the final regulation and interpretive guidance promulgated by the EEOC of July 26<sup>th</sup>, 1991

# APPLICATION FOR EMPLOYMENT



## TUITION REIMBURSEMENT AGREEMENT

This tuition reimbursement agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ between \_\_\_\_\_ (employee) and the Ross Augusta Fire Department (RAFD) regarding tuition reimbursement associated with the employee's enrollment in the regional fire academy.

Whereas, the employee has voluntarily requested to attend the fire academy for the purposes to receive a firefighter I and II certification.

1. In exchange for the RAFD promise to pay the tuition, textbook and other associated class fees with the employee's attendance at the fire academy, the employee agrees that the RAFD is entitled to services of the employee for a period of (3) years from the employee's new certification period. RAFD has the right to extend the three-year period in the event that there is an excessive leave of absence, suspension, or for any other reason a lack of service has occurred.
2. During the three-year period, in the event that the employee voluntarily resigns or retires or is discharged for a just cause, the employee agrees to reimburse the RAFD for the cost associated with the below listed fees. Reimbursement shall be based from date of certification as follows: less than one (1) year shall reimburse 100%, 1-2 years shall reimburse 75%, and 2-3 years shall reimburse 50%. After (3) years of certification the employee shall be considered to have met their obligation.
3. By signing this agreement, the employee gives their full, free and written consent obtained without intimidation or fear of discharge or other reprisal. The employee agree that RAFD may deduct from the employee's final paycheck any amounts owed under this agreement. Notwithstanding if the employee understands and agrees that he/she is fully liable to pay any such remaining amount. The employee signs this agreement in full knowledge of his rights under Michigan wages and fringe benefits statute, including, but not limited to MCL 408.477

To indicate their assent and acceptance of the terms of this agreement the parties have executed it on the dates indicated below:

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

RAFD: \_\_\_\_\_

Duty

Tradition

Pride

\*this form has been revised to comply with the provisions of the Americans with disabilities act and the final regulation and interpretive guidance promulgated by the EEOC of July 26<sup>th</sup>, 1991