

# POLICY: RECRUITING & EMPLOYMENT WATERSMEET FIRE DEPARTMENT

Policy #001

## I. PURPOSE

To outline the procedures to be followed in recruiting and employment. This policy, although it is more restrictive, should be coordinated with the employment policies or the governing body.

## II. PROCEDURE

A. This department is an equal opportunity employer 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 and State, local laws and ordinances.

B. The following steps shall be taken in examining an applicant's qualifications for employment.

1. The applicant shall complete a written fire department application.
2. The applicant must provide proof of high school graduation or GED.
3. All applicants shall complete a pre-employment process established by department
4. The applicants will be screened in the following areas
  - a. criminal background
  - b. drivers license - \* **See Below**

\*Any Applicant that has accumulated more than two (2) Civil Infraction moving violations or has six (6) points on their Driving Record at the time of application will not be considered for employment. Once the accumulative points have fallen below six (6) the individual may reapply for employment.

5. Applicants who successfully complete the initial pre-employment process will be offered a conditional offer of employment contingent upon the successful completion of the following.
  - a. Applicants will be referred for pre-employment physical examination and drug screen at a medical facility designated by the Fire Chief.
  - b. Applicants who successfully pass the pre-employment physical examination and drug screen will be referred for a pre-employment physical agility test. The physical agility test will be of a type as approved by the NFPA 1582 or comparable.

- c. Applicants will be subject to a background investigation, family interview (if applicable), and driving record review.
- d. All persons employed as firefighters are required to successfully complete the State mandated training within mandated time period. Pursuant to (PA 291, of 1966) as amended to date.

**III. CONDITIONS OF EMPLOYMENT**

- A. All persons offered employment as firefighters by the Department are expected to attend 70% of all regularly schedule training and respond to 70% of all 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 are expected to keep the Fire Chief or Designee appraised of all the hours during which they can be expected to be available for service. Personnel must immediately notify the Fire Chief of times when they will be unavailable for service to du personal circumstances such as vacation, business trips, unusual family circumstances, illness, injury, or for any other reason.
- B. All persons employed as firefighters must maintain themselves in physical condition so as to be able to safely perform the duties of their position. All fire personnel must participate in and successfully pass periodic physical examination as determined by the fire department.

I have read and understand the content of this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AUTHORIZED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

This policy presented by the Michigan Township Participating Plan, is intended as general guidelines for members of the Michigan Township Participating Plan Program. This policy should not be construed as legal advice. The viewer or reader of the material should consult legal counsel to review the information presented before implementation of any policy or procedures.

**CONDITIONAL OFFER OF EMPLOYMENT**

**I. PURPOSE**

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

**II. PARTIES**

This is an agreement between \_\_\_\_\_ (Department)  
and \_\_\_\_\_ (Name)

**III. TERMS AND CONDITIONS**

A. An applicant must meet the following terms and conditions:

1. Comply with the minimum employment standards for Firefighter as established by Department Policy, referred to as, Recruiting and Employment.
2. Successfully complete the minimum required training as mandated by the Michigan Firefighter's Training Council. Pursuant to (PA 291, of 1966) as amended to date.
3. Pass a physical examination necessary to perform the essential functions of the above position pursuant to NFPA 1582 guidelines.
4. Any additional requirements specified by this Department.:

**IV. LENGTH OF AGREEMENT**

This conditional offer of employment shall remain valid and in effect for \_\_\_\_\_ days or as determined by department from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon the applicant's failure to meet any one of the above terms and conditions. The effective date of this agreement is \_\_\_\_\_.  
(Date)

**ACKNOWLEDGMENT**

Successful completion of these job related, and necessary conditions of employment is required to carry out the essential functions of the above position. I have read and agree to abide by the CONDITIONAL OFFER OF EMPLOYMENT and agree to abide by these terms.

\_\_\_\_\_  
(Agency Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

# FIREFIGHTER AND FIRST RESPONDER EMPLOYMENT APPLICATION

PLEASE PRINT

Name: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_

City or Township \_\_\_\_\_ Date of birth (if under 18) \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ Phone No. (Cell) \_\_\_\_\_

Phone No. (Work) \_\_\_\_\_

Position applying for:

Firefighter

Medical First Responder

Both Positions

Employer \_\_\_\_\_ Normal Work Hours \_\_\_\_\_

Can you leave work? \_\_\_\_\_

Work weekends? \_\_\_\_\_

Agree to a physical exam? \_\_\_\_\_

Agree to driving record check? \_\_\_\_\_

Agree to criminal history check? \_\_\_\_\_

Emergency contact \_\_\_\_\_

Name of physician \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Distance from your home to your assigned station \_\_\_\_\_

The reason(s) I am applying for membership in the \_\_\_\_\_ Fire Department

Any impairments (physical, mental, or other) that would prevent you from performing fire department duties \_\_\_\_\_ If "Yes" please explain.

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, if employed by the fire department. I will obey all policies and procedures of the municipality, fire department, and all applicable statues of the state of Michigan. I understand that employment with the fire department is at-will and may be terminated by the municipality for any reason.

Applicant Signature \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Fire Station assigned: \_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>	
Date application received _____	Date reviewed _____
Approved	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
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 \_\_\_\_\_ 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 while  
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 a test of my blood  
and/or urine to determine my possible usage of illegal/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

## NOTIFICATION TO JOB APPLICANTS

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