



## Leroy Township On-Call Fire Department

8156 4 Mile Road, East Leroy, MI 49051

### *On-Call Fire Fighter Application*

Leroy Township Volunteer Fire Department is an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

Before completing this application, please review the minimum requirements for this position. If you qualify for this position, fill out the remaining application and return to the Leroy Township Clerk's Office, located at 8156 4 Mile Road, East Leroy, MI 49051.

#### **Minimum Requirements:**

- **Age:** A minimum of 18 years of age.
- **Residence:** Applicant, if hired, is required within 30 days of appointment to maintain their residence within 5 minutes of the nearest township border.
- **Physical Condition:** Excellent physical condition is required. No physical defects, handicaps, or disabling illness that will affect performance of general fire fighter.
- **Knowledge, Skills and Abilities:** Possess a valid state motor vehicle operator's license; ability to act quickly and calmly in emergencies; ability to understand and carry out oral and written instructions; good powers of observation; emotional stability; good general and social intelligence; ability to prepare routine reports; ability to deal courteously but firmly with the public; have no police record; and have the ability to work long hours and to withstand the physical strain of firefighting.
- **Examples of Work:** Operates firefighting equipment in connection with extinguishing fires and saving lives; assists in keeping equipment and apparatus clean, in good working condition, and ready for use at all times; assists in keeping the station and living quarters in a clean and orderly condition. These duties are intended to describe the general nature and level of work to be performed by a fire fighter and are not to be construed as an exhaustive list of all job duties.
- **Examinations and Screenings\*:** Applicants must submit proof of successful completion of a physical examination and drug screening to be considered for appointment, and complete an oral interview to evaluate the candidate's personal characteristics and potential ability in the position, and the quality and applicability of his/her training and experience.

\*Tests would be at no cost to the applicant.

All applicants will be subject to a background investigation and driving record review. Any applicant that has accumulated more than two (2) Civil Infraction Moving Violations or has six (6) points of 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.

Any applicant with one (1) drug or alcohol related driving conviction within the last two (2) years, or more than one (1) drug or alcohol related driving convictions within the last five (5) years, will not be considered for employment.

**PERSONAL**

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Are you 18 years or older?    YES    NO    Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**Have you been previously employed here?**    YES    NO

Chief's Name: \_\_\_\_\_

Have you filed an application before?    YES    NO    If yes, date(s): \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

Do you have a vehicle that you can drive to training sessions and emergencies?    YES    NO

**Employment Desired**

Position(s) applied for: \_\_\_\_\_ Date Available to Start Work: \_\_\_\_\_

What shift & hours do you work?

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

The reasons I am applying for membership in the Leroy Fire Department are:

After reviewing the job description of a volunteer firefighter, do you know of any reason why you could not perform the work?

*Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the employer in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the employer may preclude any claim that the employer failed to accommodate the disabled individual.*

**References** (Do not include relatives or former employers)

	Name	Address (Street, City, State, Zip)	Phone Number	Years Acquainted
1				
2				
3				

**Experience**

Education	High School	Vocational	College	Advanced Education
School				
City/State				
Degree/Area				

Military	Branch	Highest Rank	Dates	Assignment
<input type="checkbox"/> None				

List special/technical training received:  
 Are you in the reserves? YES NO If yes, date obligation ends:

Fire/Rescue	Fire Department	City/State	Highest Rank	Assignment
<input type="checkbox"/> None				

EMS	Department	City/State	Position			
	<input type="checkbox"/> None			First Responder <input type="checkbox"/>	EMT <input type="checkbox"/>	EMT-IV <input type="checkbox"/>

**Additional Information**

Have you ever been convicted of a felony? YES NO

Do you have a valid driver's license? YES NO

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal history, medical history (post-offer only), or credit 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 inquires and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

**I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the Leroy Township Supervisor.** I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the township as they are from time to time changed, and no additional obligations can be imposed on the township except those which have been acknowledged in writing by the township. 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 township during the course of my employment.

**I agree that any action or suit against the township, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory 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 such costs incurred by the township in defense of said claims or actions, including attorney fees.** I further agree that my employment is conditional until such time as the results of my post-offer physical are known.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Applicant Release Form

I, \_\_\_\_\_, presently residing at \_\_\_\_\_

hereby apply for membership/employment with Leroy Township. 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 of 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 Township deems necessary.

I hereby authorize and instruct any person or institution in possession of information about me to release same to the Township.

I hereby waive any privilege or right which might otherwise forbid any physician or other person who has attended me, or any other school official, court, police, policy agency, credit bureau, employer, firm, or person from disclosing to the Township any knowledge or information they have concerning me. I further consent that the Chief of the Fire Department or the Township Supervisor be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Township, or its designee, to perform a test of my blood and/or urine to determine my possible usage of illegal/prohibition substances.

I recognize the right of the Township, in its sole discretion, to treat all sources as confidential, and without from me and/or my agent, the names of such confidential sources and information obtained therefrom.

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

\_\_\_\_\_  
Date