City of Belleville Fire Department

Part-Time Firefighter Application

6 Main St.
Belleville, MI 48111
734-697-9323

We appreciate your interest in becoming a part-time Belleville Firefighter. Your application will be kept on file and considered with others for the position of a Part-Time firefighter for a period of one year following the date of application. The City of Belleville and the Belleville Fire Department try to hire and retain the best qualified personnel for this position who are committed to the policy that all persons, have equal access to its programs, services, activities, facilities and employment without regard to race, color, region, national origin, sex, disabilities age, martial status, sexual orientation or status with regard to public assistance.

The fire department tries to learn as much about the applicant and his/her qualifications and expects the applicant to be candid and responsible during the hiring process. The Fire Department will rely on the statements, representation and information you provided or submit to us. Please provide us with complete information. An incomplete application will be rejected. You are encouraged to attach any additional information which you believe qualifies you for the position. Any documents you submit will not be returned to you, so please make copies, if we request original documents, you will be contacted and will be asked to bring them in.

If the applicant is hired, he/she will serve a 6-month probationary period, which may be extended if deemed appropriate by the Fire Chief or the Director of Public Safety. This period is part of the testing process and is the employee's opportunity to demonstrate that they can learn and perform their duties to the satisfaction of the Fire Department. If the employee does not perform satisfactorily the employee may be terminated without the right to appeal.

PERSONAL INFORMATION: - PLEASE USE INK

NAME:

_____

Last First Middle

ADDRESS:

Street City State Zip

TELEPHONE/EMAIL ADDRESS:

IF LESS THEN TWO (2) YEARS AT THE ABOVE ADDRESS, PLEASE COMPLETE THE FOLLOWING.

PRIOR ADDRESS:

Street City State Zip

Length of time at this address: _____

List any name(s) other than that which appears on this application that others may know you as:

_____

Are you able to meet the attendance requirements (training) of this position:

☐ Yes ☐ No

Can you speak, read and write English? ☐ Yes ☐ No

Do you have or have had any alcohol or drug abuse problems? Please Explain Below

---

EMPLOYMENT HISTORY:

Please give accurate, complete employment information. List your present and most recent experiences. EVEN IF YOU HAVE ATTACHED A RESUME, YOU MUST COMPLETE THIS SECTION.

EMPLOYER NAME:

_____

EMPLOYERS ADDRESS:

_____

PHONE: _____ SUPERVISORS NAME: _____

YOUR TITLE: _____ SUPERVISORS TITLE: _____

LENGTH OF EMPLOYMENT: TO: _____ FROM: _____

HOURS PER WEEK: _____MAJOR RESPONSIBILITIES (BE COMPLETE IN RESPONSE):

_____

_____

REASON FOR LEAVING: _____

EMPLOYER NAME:

_____

EMPLOYERS ADDRESS:

_____

PHONE: _____ SUPERVISORS NAME: _____

YOUR TITLE: _____ SUPERVISORS TITLE: _____

LENGTH OF EMPLOYMENT: TO: _____ FROM: _____

HOURS PER WEEK: _____

MAJOR RESPONSIBILITIES (BE COMPLETE IN RESPONSE):

_____

_____

_____

REASON FOR LEAVING: _____

EMPLOYER NAME:

_____

EMPLOYERS ADDRESS:

_____

PHONE: _____ SUPERVISORS NAME: _____

YOUR TITLE: _____ SUPERVISORS TITLE: _____

LENGTH OF EMPLOYMENT: TO: _____ FROM: _____

HOURS PER WEEK: _____

MAJOR RESPONSIBILITIES (BE COMPLETE IN RESPONSE):

_____

_____

_____

REASON FOR LEAVING: _____

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

☐ Yes ☐ No

EDUCATION INFORMATION:

Name of High School:

_____

Address:

_____

Street City State Zip

Highest Grade Completed (K-12): _____ Diploma/GED: _____

Name of College if attended:

_____

(College, University, Technical, Vocational, Business)

Address:

_____

Street City State Zip

Highest level of completion: _____ Course of Study: _____

Degree Earned: _____ Graduate: ☐ Yes ☐ No

Name of College if attended:

_____

(College, University, Technical, Vocational, Business)

Address:

_____

Street City State Zip

Highest level of completion: _____ Course of Study: _____

Degree Earned: _____ Graduate: ☐ ☐

Yes No

Name of College if attended:

_____

(College, University, Technical, Vocational, Business)

Address:

_____

Street City State Zip

Highest level of completion: _____ Course of Study: _____

Degree Earned: _____ Graduate: ☐ ☐

Yes No

MILITARY EXPERIENCE:

Are you currently serving or have served in the Military? ☐ ☐

Yes No

Branch of Service: _____ Rank: _____

Dates of Service: To: _____ From: _____

Month Year Month Year

PERSONAL REFERENCE:

Have you applied for a position with the City of Belleville Fire Department previously?

☐ Yes ☐ No

List any member of The City of Belleville Fire Department with whom you are acquainted with.

NAME:

_____

NAME:

_____

NAME:

_____

List three (3) personal references, other than those listed above.

Name: _____

Adress: _____

Phone Number: _____

Name: _____

Adress: _____

Phone Number: _____

Name: _____

Adress: _____

Phone Number: _____

Please list three (3) professional references:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

CONVICTION INFORMATION:

The existence of a criminal record will not automatically disqualify you, though certain types of criminal convictions may prohibit you from working in certain positions. Before any applicant is rejected based on a criminal conviction, he/she will be notified in writing and will be given any rights to processing complaints or grievances afforded by the Michigan Statutes.

Have you ever been arrested, detained, or taken into custody in the State of Michigan or any other state.

☐ Yes ☐ No

Have you ever been investigated by a law enforcement or government agency?

☐ Yes ☐ No

Have you ever been convicted of a misdemeanor, felony or any other violation of the law that has not been expunged, set aside, sealed or dismissed?

☐ Yes ☐ No

For each conviction, please give date(s) of the conviction and the city, county and state where the conviction occurred.

Convicted Offense: _____

In the city, county, or state: _____

Date of Conviction: _____

Convicted Offense: _____

In the city, county, or state: _____

Date of Conviction: _____

Convicted Offense: _____

In the city, county, or state: _____

Date of Conviction: _____

DRIVING RECORD:

Number of traffic tickets, including parking tickets, you have received in the last five (5) years.

Reason: _____ City: _____

Reason: _____ City: _____

Reason: _____ City: _____

Reason: _____ City: _____

Reason: _____ City: _____

Have you ever been arrested for Drunk Driving or Driving under the influence?

☐ Yes ☐ No

If yes, date of the incident: _____ City/County of incident: _____

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

Have you ever been involved in a traffic crash/accident? ☐ Yes ☐ No

Were you found at fault for any traffic crash/accident? ☐ Yes ☐ No

DRIVING RECORD CRITERIA:

You will be disqualified if you have any of the following related issues to your driving record.

- Five (5) or more points on your driving record
- Any current suspensions
- Two (2) or more prior suspensions
- Driving convictions related to alcohol or narcotic substances
- Occurrences of Careless or Reckless driving
- Any Outstanding warrants for your arrest
- Any Unsatisfactory Driving Record (UDR) unless it's been clear through the courts for the past three (3) years.

Individual driving records will be evaluated every year by the Directory of Public safety.

APPLICANTS STATEMENT OF UNDERSTANDING

Please review your application and read the statement below before signing:

In considering employment, I agree to conform to The City of Belleville Fire Department policies, practices, rule/regulations and SOG's (Special Operations Guidelines), which may be changed during my tenure with the department. I further agree that my employment and the terms and benefits provided to me are not intended to and does not constitute any contractual relationship and is terminable by myself or the City of Belleville Fire Department with or without cause. No oral statements or representations made either before or during my employment can change or modify this non-contractual or at-will employment.

In further consideration for my employment, I understand and agree that there may be other forms, statements and provisions that must be completed and agreed to ensure that these are part of this application and will be included with my employment record.

I represent that the answers I have given are complete and true to the best of my knowledge and belief. I further knowledge that I have read and understood the questions regarding my criminal record and my background and that I have answered these questions completely and truthfully. I understand the failure to answer all questions completely and truthfully will subject me to being dismissed from the application process with The City of Belleville Fire Department.

Applicants Signature: _____ Date: _____

Should you have any questions or concerns about this application, please contact the Director of Public Safety, Director Faull at 734-699-2710 X 7002, Monday through Friday between the hours of 7am-3pm.

Authorization for Release of Information Agreement

To whom it may concern:

I am an applicant for a position as a part-time firefighter with the Belleville Fire Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Belleville Fire Department.

I hereby authorize any representative of the Belleville Fire Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Belleville Fire Department, whether said records are public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Belleville Fire Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys-at-law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and the request to release information, or any attempt to comply with it.

I direct you to release such information upon the request of the duly accredited representative of the Belleville Fire Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to release the information requested.

For and in consideration of the City of Belleville's acceptance and processing of my application for employment, I agree to hold the City of Belleville, its agents and employees, harmless from all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Belleville Fire Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the privacy Act of 1974, with regard to access and to disclosure of records, and I wave those rights with the understanding that information furnished will be used by the Belleville Fire Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one (1) year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address or telephone numbers listed below.

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 attorney's fees, arising out of or by reason of complying with this request.

SIGNED:_____DATE: _____

Printed Full Name: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Street Address: _____

City/State/Zip Code: _____

Home /Cell Phone: ( ) _____

Work Phone: (_____)_____

Extra space to explain: