

APPLICATION FOR EMPLOYMENT



Ross-Augusta Fire Department

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

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.

Station 4-1

12086 M-89
Richland, MI 49083
(269)731-4888

Station 4-2

109 W. Clinton
Augusta, MI 49012

Equal Opportunity Employer

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 additional 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 in nature per department policies in a safe and prudent manner.
2. Attends department meetings and trainings ready and willing to perform tasks as 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. 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 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 a firefighter.

Education Minimums: High School or GED

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 Department.

Upon acceptance, all Firefighter candidates SHALL be placed on probationary status UNTIL successful completion of the Michigan Firefighters Training Council Firefighter 1 & 2, Medical First Responder (MFR) and Hazmat Operations and Drivers Training is completed. Under no circumstances shall the probation 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 expected entirety the candidate shall be terminated from employment at the Ross-Augusta Fire Department.

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

_____ REIMBURSEMENT ACKNOWLEDGEMENT STATEMENT (*initials required*):

If I fail to complete and pass MFTC Firefighter 1 & 2, Hazmat Operations, Drivers Training & Medical First Responder training within the 2-year window I understand I will be responsible for reimbursing the Ross-Augusta Fire Department for the cost of the classes.

PRINTED NAME: _____

SIGNED: _____

DATE: _____

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION:

NAME:			
LAST	FIRST	MIDDLE	
ADDRESS:			
STREET	CITY	STATE	ZIP
CELL PHONE:		HOME PHONE:	
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES NO			
ARE YOU AT LEAST 18 YEARS OLD? YES NO			
SOCIAL SECURITY NUMBER:			

EMPLOYMENT DESIRED:

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

EDUCATION:

	NAME & LOCATION	# OF YEARS ATTENDED	GRADUATE? Y or N	SUBJECTS STUDIED
GRAMMARSCHOOL				
HIGHSCHOOL				
COLLEGE				
TRADE/BUSINESS				

GENERAL:

SPECIAL STUDY, CERTIFICATIONS, TRAININGS, RELEVANT WORK EXPERIENCES:		
SPECIAL SKILLS:		
ACTIVITIES: (CIVIC, ATHLETIC, VOLUNTEER, ETC)		
U.S. MILITARY? YES NO BRANCH:	RANK:	SERVICE DATES:

DUTY

TRADITION

PRIDE

APPLICATION FOR EMPLOYMENT

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

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

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

NAME	TELEPHONE	YEARS ACQUAINTED
1.		
2.		
3.		

IN CASE OF EMERGENCY LIST TWO CONTACTS:

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
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NAME	ADDRESS	RELATIONSHIP	TELEPHONE
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*PREFERRED HOSPITAL

*KNOWN MEDICAL CONDITIONS, IF ANY
(Use additional sheet if necessary)

I CERTIFY 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. IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO FOLLOW ALL ROSS-AUGUSTA FIRE DEPARTMENT RULES AND REGULATIONS. I AGREE THAT MY EMPLOYMENT CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY R-A FIRE DEPARTMENT OR ME.

SIGNED: _____ DATE: _____

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DRIVER'S LICENSE NUMBER: _____ - _____ - _____ - _____

STATE: _____

IF CURRENTLY EMPLOYED, WHAT HOURS / DAYS DO YOU WORK?

CAN YOU LEAVE WORK IF NECESSARY? YES NO

I consent to have a physical examination, including a back x-ray, or supply a recent (within 2 previous months) physical examination by a medical practitioner. The expense shall be covered by Ross-Augusta Fire Department at a physician of the applicant's 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 STATES PLEASE LIST:

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

WHY DO YOU WANT TO JOIN THE ROSS-AUGUSTA FIRE DEPARTMENT?

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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 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 of absences, restricted availability or an extended leave of absence, suspension, or for any other reason a lack of service has occurred.
2. During the three-year period, if 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 on 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 with active service, 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 agrees that RAFD may deduct from the employee's final paycheck any amounts owed under this Agreement. The employee signs this Agreement in full knowledge of all promises for training in lieu of active service to RAFD, under deduction rights under Michigan wages and fringe benefits statute, including, but not limited to MCL 408.477

To indicate acceptance of the terms of this Agreement the parties have executed it on the dates indicated below:

Date: _____ Employee: _____

Date: _____ RAFD: _____

- Copy of Driver's License Copy of completed USCIS Employment Eligibility Verification
- Physical Exam Scheduled: _____ Copy of Exam/X-ray received
- Class Start Date/Enrollment Date: _____
- Copy of Application, Driver's License, Completed I-9, State / Federal Tax Forms sent to Clerk before first payroll run