

POLICY: RECRUITING & EMPLOYMENT

Fire/EMS Committee
Policy #001

I. PURPOSE

The purpose of this policy is to outline the procedures to be followed in recruiting and employment.

II. PROCEDURE

- A. This department is an equal opportunity employer. As such, 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, GED or equivalent.
 3. All applicants shall complete a pre-employment process established by department.
 4. The applicants will be screened in the following areas:
 - a) criminal history background review.
 - b) driving record review.
 - c) complete MFR course
 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 subject to a background investigation, family interview (if applicable), driving record review, criminal history review and drug screen.
 - b. Applicants must complete the required MFR course successfully.
 - c. 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. Pursuant to MCL 29.369 § (5) and (6):
 - (5) Within 24 months after a person's hiring date as a paid on call firefighter, the person must pass both Michigan Firefighter training council, firefighter 1&2 and Michigan medical first responder classes.
 6. Applicants who successfully complete the pre-employment procedures as described above, will be recommended for employment with department.

III. CONDITIONS OF EMPLOYMENT

- A. All persons offered employment as firefighters by the Department are expected to attend 75% of all regularly scheduled training evolutions. Failure to attend regularly scheduled training may result in termination of employment. It is your responsibility to contact the Training Officer to make up any missed training. Personnel are expected to keep the Fire Chief or Designee apprised 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 due to 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 a physical examination as determined by the fire department.

I have read and understand the content of this policy.

Signature

Date

**FIREFIGHTER AND FIRST RESPONDER
EMPLOYMENT APPLICATION**

DATE: _____

PLEASE PRINT

Name: _____

Driver's License No. _____

Address: _____

Social Security No. _____

City or Township _____

Date of birth _____

Phone No. (Home) _____

Position applying for:

Phone No. (Work) _____

Firefighter _____

Make & Model of Vehicle _____

Medical First Responder _____

Employer _____

Both positions _____

Normal work hours _____

Agree to a physical exam? (Yes) (No)

Can you leave work? (Yes) (No)

Agree to driving record check? (Yes) (No)

Work weekends? (Yes) (No)

Agree to criminal history check? (Yes) (No)

Emergency contact _____

Name of physician _____

Phone No. _____

Phone No. _____

Distance from your home to your assigned station _____

The reason(s) I am applying for firefighter / MFR position with Casnovia Twp. Fire Department:

Any impairments (physical, mental, or other) that would prevent you from performing fire department duties (Yes) (No) 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 that if accepted for membership on 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 membership on the fire department is on an at-will basis, and may be terminated by the municipality for any reason.

Applicant Signature _____

Interviewed by: _____

Fire Station assigned: _____

OFFICE USE ONLY

Date application received _____

Date reviewed _____

Approved YES () NO ()

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, in 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 test of my blood
and/or urine to determine my possible usage of 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 does not include:

- (a) a physical or mental condition caused by your current illegal use of controlled substance; or
- (b) a physical or mental condition caused by your use of liquor if that condition prevents you from performing the duties of your job.

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