



RICHFIELD TOWNSHIP
DEPT. of PUBLIC SAFETY

P.O. Box 128
St. Helen, MI 48656

Phone (989)-389-4071
Fax: (989)-389-7795



**APPLICATION
FOR EMPLOYMENT**

(PLEASE PRINT PLAINLY)

Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.)

"We are an equal opportunity employer"

This application will be kept current for six months. You need to complete another to be reconsidered after this date.

I. Applicant Information:

Date of Application: _____

Name: _____
Last First Middle

Present Address _____
Street City State Zip

Date of Birth _____ Day Time Phone Number: _____

E-Mail Address: _____

1) Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status shall be requested upon employment) Yes No

2) Are you under 18 years of age? (If yes attach work permit) Yes No

3) Position Applying for:
 Police Officer Fire Fighter Paramedic EMT-Basic / EMT-Advanced
 Full Time Part time Paid-On-Call
 CERT Member (volunteer) Police Reserve Officer (volunteer) Other: _____

COMPLETE SECTION SPECIFIC TO POSITION(S) YOU ARE APPLYING FOR FURTHER IN APPLICATION

4) The position you are applying for requires you to possess a valid Driver's / Operators License.
Do you have a current driver's license? Yes No

5) Have you ever had your driver's license revoked or suspended Yes No
If yes, explain: _____

6) Have you been cited, been convicted of, plead guilty or no contest to a moving motor vehicle violation within the last 18 months? Yes No
If yes, explain: _____

7) Were you previously employed by us? Yes No

If yes, when and what division/ department? _____

8) The position you are applying for requires you to work nights, weekends, holidays, 10, 12, & 16 hour shifts.

Are you willing and able to work nights, weekends, holidays, 10 hour, 12 hour or 16 hour shifts? Yes No

9) What date will you be available to begin work if hired ? _____

II. U.S. ARMED FORCES HISTORY / EXPERIENCE

Have you had any experience in the Armed Forces of the United States of America or in the State National Guard which is directly related to the position which you are applying for: No Yes Branch of Service _____

Service Dates From _____ To _____ Date of Discharge _____ Rank: _____

Were you honorably discharged Yes No

Note: A dishonorable discharge from the military will not necessarily be a bar to employment

III. RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High School	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification Program	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Related Program	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	

IV. LIST ALL CERTIFICATIONS AND LICENSES YOU HAVE APPLICABLE TO POSITION (MCOLES / EMS / BLS / FIRE)

Certification / License State Certification /License # Date Received Date Expires

1. _____

2. _____

3. _____

4. _____

Please Provide Typing (estimated if necessary) Speed (words per minute): _____

V. EMPLOYMENT EXPERIENCE / WORK HISTORY

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under another name, please indicate that name by the employer.

May we request a reference from your present employer(s)? Yes No

I	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Job duties preformed:							
	Telephone:								

II	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Job duties preformed:							
	Telephone:								

III	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Job duties preformed:							
	Telephone:								

IV	Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Job duties preformed:							
	Telephone:								

Indicate by number _____ Any of the above employers whom you **do not wish** us to contact? _____

- 1) Is this a complete list of your employment? Yes No If no, explain _____
- 2) Have you ever been, fired, dismissed, asked to resign, resigned by mutual agreement or otherwise terminated from any employment? Yes No
If yes, explain _____
- 3) Indicate the number of time(s) you were late to work in the last 12 months. _____ Explain in detail.
- 4) Are we granted permission to check all information? Yes No
If No, explain _____

VI. PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

- 1) Have you ever been convicted of, or pled "No Contest" or "Guilty" to a crime (Misdemeanor or Felony)? Yes No
If yes, explain: _____
- 2) Are you currently under indictment, arraignment or charged with a felony? Yes No
If yes, explain: _____

Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant's age at the time of the offense, the age of the offense, and the nature and seriousness of the violation will be taken into account.

- 4) Have you ever been known by or worked by any other name? Yes No
If yes, list all names used in the past:

5) List any offices of leadership (elected or appointed) which you have held. Provide titles and dates.

- 6) Are you a member of a professional or trade group that is related to our industry? Yes No
If yes, please provide the organization name(s): _____

- 7) Have you received a Job Position Description for the position you are applying for: Yes No

- 8) Do you understand the position description, job requirements and duties for this position? Yes No
If no, describe job area where you need further clarification. _____

- 9) Is there anything that you believe would disqualify you from employment or hinder you in the performance of the position duties and requirements with or without accommodations? Yes No

AGREEMENT AND UNDERSTANDING

I certify that the information in this application (and accompanying resume, if any) is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal no matter when discovered by the Richfield Township Dept. of Public Safety.

I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right to Know Act.

I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and an pertinent information they may have even if more than four years old and release all parties from any liability for any damages that may result from furnishing same to you.

I understand that any employment offer is conditional upon result of the drug screening test, the post offer pre-employment physical ability/agility test, pre-employment medical examination and back ground investigation.

Applicant Signature: _____ **Date:** _____

Note: This application will be kept current for six months. You need to complete another to be reconsidered after this date.

Applicants are to complete the section(s) for the position you are applying for:

Police Officer / Reserve Officer Applicant:

Are you MCOLES Certified or Certifiable? Yes No If yes, MCOLES # _____

Are you currently completing a MCOLES approved academy? Yes No If yes graduation _____

Are you available to work days, nights, weekends, holidays, and with only a moment's notice for different shift times based on need ? Yes No

Paramedic or EMT-Basic or EMT-Advanced Applicant:

Are you currently licensed by the State of Michigan as a Pre-Hospital Care Provider: Yes No

Do you currently have a valid Advance Life Support Certification? Yes No

Do you currently have a valid Pediatric Life Support Certification? Yes No

Do you currently have a valid Trauma Certification? Yes No

Do you currently have a valid Driver Certification? Yes No

Have you ever had your medical license or privileges suspended or Revoked by the State of Michigan or a Medical Control Authority? Yes No

If yes explain: _____

Fire Fighter Applicant:

Are you currently MFFTC Certified Fire Fighter: Yes No If Yes, What Level? _____

Do you currently have a valid MFFTC Fire Fighter I Certification? Yes No

Do you currently have a valid MFFTC Fire Fighter II Certification? Yes No

Do you currently have a valid MFFTC Driver Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Emergency Vehicle Operations Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC HAZ-MAT Operations Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Vehicle Extrication Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Fire Officer I Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Fire Officer II Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Fire Officer III Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CERT Member Applicant:

Are you available to work days, nights, weekends, holidays, and called in at a moments notice of different shift times based on need ? Yes No

Date application received: _____ Date Reviewed: _____

Interview date _____ Interview by _____

Approved Yes No

Division(s) Assigned _____

Remarks _____

Notes/Restrictions _____

CCH _____ Performed by _____ Date _____

Background check _____ Performed by _____ Date _____

Driving Record _____ Performed by _____ Date _____

Approved by _____ Date _____