



CITY OF CLAWSON FIRE DEPARTMENT

CLAWSON, MICHIGAN 48017

APPLICATION FOR FIRE FIGHTER

PERSONAL:

Name: _____ Date of Application: _____
(Last) (First) (Middle)

Address: _____ Length of Time: _____
(Number and Street) (City, State and Zip) (six months Req'd)

Phone No.: _____
(Home) (Work) (Cell)

Social Security No.: _____ Driver's Lic. No.: _____

Are you 19 years or older? _____
(Yes) (No)

AVAILABILITY:

I am available to respond to runs (check one)

day: _____ evening: _____ during the hours of: _____

EDUCATION:

	Name	Diploma / Degree	Courses / Major
High School			
College			
Vocational Training			

Additional training/education: _____



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REFERENCES: (List four mature responsible people not related to you)

Name	Current Address	Phone Number	Years Acquainted

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States of America or National Guard?

Yes _____ No _____

If yes, what branch? _____ Rank at discharge? _____ Type of discharge? _____

Date of discharge? _____ Are you in the reserves? _____

List special / technical training: _____

EMPLOYMENT EXPERIENCE: (list current or most recent employer first)

Employer	Dates		Work Performed
Address	From	To	
Job Title	Work Hours		
Supervisor	Phone #		
Reason for leaving	Days		



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EMPLOYMENT EXPERIENCE: (continued)

Employer	Dates From To		Work Performed
Address			
Job Title	Work Hours		
Supervisor	Phone #		
Reason for leaving	Days		

Employer	Dates From To		Work Performed
Address			
Job Title	Work Hours		
Supervisor	Phone #		
Reason for leaving	Days		

Employer	Dates From To		Work Performed
Address			
Job Title	Work Hours		
Supervisor	Phone #		
Reason for leaving	Days		



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ADDITIONAL INFORMATION:

Are you currently under indictment for a felony warrant? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, give : Charge _____ Court _____ Date _____

Have you ever been arrested, detained, or taken into custody in this state, in any other state, in military service, or elsewhere, or were you ever investigated by any law enforcement or governmental agency?

Yes _____ No _____ If yes, how many times? _____

If yes, give details on a separate sheet.

Number of traffic tickets (excluding parking tickets) you have received in the last (5) years: _____

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

Have you ever been involved in an accident? Yes _____ No _____

If yes, how many? _____

Were you ever judged at fault in any accident? Yes _____ No _____

ABILITY TO PERFORM JOB FUNCTIONS:

Are you able to perform the following tasks with or without accommodation?

Climbing? Yes _____ No _____

Wearing of Breathing Apparatus? Yes _____ No _____

Close confinement? Yes _____ No _____

Lifting heavy items? Yes _____ No _____

Physical Exertion? Yes _____ No _____

PHYSICAL CONDITIONS:

Do you wear glasses? Yes _____ No _____

Do you have any Hearing difficulties? Yes _____ No _____

Do you have any Respiratory Disorders? Yes _____ No _____

TRAINING AND SKILLS:

Do you have any training or skills which you feel would be an asset to the Clawson Fire Department? _____



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AUTHORIZATION AND UNDERSTANDING:

By my 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, or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my disciplinary employment record, 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 inquiries 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.

IF I AM EMPLOYED BY THE CITY, 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 CITY MANAGER. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the City as they are from time to time changed, and no additional obligations can be imposed on the City except those which have been acknowledged in writing by the City Manager. I hereby authorize the City 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 owed by me to the City during the course of my employment.

I AGREE THAT ANY ACTION OR SUIT AGAINST THE CITY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT INCLUDING, BUT NOT LIMITED TO CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUTES, OR OTHER STATUTES OR ORDINANCES, 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 action or claim arising out of my employment against the City in which the City prevails, I will pay to the City any and all costs incurred by the City 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 pre-employment physical are known.

SIGNATURE

DATE



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AUTHORITY TO INVESTIGATE PERSONAL INFORMATION:

I, the undersigned, authorize the Clawson Fire Department to conduct an investigation into my background including but not limited to: criminal history, driving record, educational background, medical history and to conduct any other investigation that it deems is appropriate.

I, the undersigned, request any custodian of the aforementioned information, including duty constituted law enforcement agencies or judicial officers or other appropriate persons or agencies, to furnish the City of Clawson, Michigan with all information it may have pertaining to me.

I, the undersigned, hereby release the City of Clawson, Michigan, its custodians or any other individual from any liability arising from the disclosure of any information pertaining to me which is obtained during said investigation. I understand the results will be reviewed during the application process and give permission to release any and all information as may be deemed necessary by the City of Clawson and Clawson Fire

FULL NAME (please print): _____

ADDRESS: _____
(Number and Street) (City, State and Zip Code)

DATE OF BIRTH: _____

DRIVER LICENSE NO.: _____

SOCIAL SECURITY NO.: _____

(Type or print full name)

(Date)

(Signature)

(Date)

(Witness Signature)

(Date)



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PHYSICAL PERFORMANCE TEST

Assumption of Risk Agreement

Waiver & Release

I, _____ (print your name), having filed an application to participate in examinations to be held by the Fire Department of the City of Clawson for the position of firefighter, and having been advised that as part of this examination it will be necessary for me to demonstrate my physical abilities and skills in a series of tests, which do present a risk of physical or psychological harm, do hereby and in consideration of the City of Clawson having permitted me to participate in such examinations and for bearing the cost for said examinations, assume all responsibility for and all risk of damage or injury that may occur to me and hereby release the Fire Department of the City of Clawson from any and all claims whatsoever which might accrue or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations even if due to negligence (including gross negligence) of the City of Clawson, its employees, agents or representatives; I further state that I am not aware of any physical condition that could be aggravated, worsened or otherwise adversely affected by the strenuous nature of these tests. I make this release for myself, my heirs, executors and administrators and do hereby release the City of Clawson and all its employees, agents or representatives from any and all liability for damage incurring as a result of these tests.

No promise of employment nor any other agreement not expressed in this document has been made by the City of Clawson, its employees, agents or representatives.

(Write the following Statement): "I certify that I have read the foregoing Assumption of Risk Agreement Waiver & Release and understand its provisions."

(Candidate printed name)

(Candidate Signature)

(Date)



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FINANCIAL REIMBURSEMENT AGREEMENT

In order to be fiscally responsible to the City of Clawson and its residents, the Clawson Fire Department has enacted a policy that any firefighter that voluntarily leaves the Clawson Fire Department prior to attaining five (5) years of service from the date of hire as it appears on city records, will be required to reimburse the City of Clawson the full cost for all training, uniforms and equipment that has been provided to them.

Any Fire Department member who leaves the Clawson Fire Department prior to attaining five (5) years of service from their date of hire due to demonstrated circumstances beyond their control, (i.e.; job transfer, permanent medical condition, etc.) may be exempted from the reimbursement requirement. Any decision denying relief shall be final and binding upon the departing member.

The table below shows the reimbursement rates, prorated based on years of service from date of hire:

Years of Service	Percent Reimbursement
Less than 2 years	100%
2 Years	75%
3 Years	50%
4 Years	25%
5 Years	0%

I, _____ (print your name), have read the above policy, understand the purpose stated and agree to abide by this policy. My signature below indicates that I am fully aware of the potential financial impact I may incur should I voluntarily leave the employ of the Clawson Fire Department prior to the completion of five (5) years of service.

(Signature)

(Date)

(Witness Signature)

(Date)



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What are the minimum qualifications to be a member of the Clawson Fire Department?

- Must be a citizen of the United States of America.
- Must be a resident of the City of Clawson for six (6) months.
- Applicants must be a minimum of nineteen (19) years of age.
- Applicants must possess a valid Michigan Drivers license.
- Applicants must be a high school graduate, or GED equivalent.
- The applicant must submit to a background check, to include criminal and driving records.
- The applicant will be interviewed by the Membership Committee.
- The applicant shall submit to and pass a physical examination (compliant with NFPA 1582) by a doctor chosen and paid for by the City of Clawson.
- The applicant shall submit to and successfully complete the required CFD standardized physical agility test to determine their ability to perform the required tasks of the job of a firefighter.
- After certification that all requirements have been met, the certified applicant may be appointed to the CFD as an Auxiliary Trainee.

What is expected once you're a member of the Clawson Fire Department?

- You must attend the fire fighter training academy. The academy is a series of classes intended to provide the necessary basic skills to becoming a certified fire fighter in the State of Michigan. Classes begin in the Fall of each year and end in the Spring of the following year. After completing the academy, you must pass both a written exam and a practical exam, demonstrating your comprehension of the materials presented. Upon passing, you will be certified as a fire fighter through the Michigan Fire Fighters Training Council.
- You will be required to learn the operation of all the apparatus (trucks) and equipment within the station. The CFD trains on Thursday evenings. While attending the fire fighter training academy, you are not required to attend the regularly scheduled station training, but are encouraged to attend whenever possible in order to get to know your fellow fire fighters and become accustomed to the station practices.
- In addition, you must respond to runs (incidents) the CFD is dispatched to. The minimum required attendance is 60% of the runs you're normally available for.
- Once you become a member of the CFD, you must serve a probationary period. This is typically 18-24 months. During this time is when you will learn the department's apparatus and equipment operation. In order to pass your probationary period, you must demonstrate your knowledge of, and your ability to operate all of the apparatus and equipment.



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What else should I know?

- The CFD provides all necessary equipment including protective turnout gear (helmet, coat, pants, boots, and gloves).
- The CFD provides Life Insurance as long as you remain an active member of the fire department in good standing.
- The CFD provides a deferred compensation plan. Firefighters become vested in the plan after 10 years of service. After a combination of 10 years of service and age 55, or a combination of 25 years of service and age of 50, you may retire from the CFD and start collecting from the deferred compensation plan.

Driving Record Criteria Affecting Service with the CFD

- You will be unable to apply for service with the CFD, or may be terminated from continuous service with the CFD upon evidence of the following:
 - * You have five (5) or more points on your driving record.
 - * Your license to operate a motor vehicle is suspended or revoked.
 - * Your driving record indicates the existence of two (2) or more driving suspensions in any state, within the past ten (10) year period.
 - * You have incurred on your driving record a conviction related to alcohol or the use of narcotics. Including marijuana, within the past ten (10) years.
 - * You have warrants outstanding for any purpose issued from a Michigan court within the past five (5) years.
- The above events may be waived by the Chief of the department on a case-by-case basis upon the demonstrated evidence that such offense will not be repeated, there has been the necessary counseling which has been confirmed by the applicant; or the applicant is undergoing counseling on a regular basis.

Criminal History Record

- Applicants with a criminal history record will be evaluated on a case-by-case basis.