Application for Employment

Howell Area Fire Department

1211 W. Grand River Ave., Howell, MI 48843
Ph: (517)546-0560
www.howellfire.net

Applicants for all positions are considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ Work: _____

E-mail address: _____

Emergency Contact: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone number: _____

Position(s) applied for: Paid-on-call Firefighter ☐ Cadet Firefighter (Volunteer) ☐ Other _____ Position

How did you hear about us?

Advertisement ☐ Friend ☐ Relative ☐ Website ☐ Walk-in ☐ Other _____ Please describe

Referral by current member (provide name of individual) _____

Have you ever filed an application with us before? Yes ☐ No (If yes, give approximate date) ☐ _____

Have you ever been employed with us before? Yes ☐ No (If yes, give dates) ☐ _____

Are you currently employed? Yes ☐ No ☐

May we contact your present employer? Yes ☐ No ☐

Are you 18 years of age or older? Yes ☐ No ☐

Can you provide proof of eligibility for employment in the United States? Yes ☐ No ☐

What date would you be available to start? _____ What hours are you available? _____

Do you have a valid Driver's License? Yes ☐ No ☐ Valid CDL Yes ☐ No ☐

License number: _____ Expiration: _____ State: _____

Have you ever been convicted of a misdemeanor or felony? Yes ☐ No ☐

If you answered **yes** to the above question, please provide dates, places and disposition of conviction:

_____

_____

"The Howell Area Fire Department will consider the date and nature of conviction when making a hiring decision."

EMPLOYMENT HISTORY

Note: The employment history section must be completed even if a resume is attached. Please give an accurate, complete, full-time and part-time employment record. Start with your present or most recent employer first; include all positions with each employer. List additional employers on a separate sheet, if necessary. You may exclude any organizations which indicates race, color, religion, gender, national origin, disabilities, or other protected status.

MOST RECENT EMPLOYER	Company Name / Location / Phone Number	
Name of Direct Supervisor / Title	Phone: ( )	E-mail:
Your Position / Title	Start Date MM – YYYY	End Date MM - YYYY

Is your current employer aware you have applied for this position? Yes ☐ No ☐ N/A – Self employed

Duties / Responsibilities: _____

_____

_____

_____

Reason for leaving: _____

_____

SECOND	Company Name / Location / Phone Number	
Name of Direct Supervisor / Title	Phone: ( )	E-mail:
Your Position / Title	Start Date MM - YYYY	End Date MM - YYYY

Is your current employer aware you have applied for this position? Yes ☐ No ☐ N/A – Self employed

Duties / Responsibilities: _____

_____

_____

_____

Reason for leaving: _____

_____

EMPLOMENT HISTORY - continued

THIRD	Company Name / Location / Phone Number	
Name of Direct Supervisor / Title	Phone: ( )	E-mail:
Your Position / Title	Start Date MM - YYYY	End Date MM - YYYY

Is your current employer aware you have applied for this position? Yes ☐ No ☐ N/A – Self employed

Duties / Responsibilities: _____

_____

_____

Reason for leaving: _____

_____

FOURTH	Company Name / Location / Phone Number	
Name of Direct Supervisor / Title	Phone: ( )	E-mail:
Your Position / Title	Start Date MM - YYYY	End Date MM - YYYY

Is your current employer aware you have applied for this position? Yes ☐ No ☐ N/A – Self employed

Duties / Responsibilities: _____

_____

_____

Reason for leaving: _____

_____

Have you ever been dismissed or asked to resign from any employment position? Yes ☐ No ☐

If yes, please explain:

_____

_____

EDUCATION

	Name & Location of School	Number of Years Completed	Course of Study	Diploma/Degree Earned
High School				
College/ University				
Vocational/Trade Graduate School				
Other (specify)				

GENERAL

Describe any specialized training, apprenticeship, skills, certifications and/or extra-curricular activities that you feel may be beneficial to this department or help qualify you for the position applied for.

REFERENCES

Please list three persons who have knowledge of your experience and qualifications for this position, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives. If you are known to your references by another name, please note.

Name	Address	Phone No.	Business	Years known

APPLICANT'S STATEMENT

PLEASE READ THIS INFORMATION CAREFULLY AND ENSURE THAT YOU UNDERSTAND IT IN ITS ENTIRETY PRIOR TO SIGNING BELOW!

I certify that the answers and information given by me in this application are true, correct, and complete without qualification. I understand that the Howell Area Fire Department has the right to refuse to hire or immediately discharge me, at any time, should they discover that I have provided incomplete, untrue, or misleading answers or information in this application or on any other documents or forms submitted at any time during my employment.

I understand that this application for employment shall be considered active for a period of time not to exceed twelve (12) months from the date signed below. Should I wish to be considered for employment by the Howell Area Fire Department beyond that time frame, I will then need to inquire as to whether or not applications are being accepted at that time.

I hereby authorize the Howell Area Fire Department to verify the answers and information given by me in this application and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party contacted by the Howell Area Fire Department to release to them any information they have regarding me without providing written notice to me.

I authorize the Howell Area Fire Department to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party, future employer, or prospective future employer without notification to me of such disclosure and I release the Howell Area Fire Department from any liability in connection with such use or disclosure.

If I am hired by the Howell Area Fire Department, I understand and agree that I will be bound by the rules, regulations, policies, procedures and other terms and conditions of employment of the Brighton Area Fire Authority as they are from time to time changed, with or without notice to me.

If I am hired by the Howell Area Fire Department, I understand that I have the right to terminate my employment at any time and for any reason, with or without cause. I further understand that the Howell Area Fire Department may terminate my employment with them at any time, with or without cause and with or without notice. This employment relationship **(at will)** exists regardless of any other written statements, policies or documents of the Howell Area Fire Department or any verbal statement to the contrary.

I agree and understand that any employment offer is **conditional** upon the results of a post-offer medical examination which may include psychological, drug and alcohol tests.

I agree not to commence any action or claim relating to my employment with the Howell Area Fire Department or this application for employment more than six (6) months after termination of such employment, or the date of this application, and to waive any statute of limitations to the contrary.

_____

Signature of Applicant

_____

Date

RELEASE AUTHORIZING CHECK OF APPLICANT's CREDENTIALS

To whom it may concern:

In consideration of the H.A.F.D.'s evaluation of my suitability for employment, I hereby authorize the H.A.F.D. to perform all checks of my credentials allowed by law, including but not limited to discussions with supervisors, co-workers, friends, business associates, or other individuals chat the H.A.F.D., in its sole discretion, believes may have relevant information regarding my suitability for employment.

I agree not to assert any claims of causes of action of any kind against the H.A.F.D., its agents, its employees, or any individual contacted by the H.A.F.D., arising out of the H.A.F.D.'s investigation. I further release and forever discharge the H.A.F.D., its agents, its employees, and the individuals and companies contacted by the H.A.F.D. as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the H.A.F.D.'s investigation of my credentials. I acknowledge that the H.A.F.D. has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

Last Name:	First Name:	Middle:	
Address:	City:	State:	Zip:
Telephone Number:	Cell Phone Number:	Social Security Number:	
Date of Birth:	State/Driver's License Number:		
Signature:		Date of Signature:	

FOR INTER-DEPARTMENTAL USE ONLY

Application Approved? **Yes** ☐ **No** ☐

Signature of approver (Human Resources): _____

Background complete: Approved Not approved

Reason for disapproval: _____

Completed by: _____

Arrange Oral Interview with committee? **Yes** **No**

Date and time oral interview scheduled for: _____ _____

Signature of interviewer(s): _____ _____

_____

Pass / Fail: _____ _____

_____

Remarks: _____

_____

_____

New Hire Physical Scheduled **Yes** ☐ **No** ☐

Date and time of new hire physical: _____ _____

Pass / Fail _____ *(verified through test results)*

Remarks: _____

Approved for Hire **Yes** ☐ **No** ☐

Approved by: _____

_____

(Human Resources) Hire date: _____

Station assignment: _____

Training Sergeant assignment: _____

Position / Title: _____

Starting rate of pay: _____

Notes: _____

_____

_____

_____

_____

_____