CITY OF HAZEL PARK
THE HAZEL PARK CIVIL SERVICE COMMISSION ANNOUNCES A COMPETITIVE EXAMINATION FOR FIREFIGHTER

PURPOSE OF EXAMINATION

To establish an eligibility list to fill present and/or future vacancies.

CURRENT SALARY RANGE

LIBERAL FRINGE BENEFITS

MINIMUM QUALIFICATIONS

APPLICATION MUST:

1. Must be a United States Citizen.
2. Must have successfully completed FIREFIGHTER I and FIREFIGHTER II courses as regulated by the State of Michigan Firefighter Training Council. Failure to maintain this certification will result in the applicant's removal from the employment eligibility list and/or certified eligibility list.
3. Complete and pass Conference of Western Wayne written and physical (CPAT) background investigation, physical and psychological examinations.
4. Prior to Hire must have successfully completed and have currently maintained a Paramedic license. Failure to maintain this license will result in the applicant being removed from the employment eligibility list and/or the certified eligibility list.
5. Have vision correctable to 20/20.
6. Possess a valid Michigan Operator's License.
7. Have reached the age of eighteen (18) at the time of application.
8. Be of good moral character and shall not be a convicted felon.
9. Be physically sound, with height and weight in proportion to each other as indicated by acceptable medical standards.
10. If a certified firefighter with prior employment with a fire department, provide letter from the fire chief stating applicant was not discharged or allowed to resign under threat of discharge or while under investigation.

LAST DATE TO FILE APPLICATION

HOW TO APPLY

Qualifications, application, and job description may be obtained from the City Clerk's office, City Hall, 111 East Nine Mile Road, Hazel Park, MI 48030.

HAZEL PARK CIVIL SERVICE COMMISION
AN EQUAL OPPORTUNITY EMPLOYER

EFF. 0914

CITY OF HAZEL PARK

CERTIFICATION DOCUMENT

Name of Applicant:_____ Date:_____

□ Yes
□ No — I am a U.S. Citizen.
A copy of birth certificate must be attached to this application.

□ Yes
□ No — I have successfully completed Firefighter I and Firefighter II courses as regulated by the State of Michigan Firefighter Training Council.
A copy of certification must be attached to application.

□ Yes
□ No — I have successfully completed and do have a current Paramedic License.
A copy of certification must be attached to application.

□ Yes
□ No — I agree that in order to remain on the eligibility list, I must maintain my state certification for the above items.

□ Yes
□ No — I acknowledge that I must successfully pass a written examination, background investigation, physical examination, and psychological testing to remain eligible for employment with the City of Hazel Park.

□ Yes
□ No — I have vision correctable to 20/20.

□ Yes
□ No — I have a valid Michigan Operator's License.
A copy of your license must be attached to application.

□ Yes
□ No — I have reached the age of maturity by the time of this application.

□ Yes
□ No — I am physically sound with my height and weight in proportion to each other as indicated by acceptable Michigan medical standards.

□ Yes
□ No — I state I have not been fired or allowed to resign under threat of discharge or while under investigation.

□ Yes
□ No — I have attached copies of certifications, transcripts, driver's license, birth certificate, and high school diploma.

ACKNOWLEDGEMENT AND CERTIFICATION

Name of Applicant:_____ Date:_____

□ **Yes**
□ **No**

I acknowledge the acceptance of this application by the City of Hazel Park is not a certification that the applicant is eligible for employment with the City of Hazel Park.

□ **Yes**
□ **No**

I acknowledge an incomplete or inaccurate application will be automatic grounds for declaring the application ineligible.

_____ _____

Applicant Signature Date

_____ _____

Officer of City Clerk's Office Date

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

INSTRUCTIONS TO APPLICANT:

1. Print in ink, legibly, or type.

2. Answer each question completely and accurately. Each blank must have a response. If the question or blank does not apply, write "N/A" in the appropriate space. If the question requires a "no" or "none" answer, be sure to state it.

3. Any false misrepresentation(s) of your answers will be grounds for rejection of this application.

4. If there is not enough space on the form for your answer or explanation, attach a separate sheet of paper with your answer on it. Label your answer sheet with the number of the question you are answering. ACCURACY IS IMPORTANT!

5. The Certification Document must be completed and returned with application.

Date of Filing: _____

1. Full Name:

   _____
   Last Name First Name Middle Name

2. Current Address:

   _____
   House Number Street City State Zip

3. Home Telephone Number: (_____) _____

   Present Work Telephone Number: (_____) _____

   Driver's License Number: _____

   Social Security Number: _____

4. Addresses for the past ten years (most recent address first):

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

5. Are you at least 18 years of age? □YES □NO

6. Have you ever used an alias? □YES □NO
   If YES, what was the name? _____
   When did you change it? _____ Where? _____

7. Military Service Branch: _____
   Rank: _____ From: _____ To: _____
   Type of Discharge: _____

8. Do you have a service-connected disability? □YES □NO

9. If now employed, are you willing to have the City write to your present employer with reference to your qualifications? □YES □NO

10. Have you ever been convicted of any felony or misdemeanor other than a traffic violation? □YES □NO
If YES, state in full_____
Date:_____ Court:_____ Offense:_____
Dispostion:_____

11. Have you ever plead guilty to, been convicted of, or currently have any outstanding traffic violations? □YES □NO
If YES, list the violations:

_____
_____
_____
_____
_____

12. Have you ever been arrested? □YES □NO
If YES, explain:

_____
_____
_____
_____
_____

13. Are there any restrictions on your driver's license? □YES □NO
If YES, explain:

_____
_____
_____
_____
_____

14. Has your driver's license ever been suspended or revoked? □YES □NO
If YES, explain:

_____
_____
_____
_____
_____

15. Do you have any impairments (physical, mental, or medical) which may interfere with your ability to perform the job for which you have applied? □YES □NO
If YES, please explain:

_____
_____
_____
_____
_____

16. Do you wear glasses or contacts? ☐YES ☐NO
Is it necessary to wear eye glasses or contacts at all times? ☐YES ☐NO

17. Are you a habitual user of intoxicating liquors or drugs? ☐YES ☐NO

18. Have you ever been discharged from any position? ☐YES ☐NO
If YES, explain:

_____
_____
_____
_____

19. Current work status:
Employed: ☐YES ☐NO
Unemployed: ☐YES ☐NO
Laid-off: ☐YES ☐NO

20. List any skills you may have which apply to the position for which employment application is being made:

_____
_____
_____
_____

21. Have you ever been employed by the City of Hazel Park? ☐YES ☐NO
If YES, state you title and list dates worked:

_____
_____
_____
_____

22. Are you now on an eligibility list for employment with any other jurisdiction?
☐YES ☐NO
If YES, state which department(s):

_____
_____
_____
_____

23. Are you now, or have you ever been a firefighter with another department?
☐YES ☐NO
If YES, state which department and list dates worked:

_____
_____
_____
_____

24. **EMPLOYMENT RECORD:** Give a complete chronological record of your employment since leaving school or during the past 10 years. Your most recent employer should be listed first (Use additional paper, if necessary).

Firm Name: ______________________________
Address: ______________________________
City: ______________________ State/Zip: ______________
Phone Number: (______) ______________ Supervisor: ______________
Job Description: ______________________________
____
Reason for leaving: ______________________________
____
Start Date: ______________________ End Date: ______________
Start Salary: ______________________ End Salary: ______________

Firm Name: ______________________________
Address: ______________________________
City: ______________________ State/Zip: ______________
Phone Number: (______) ______________ Supervisor: ______________
Job Description: ______________________________
____
Reason for leaving: ______________________________
____
Start Date: ______________________ End Date: ______________
Start Salary: ______________________ End Salary: ______________

Firm Name: ______________________________
Address: ______________________________
City: ______________________ State/Zip: ______________
Phone Number: (______) ______________ Supervisor: ______________
Job Description: ______________________________
____
Reason for leaving: ______________________________
____
Start Date: ______________________ End Date: ______________
Start Salary: ______________________ End Salary: ______________

Firm Name: ______________________________
Address: ______________________________
City: ______________________ State/Zip: ______________
Phone Number: (______) ______________ Supervisor: ______________
Job Description: ______________________________
____
Reason for leaving: ______________________________
____
Start Date: ______________________ End Date: ______________
Start Salary: ______________________ End Salary: ______________

Firm Name: _____
Address: _____
City: _____ State/Zip: _____
Phone Number: (_____) _____ Supervisor: _____
Job Description: _____
_____
Reason for leaving: _____
_____
Start Date: _____ End Date: _____
Start Salary: _____ End Salary: _____

Firm Name: _____
Address: _____
City: _____ State/Zip: _____
Phone Number: (_____) _____ Supervisor: _____
Job Description: _____
_____
Reason for leaving: _____
_____
Start Date: _____ End Date: _____
Start Salary: _____ End Salary: _____

25. **EDUCATION:** Include all business, professional trade, or special courses you have completed. (YOU MUST SUBMIT TRANSCRIPTS WITH APPLICATION)

	SCHOOL NAME	SCHOOL LOCATION	HIGHEST GRADE COMPLETED	COURSE OF STUDY	YEAR GRADUATED
ELEMENTARY			1 2 3 4 5 6 7 8		
HIGH SCHOOL			9 10 11 12		
COLLEGE			1 2 3 4		
GRADUATE OR OTHER					

26. Do you object to taking any of the following:
    a. Written test ☐YES ☐NO
    b. Physical Fitness/Agility Test ☐YES ☐NO
    c. Oral Interview Test ☐YES ☐NO
    d. Medical/Physical Examination ☐YES ☐NO
    e. Psychological Examination ☐YES ☐NO
    f. Drug/Alcohol Screening ☐YES ☐NO

27. **REFERENCES:** Give the names of at least three persons, other than a relative, in each of the following categories who is sufficiently familiar with you qualifications to give the necessary information about you.

a. CHARACTER

Name	Address	Phone#	Occupation

b. WORK SKILLS

Name	Address	Phone#	Occupation

c. PERSONAL LIFE & HABITS

Name	Address	Phone#	Occupation

28. APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY

I hereby certify that I agree to maintain a telephone at all times on my premises, at my own expense.

I hereby authorize the doctors designated by the Civil Service Commission to release medical and psychological information to said Commission pursuant to requirements for police or fire examinations.

I hereby authorize the Hazel Park Police Department to take my fingerprints and photograph for a thorough examination of city, state, and federal criminal records; and I will furnish detailed background information, and authorization, to assist in a comprehensive background investigation.

I also certify that I understand the provisions of the above certifications and that my signature below so indicates.

_____

Applicant's Signature

_____

Date

29. **WAIVERS AND RELEASES**

I,_____(applicant's name), having filed an application to participate in examinations to be held by the Civil Service Commission for the City of Hazel Park, Michigan, for the position of firefighter and having been advised that as part of these examinations it will be necessary for me to demonstrate my strength, endurance, and physical agility in a series of tests, do hereby and in consideration of the City of Hazel Park having permitted me to participate in such examinations, waive and release the Hazel Park Civil Service Commission and the City of Hazel Park from any and all claims, whatsoever, which might accrue or arise as a result of any injury or damage that myself, my heirs, executors, and administrators, and do hereby release the City of Hazel Park and all of its employees or agents from any and all liability for damages incurring as a result of these tests.

I,_____(applicant's name), authorize the references and previous employers listed above to give the City of Hazel Park any information concerning any previous employment, criminal history, medical history, educational background, or any other pertinent information they may have, personal or otherwise. I release all parties from all liability arising from the disclosure of any information. I specifically waive any right to be notified under Section 6 (c) (a) of the Michigan Bullard-Plawecki Act of the release of personal file information by prior employers.

I also certify that I have reviewed the attached test requirements and that after reading the above waivers, I certify that I understand the provisions of these Waivers & Releases and that my signature below so indicates.

_____

Applicant's Signature

_____

Date

30. I hereby certify that the statements in this application are true and complete. I understand that falsification in answering any question or any omission in this application for employment will automatically disqualify me and will constitute grounds for dismissal from the service.

_____

Applicant's Signature

_____

Date

Sworn and subscribed to before me this _____ day of _____, 20___.

Notary Public: _____

County of: _____

My Commission Expires: _____

APPLICANT'S PHYSICAL FITNESS AFFIDAVIT

Name:_____ Address:_____

Have you ever had any of the following?
(Each must be answered YES or NO)

- ☐ Active Hepatitis
- ☐ Hepatitis B
- ☐ Diabetes
- ☐ Diabetes (taking insulin)
- ☐ Cancer
- ☐ AIDS
- ☐ Malaria
- ☐ Typhoid
- ☐ Unconsciousness
- ☐ Dizzy Spells
- ☐ Disease Injury of Spine
- ☐ Disease Impairment of Eyes
- ☐ Epilepsy
- ☐ Apoplexy
- ☐ Paralysis
- ☐ Nervousness
- ☐ Disease Impairment of Ears
- ☐ Rectal Disorder
- ☐ Disease of Nose
- ☐ Prostate Gland
- ☐ Bladder
- ☐ Disorder of Stomach
- ☐ Gall Bladder
- ☐ Kidney Disorder
- ☐ Dysentery
- ☐ Venereal Disease

- ☐ Mental Disorder
- ☐ Anemia
- ☐ High Blood Pressure
- ☐ Ear Discharge
- ☐ Disease of Liver
- ☐ Tuberculosis
- ☐ Asthma
- ☐ Bronchitis
- ☐ Pleurisy
- ☐ Pneumonia
- ☐ Tumor
- ☐ Disease of Tonsils
- ☐ Disease of Throat
- ☐ Disease of Lungs
- ☐ Palpitation
- ☐ Pain around Heart
- ☐ Hemorrhoids
- ☐ Color Blindness
- ☐ Intestines
- ☐ Appendicitis
- ☐ Ulcers
- ☐ _____(Other)
- ☐ _____(Other)
- ☐ _____(Other)
- ☐ _____(Other)
- ☐ _____(Other)

Do you suffer from acrophobia? □YES □NO

Explain fully any incapacitating injuries you have received.
(Give dates and type of injury for each)

_____
_____
_____
_____
_____

Have you undergone surgery?

□YES □NO

Have you, in the past ten years, received care or treatment at any hospital?

□YES □NO

Have you had a physical examination in the past ten years? □YES □NO

I do hereby affirm that the information given in this application is factual.

_____
Applicant's Signature

_____
Date

Sworn and subscribed to before me this _____ day of _____, 20___.

Notary Public: _____

County of: _____

My Commission Expires: _____

Hazel Park Fire Department

Phone (248)546-4086

Fax (248)543-6695

MARK KARSCHNIA
FIRE CHIEF

22830 RUSSELL STREET
HAZEL PARK, MICHIGAN 48030

CHRIS BEAUCHAMP
FIRE MARSHALL

TO WHOM IT MAY CONCERN:

I, _____, _____,
(PLEASE PRINT NAME) (DATE OF BIRTH)
do hereby give my permission for the release of ANY and ALL information relating to my personal life and work history to a representative of the Hazel Park Fire Department. Information to be used for applicant background investigation for employment with the Hazel Park Fire Department.

_____
Applicant's Signature

_____
Date

_____
Investigating Officer's Signature

_____
Date

Hazel Park Fire Department

Phone (248)546-4086

Fax (248)543-6695

MARK KARSCHNIA
FIRE CHIEF

22830 RUSSELL STREET
HAZEL PARK, MICHIGAN 48030

CHRIS BEAUCHAMP
FIRE MARSHALL

AUTHORIZATION FOR ACADEMIC RECORDS RELEASE FOR VERIFICATION OF SUBMITTED TRANSCRIPTS

TO: _____
(PRINT OR TYPE NAME OF COLLEGE/UNIVERSITY)

STUDENT I.D. #: _____

DATE OF BIRTH: _____

I, _____, do hereby give my permission for the release of all my academic records to a representative of the HAZEL PARK FIRE DEPARTMENT. This information is to be used for an application background investigation for employment with the HAZEL PARK FIRE DEPARTMENT.

_____
Applicant's Signature

_____
Date

_____
Investigating Officer's Signature

_____
Date

Sworn and subscribed to before me this _____ day of _____, 20___.

Notary Public: _____

County of: _____

My Commission Expires: _____