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
Starting wage $37,793.53 + 7% paramedic bonus
Step increase for first five years with fifth year wage of $56,388.33 +7% paramedic

LIBERAL FRINGE BENEFITS
BCBS Plan 4 health Care
Optical and dental
2.0 Pension starting at time of hire
$1,500 bonus after first year
Food Allowance
Uniform Allowance
Paid time off after first year
15 paid holidays

MINIMUM QUALIFICATIONS - APPLICANT 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.
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.
248-546-4064

HAZEL PARK CIVIL SERVICE COMMISION
AN EQUAL OPPORTUNITY EMPLOYER
CITY OF HAZEL PARK
CERTIFICATION DOCUMENT

Name of Applicant: ___________________________ Date: ____________________

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

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

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

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

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

☐ Yes  I have vision correctable to 20/20.  
☐ No

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

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

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

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

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

Eff. 10/2015
ACKNOWLEDGEMENT AND CERTIFICATION

Name of Applicant: ___________________________ Date: ___________________________

☐ Yes  I acknowledge the acceptance of this application by the City of Hazel Park
☐ No   is not a certification that the applicant is eligible for employment with the
        City of Hazel Park.

☐ Yes  I acknowledge an incomplete or inaccurate application will be automatic
☐ No   grounds for declaring the application ineligible.

Applicant Signature ___________________________ Date ___________________________

Officer of City Clerk's Office ___________________________ Date ___________________________

Eff. 10/2015
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.

Eff. 10/2015
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

Eff. 10/2015
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: ________________

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:
____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

Eff: 10/2015
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 your 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:

Eff. 10/2015
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:  
  
**Eff. 10/2015**
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)

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>SCHOOL LOCATION</th>
<th>HIGHEST GRADE COMPLETED</th>
<th>COURSE OF STUDY</th>
<th>YEAR GRADUATED</th>
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<tbody>
<tr>
<td>ELEMENTARY</td>
<td></td>
<td>1 2 3 4 5 6 7 8</td>
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<td>HIGH SCHOOL</td>
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<td>9 1 0 1 1 1 2</td>
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<tr>
<td>COLLEGE</td>
<td></td>
<td>1 2 3 4</td>
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<tr>
<td>GRADUATE OR OTHER</td>
<td></td>
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</table>

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

Eff: 10/2015
27. **REFERENCES:** Give names of at least three persons, other than a relative, in each of the following categories, who is sufficiently familiar with your qualifications, to give the necessary information about you.

a. **CHARACTER**

<table>
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<tr>
<th>Name</th>
<th>Address</th>
<th>Phone#</th>
<th>Occupation</th>
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b. **WORK SKILLS**

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<th>Name</th>
<th>Address</th>
<th>Phone#</th>
<th>Occupation</th>
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c. **PERSONAL LIFE & HABIT**

<table>
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<tr>
<th>Name</th>
<th>Address</th>
<th>Phone#</th>
<th>Occupation</th>
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</table>

*Eff: 10/2015*
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 examination.

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

Eff: 10/2015
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.

Eff. 10/2015
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)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Hepatitis</td>
<td>Mental Disorder</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Anemia</td>
</tr>
<tr>
<td>Diabetes</td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>Diabetes (taking insulin)</td>
<td>Ear Discharge</td>
</tr>
<tr>
<td>Cancer</td>
<td>Disease of Liver</td>
</tr>
<tr>
<td>AIDS</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Malaria</td>
<td>Asthma</td>
</tr>
<tr>
<td>Typhoid</td>
<td>Bronchitis</td>
</tr>
<tr>
<td>Unconsciousness</td>
<td>Pleurisy</td>
</tr>
<tr>
<td>Dizzy Spells</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Disease Injury of Spine</td>
<td>Tumor</td>
</tr>
<tr>
<td>Disease Impairment of Eyes</td>
<td>Disease of Tonsils</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Disease of Throat</td>
</tr>
<tr>
<td>Apoplexy</td>
<td>Disease of Lungs</td>
</tr>
<tr>
<td>Paralysis</td>
<td>Palpitation</td>
</tr>
<tr>
<td>Nervousness</td>
<td>Pain around Heart</td>
</tr>
<tr>
<td>Disease Impairment of Ears</td>
<td>Hemorrhoids</td>
</tr>
<tr>
<td>Rectal Disorder</td>
<td>Color Blindness</td>
</tr>
<tr>
<td>Disease of Nose</td>
<td>Intestines</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>Appendicitis</td>
</tr>
<tr>
<td>Bladder</td>
<td>Ulcers</td>
</tr>
<tr>
<td>Disorder of Stomach</td>
<td>(Other)</td>
</tr>
<tr>
<td>Gall Bladder</td>
<td>(Other)</td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td>(Other)</td>
</tr>
<tr>
<td>Dysentery</td>
<td>(Other)</td>
</tr>
<tr>
<td>Venereal Disease</td>
<td>(Other)</td>
</tr>
</tbody>
</table>

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: _____________________________________________________

Eff: 10/2015
HAZEL PARK FIRE DEPARTMENT
22830 RUSSELL STREET
HAZEL PARK, MICHIGAN 48030

FIRE-EMS (248)546-4086 FAX (248)5436695 FIRE CHIEF: Richard L. Story II FIRE MARSHAL: Jeffrey C. Woodcock

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

Eff: 10/2015
HAZEL PARK FIRE DEPARTMENT
22830 RUSSELL STREET
HAZEL PARK, MICHIGAN 48030

FIRE-EMS EMERGENCY (248)546-4086 FAX (248)543-6695 FIRE CHIEF: Richard L Story II FIRE MARSHAL: Jeffrey C. Woodcock

AUTHORIZATION FOR ACADEMIC RECORDS RELEASE FOR VERIFICATION OF SUBMITTED TRANSCRIPTS

TO: __________________________________________________________

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

____________ day of ______________________, 20 __.
Sworn and subscribed to before me this ___________ day of ______________________, 20 __.
Notary Public: ____________________________________________

County of: ________________________________________________

My Commission Expires: ______________________________________

Eff: 10/2015

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