

**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 pay: \$42,313.11+ 7% ALS pay for paramedics

Top Firefighter pay: \$69,406.29 + 7% ALS pay for paramedics

**LIBERAL FRINGE BENEFITS**

BCBS Plan 4 health Care

Optical and dental

2.0 Pension

Food Allowance

Education Reimbursement/bonus

Uniform Allowance

Paid time off after first year

15 paid holidays

**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**

Ongoing

**HOW TO APPLY**

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

**HAZEL PARK CIVIL SERVICE COMMISSION 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 regulated by the State of Michigan Firefighter Training Council.  
 **No** *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 state certification for the above items.  
 **No**
- Yes** 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.  
 **No**
- 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 other as indicated by acceptable Michigan medical standards.  
 **No**
- Yes** I state I have not been fired or allowed to resign under threat of discharge or while under investigation.  
 **No**
- Yes** I have attached copies of certifications, transcripts, driver's license, birth certificate and high school diploma.  
 **No**

**ACKNOWLEDGEMENT AND CERTIFICATON**

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

## 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

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:

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12. Have you ever been arrested?  YES  NO

If YES, explain:

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13. Are there any restrictions on your driver's license?  YES  NO

If YES, explain:

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14. Has your driver's license ever been suspended or revoked?  YES  NO

If YES, explain:

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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:

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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:

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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:

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

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

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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:

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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

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

Name	Address	Phone#	Occupation

b. WORK SKILLS

Name	Address	Phone#	Occupation

c. PERSONAL LIFE & HABIT

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 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.

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Applicant's Signature

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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.

Eff: 10/2015

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Eff: 10/2015

**APPLICANT'S PHYSICAL FITNESS AFFIDAVIT**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

- |                                  |                           |
|----------------------------------|---------------------------|
| _____ Active Hepatitis           | _____ Mental Disorder     |
| _____ Hepatitis B                | _____ Anemia              |
| _____ Diabetes                   | _____ High Blood Pressure |
| _____ Diabetes (taking insulin)  | _____ Ear Discharge       |
| _____ Cancer                     | _____ Disease of Liver    |
| _____ AIDS                       | _____ Tuberculosis        |
| _____ Malaria                    | _____ Asthma              |
| _____ Typhoid                    | _____ Bronchitis          |
| _____ Unconsciousness            | _____ Pleurisy            |
| _____ Dizzy Spells               | _____ Pneumonia           |
| _____ Disease Injury of Spine    | _____ Tumor               |
| _____ Disease Impairment of Eyes | _____ Disease of Tonsils  |
| _____ Epilepsy                   | _____ Disease of Throat   |
| _____ Apoplexy                   | _____ Disease of Lungs    |
| _____ Paralysis                  | _____ Palpitation         |
| _____ Nervousness                | _____ Pain around Heart   |
| _____ Disease Impairment of Ears | _____ Hemorrhoids         |
| _____ Rectal Disorder            | _____ Color Blindness     |
| _____ Disease of Nose            | _____ Intestines          |
| _____ Prostate Gland             | _____ Appendicitis        |
| _____ Bladder                    | _____ Ulcers              |
| _____ Disorder of Stomach        | _____ _____ (Other)       |
| _____ Gall Bladder               | _____ _____ (Other)       |
| _____ Kidney Disorder            | _____ _____ (Other)       |
| _____ Dysentery                  | _____ _____ (Other)       |
| _____ Venereal Disease           | _____ _____ (Other)       |

Do you suffer from acrophobia?  YES  NO

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

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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 CHIEF  
Richard L. Story II

FIRE MARSHAL  
Jeffrey C. Woodcock

(248)546-4086

FIRE-EMS

EMERGENCY

FAX (248)5436695

## 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 CHIEF  
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(248)546-4086

FIRE-EMS

EMERGENCY

FAX (248)5436695

## 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

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Eff: 10/2015