

Hickory Corners Fire Department

Barry Township

**"SERVING OUR COMMUNITY AND PROTECTING YOUR FUTURE
WITH PRIDE, COURTESY, AND PROFESSIONALISM."**



Application for Employment

(Pre-employment questionnaire) (An Equal Opportunity Employer)

Hickory Corners Fire Department is a paid on-call department

Station Physical Address

14505 S. Kellogg School Road

Hickory Corners, MI 49060

Mailing Address

PO Box 66

Hickory Corners, MI 49060

Please mail the completed application to: Hickory Corners Fire Department
PO Box 66
Hickory Corners, MI 49060

GENERAL SUMMARY – JOB DISCRIPTION FOR FIREFIGHTER

Under the supervision of the Fire Chief, and/or the direction of a command officer a Firefighter responds to emergency calls and non-emergency calls. Performs duties as may be assigned, Maintenance for the department apparatus, equipment and facilities.

Typical Duties

1. Responds to all calls for assistance both emergent and non-emergent per department policies. and in a safe and prudent manner.
2. Attends department meetings and trainings ready and willing to perform task required.
3. Wears department issued gear and safety equipment at all emergencies per department policy.
4. Performs fire suppression duties as ordered and in conformance with best practices and may accomplish all tasks within the scope of training as a firefighter per Department SOG's.
5. May render medical aid within the scope of a medical first responder licensed level and in a pre-hospital setting.
6. Returns to the fire station after each response and assists in preparing equipment, supplies, and apparatus for the next response.
7. Performs duties as assigned by the Chief or command staff member with in accordance with standing orders and department policies and guidelines.
8. Must interact with the public in a professional manner.

The preceding statements are intended to describe the general nature and level of work performed by persons in the job classification. They are NOT to be construed as an exhaustive all-inclusive and exclusive list of duties performed by personnel classified as a firefighter.

Educations Minimums: High School or G.E.D.

Must complete the provided Michigan Firefighter Training Council Firefighter 1 & 2 certification including Hazmat Operations and Drivers Training within two (2) years of appointment to the Hickory Corners Fire Department.

Upon acceptance, all firefighter candidates SHALL be placed on probationary status until success completion of the Michigan firefighters training council firefighter 1 & 2 and Department in house training is completed. Under no circumstances shall the probations period extend beyond two (2) calendar years from the date of appointment. If the candidate has NOT completed firefighter 1 & 2 and Department training in the entirety the candidate shall be terminated from employment at the Hickory Corners Fire Department.

The following signature states my agreement to complete and pass the above mentioned classes.

SIGNED: _____ DATE: _____

PERSONAL INFORMATION

NAME:				
LAST		FIRST	MIDDLE	DATE
PRESENT ADDRESS:				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS:				
STREET		CITY	STATE	ZIP
PHONE NUMBER :		ARE YOU 18 YEARS OF AGE OR OLDER?		YES <input type="checkbox"/> NO <input type="checkbox"/>
PHONE PROVIDER:				
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY: BECAUSE OF VISA OR IMMIGRATION STATUS?				YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
SOCIAL SECURITY NUMBER:				
DRIVERS LICENSE NUMBER:				

EMPLOYMENT DESIRED

POSITION:	START DATE :
HAVE YOU APPLIED FOR THIS POSITIONS BEFORE?	DATE:
REFEREED BY:	

EDUCATION

	NAME & LOCATION	# OF YEAR ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS THAT NAME OF WHICH INDICATES RACE, CREED, SEX,
AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN.

US MILITARY OR NAVAL SERVICE:

RANK:

FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH MOST RECENT.)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
WHICH OF THESE JOBS DID YOU LIKE THE BEST?				
WHAT DID YOU LIKE MOST ABOUT THIS JOB?				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY:

NAME	ADDRESS	RELATOINSHIP	NUMBER
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"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED THAT MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT. I AGREE TO CONFORM TO THE COMPANYS RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT EITHER MY OR THE COMPANYS OPTION. AT ANY TIME BY THE COMPANY I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN ITS PRESIDENT AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRATRY TO THE FOREGOING.

SIGNED: _____ DATE: _____

DRIVER'S LICENSE NUMBER: ____-____-____-____-____

DATE OF BIRTH: ____-____-____

IF CURRENTLY EMPLOYEEED WHAT HOURS DO YOU WORK? _____

CAN YOU LEAVE WORK IF NECESSARY YES / NO

I AGREE TO HAVE A PHYSICAL EXAMINATION OR SUPPLY A RECENT COPY OF THE SAME. THE EXPENSE SHALL BE COVERED BY THE HICKORY CORNERS FIRE DEPARTMENT AT A PHYSICIAN OF THEIR CHOOSING

YES / NO

I AGREE TO HAVE MY DRIVING RECORD CHECHED IN MICHIGAN AND OR ANY OTHER STATE: YES / NO

IF PREVIOUSLY LICENSED IN ANY OTHER STATED PLEASE LIST: _____

I AGREE TO HAVE A CRIMINAL BACKGROUND HISTORY CHECK COMPLETED: YES / NO

WHAT IS YOUR REASON(S) FOR APPLYING FOR EMPLOYMENT WITH THE HICKORY CORNERS FIRE DEPARTMENT?

IN CASE OF EMERGENCY, CONTACT: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

NAME OF PHYSICIAN: _____

PHONE NUMBER: _____

PERFERRED HOSPITAL: _____

SECONDARY EMERGENCY CONTACT: _____ PHONE NUMBER: _____