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: $56,670.74 for paramedics
Top pay: $92,069.59 for paramedics

LIBERAL FRINGE BENEFITS

- BCBS Plan IV (Healthcare, Rx, Optical, Dental, Etc.)
- 2.0 pension
- Food allowance
- Service time purchase
- Up to two (2) years lateral pay
- Education reimbursement/bonus
- Uniform allowance
- Paid time off after the first year
- 15 paid holidays
- Healthcare savings plan (HCSP)
- Traditional / Roth 457
- Yearly bonus pay

MINIMUM QUALIFICATIONS

APPLICANT MUST:

1. Be a United States Citizen.
2. 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 either a Conference of Western Wayne written and physical (CPAT) background investigation, physical and psychological examinations or an EMCO test.
4. Have either EMT-B and Fire I and II licensures, or a paramedic license. The City of Hazel Park will cover the costs of the remaining licensures needed for employment.
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

Open until filled

HOW TO APPLY

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

HAZEL PARK CIVIL SERVICE COMMISTION IS AN EQUAL OPPORTUNITY EMPLOYER

CITY OF HAZEL PARK FIRE DEPARTMENT

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 the certification must be attached to the application.

☐ **Yes** I have successfully completed, and possess, 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 (18 +) 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 State of 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.

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. Legibly print in ink 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 the 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 of Hazel Park 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 pleaded 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 always wear eyeglasses or contacts? ☐ 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:

_____
_____
_____
_____

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

Company Name: _____
Address: _____
City: _____ State/Zip: _____
Phone Number: (___)_____ Supervisor: _____
Job Description: _____

_____
Reason for Leaving: _____

_____
Start Date: _____ End Date: _____
Start Salary: _____ End Salary: _____

Company Name: _____
Address: _____
City: _____ State/Zip: _____
Phone Number: (___)_____ Supervisor: _____
Job Description: _____

_____
Reason for Leaving: _____

_____
Start Date: _____ End Date: _____
Start Salary: _____ End Salary: _____

Company Name: _____
Address: _____
City: _____ State/Zip: _____
Phone Number: (___)_____ Supervisor: _____
Job Description: _____

_____
Reason for Leaving: _____

_____
Start Date: _____ End Date: _____
Start Salary: _____ End Salary: _____

Company Name: _____
Address: _____
City: _____ State/Zip: _____
Phone Number: (___)_____ Supervisor: _____
Job Description: _____

_____
Reason for Leaving: _____

_____
Start Date: _____ End Date: _____
Start Salary: _____ End Salary: _____

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

Company 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 COMPETED	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 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 AND HABIT

Name	Address	Phone #	Occupation

28. **APPLICANT'S CERTIFICATION AND AGREEMENT**

PLEASE READ CAREFULLY

I hereby certify that I agree to always maintain a telephone 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

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)

_____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

22830 RUSSELL STREET
HAZEL PARK, MICHIGAN 48030

FIRE CHIEF
Thomas Walker

FIRE MARSHAL
Jeffrey C. Woodcock

(248) 546-4086 FIRE-EMS EMERGENCY FAX (248) 543-6695

TO WHOM IT MAY CONCERN:

I, _____, _____.
(PLEASE PRINT NAME) (DATE OF BIRTH)

do hereby give my permission for the release of 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

22830 RUSSELL STREET
HAZEL PARK, MICHIGAN 48030

FIRE CHIEF
Thomas Walker

FIRE MARSHAL
Jeffrey C. Woodcock

(248) 546-4086 FIRE-EMS EMERGENCY FAX (248) 543-6695

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: _____