

St. Clair Area Fire Department

216 Cass Street
St. Clair, Michigan 48079
810-329-3360
www.stclairfire.org

DAVID M. WESTRICK
FIRE CHIEF

ERICK M. HARRISON
2ND ASSISTANT CHIEF



MICHAEL J. KRUL
1ST ASSISTANT CHIEF

WILLIAM PADGETT
CAPTAIN

TO WHOM IT MAY CONCERN,

I, _____ UNDERSTAND THAT IN MAKING APPLICATION FOR EMPLOYMENT WITH THE ST. CLAIR AREA FIRE AUTHORITY, AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL OR FORMER EMPLOYERS, SCHOOLS WHICH I HAVE ATTENDED, CREDITORS OR OTHERS WHO MAY HAVE KNOWLEDGE AS TO MY CHARACTER, WORK OR GENERAL HABITS AS THEY MAY AFFECT MY BEING CONSIDERED FOR EMPLOYMENT. I AUTHORIZE THE RELEASE OF SUCH INFORMATION TO ANY AUTHORIZED REPRESENTATIVE OF THE ST. CLAIR AREA FIRE AUTHORITY AND WAIVE ALL RIGHTS OR CLAIMS AGAINST THE ST. CLAIR AREA FIRE AUTHORITY OR THE OFFICER, EMPLOYEE REPRESENTATIVE OR OTHER PERSON FURNISHING SUCH INFORMATION.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice and for any reason or no reason at all. I further understand that SCAFA may change any Employment Policy at any time for any reason or for no reason. I further understand that no one, other than SCAFA has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the "Employment At-Will" status referred to above. Further, that if SCAFA should make such an agreement, it is binding upon SCAFA only if in writing and signed by SCAFA.

WITNESS

SIGNATURE

DATE SIGNED

St. Clair Area Fire Authority

Application for Employment St Clair Area Fire Department

** Please provide a copy of current Michigan Drivers License*

NAME

Last:	First:	Middle:
CURRENT ADDRESS Street:	City:	Zip Code:
Previous Address Street:	City:	State: Zip Code:
Years at current address:	Phone No.:	Cell Phone:

Date of Birth:	Age:	Height:	Weight:
US Citizen:	Birth Place: (City / State)		Social Security No.:
Driver License No.:	Do you have a valid drivers license from another state? <i>If so what state and ops number.</i>		

Emergency Contact: <i>(Relation, Name, address, Phone No.)</i>
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Do you have any physical conditions, including illness, which may limit your ability to perform the job of Firefighter?	YES	NO
If YES please explain		

Do you have any physical conditions, including illness that restricts you from doing any work of any type?	YES	NO
If YES please explain		

REFERENCES *please list two family and two friends*

NAME	RELATION	ADDRESS	PHONE #

St. Clair Area Fire Authority

Application for Employment St Clair Area Fire Department

PAGE TWO	Applicants name:
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Have you ever been convicted of a Criminal or Felony Offense?	YES	NO
If yes please explain.		
Have you ever received any Traffic Violations?	YES	NO
If yes please explain.		
Have you ever worked as a Firefighter?	YES	NO
If yes for what departments and how long.		
Please List any Current Certifications or Licenses for Firefighter that you have obtained.		

Current Employer:

Address and Phone Number:		Supervisor:
How long at this Employer:	Trade:	Shift:

Previous Employers:

#1 Name, Address and Phone Number:	Supervisor:
#2 Name, Address and Phone Number:	Supervisor:

FIREFIGHTING CERTIFICATIONS OR TRAINING

Firefighter I	YES	NO
Firefighter II	YES	NO
Medical 1 st Responder	YES	NO
Emergency Medical Technician	YES	NO
Hazardous Materials Awareness	YES	NO
Hazardous Materials Operations	YES	NO
Please List any additional applicable Fire Department training or certifications		

St. Clair Area Fire Authority

Application for Employment St Clair Area Fire Department

PAGE THREE	Applicants name:
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Please write a brief statement as to your reasons for joining the Fire Department:

Do you have any relatives working for a Fire Department or Fire Board?	YES	NO
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If Yes please list name and position:

By signing this document you attest to the fact that this application is accurate and has no false statements and that no false answers have been made. Any false statements or answers made may lead to rejection of application, or if employed, result in disciplinary action up to dismissal from the department.

Signature of Applicant:	DATE and TIME:
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NOTICE TO APPLICANT

1. A police record check, including driving record, criminal history and other types of information will be requested from Law Enforcement agencies regarding your background.
2. A minimum of one (1) personal interview will be conducted upon the completion of this application; provided the applicant meets the qualifications and passes the background check.
3. Applicant will be required to acknowledge and sign a waiver for release of personal information required to conduct a background investigation (see attached sheet).
4. A physical examination, performed by the Authorities Physician will be required prior to becoming employed by the St Clair Area Fire Authority.
5. Applicant may use the back of this application to answer any questions or add comments or details to this application where the allotted space was not sufficient.
6. An Applicants age of 21 to 35 is preferred; however not required.

APPLICANTS AKNOWLEDGEMENT OF THIS NOTICE: (Signature) _____

FOR DEPARTMENTAL USE ONLY

Date Application Received:	Date Records check submitted:
Date Interview Scheduled:	By:
Date Interview Completed:	By:
Recommendation for Employment:	YES NO
Date meeting with Fire Chief:	

Comments:

NOTICE

DRUG FREE WORK PLACE

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Please take notice that all applicants tentatively selected for this position will be required to submit to a urinalysis to screen for illegal drug and or substance use prior to appointment. Appointment to the position will be contingent upon a negative drug and or substance test result. All results of the testing will be kept confidential. An opportunity will be afforded to submit medical documentation of lawful use of otherwise illegal drugs or substances where a positive result is obtained.

Applicant Printed Name

Applicant Signature **DATE**

Witness Signature