Requirements for
Firefighter Oral Board Interview
Civil Service Commission
Charter Township of Harrison

The following items are required to be submitted at the time of application:

- **Driver's License**
- **Michigan Paramedic License**
- **Any one of the following: EPpAT, CPAT or OPAT Physical Agility Test – Expiration must be within 2 years.**
  ****Physical Agility will be waived if you are currently a fulltime professional firefighter and was successfully completed in previous 2 years. (Must present a copy of your fire department identification)**
- **Fire Fighter I & II Certificate**
- **Hazardous Materials First Responder Operations Certification**
- **ACLS & BLS Certification**

Upon completion of application please return to:

Adam Wit, MMC, MiPMC, Clerk
Charter Township of Harrison
38151 L'Anse Creuse
Harrison Township, MI 48045
(586) 466-1406

Amended 12/9/2024

Application for Firefighter Oral Board Interview
Civil Service Commission
Charter Township of Harrison

Name

_____

Last First Middle Initial

Address _____ City _____ State _____ Zip _____

Phone ( ) _____ Email _____

Cell ( ) _____

Social Security Number _____

Drivers License Number _____

Are you a citizen of the United States? ❑ YES ❑ NO

Are you over eighteen years of age? ❑ YES ❑ NO

Do you have any physical limitations which would prohibit you from performing as a Firefighter?

IF yes, explain on back of page. ❑ YES ❑ NO

Have you ever been charged with or convicted of a felony?

IF yes, explain on back of page. ❑ YES ❑ NO

MILITARY SERVICE RECORD

Armed Forces served from _____ to _____

Branch of service _____ duties _____

Rank or rating at time of enlistment_____

Rating at time of discharge_____

EDUCATION

College _____
Name of Institution Course Graduate – Y/N

High School _____
Name of School Graduate – Y/N

Other _____

EMPLOYMENT
(FOR THE LAST THREE (3) YEARS)

Company Name _____

Address _____

Company Phone Number _____ Employed from_____ to _____

Reason for Leaving _____

_____

Company Name _____

Address _____

Company Phone Number _____ Employed from_____ to _____

Reason for Leaving _____

_____

BUSINESS REFERENCES

List name, address and phone number of at least two (2) references:

_____

_____

_____

_____

COPIES OF CERTIFICATIONS/ITEMS REQUIRED

EXPIRATION DATE

- **Driver's License** _____
- **Michigan Paramedic License** _____
- **EPpAT, CPAT or OPAT Physical Agility Test** _____
- **Copy of full time fire department identification to waive the Physical Agility if successfully completed within previous 2 years** _____
- **Fire Fighter I & II Certificate** _____
- **Hazardous Materials First Responder Operations Certification** _____
- **ACLS & BLS Certification** _____

Under Act 78, the Civil Service Commission may refuse to examine an applicant, or after examination, to certify as eligible, an applicant who is found to lack any of the established preliminary requirements for the examination of position or employment for which the applicant applied; or who is so physically disabled as to be rendered unfit for the performance of the duties of the position to which the applicant seeks appointment or who is addicted to the habitual use of intoxicating liquors or drugs or who may have been guilty of a crime; or who has made a false statement of a material fact, or practiced or attempted to practice a deception or fraud in the application, in the examination, or in securing eligibility, or who refuses to comply with the rules and regulations of the Commission.

I, _____, DO HEREBY APPLY FOR ORAL BOARD INTERVIEWS TO BE GIVEN FOR THE PURPOSE OF PREPARING AN OPEN END ELIGIBILITY LIST TO BE USED IN THE HIRING OF FULL TIME FIREFIGHTERS. SAID ORAL BOARD TO BE CONDUCTED BY THE HARRISON TOWNSHIP CIVIL SERVICE COMMISSION.

I, ALSO AGREE THAT A BACKGROUND CHECK MAY BE PERFORMED, AND THAT I HAVE NEVER BEEN CONVICTED OF A CRIME, OR AM NOT ADDICTED TO ANY HABITUAL USE OF INTOXICATING LIQUORS OR DRUGS.

IT IS FURTHER UNDERSTOOD THAT A DRUG SCREEN TEST AND A PHYSCHOLOGICAL EXAM MAY BE REQUIRED PRIOR TO ACCEPTANCE OF EMPLOYMENT WITH THE FIRE DEPARTMENT. ANY AND ALL SUCH TEST RESULTS WILL ALSO BE IN CONJUNCTION WITH THE APPLICATION.

I, ALSO AUTHORIZE THE CIVIL SERVICE COMMISSION AND THE FIRE DEPARTMENT OF HARRISON TOWNSHIP TO CONTACT ANY CURRENT AND PAST EMPLOYERS.

_____ _____

Signature of Applicant Date of Application

Subscribed and sworn to before me

This_____ day of _____, 20____

Notary Public, _____ County, State of Michigan

Acting in _____ County, Michigan

My Commission Expires_____

Notary (Print) _____

Notary Signature _____

☐ I hereby certify that I am currently employed as a full time professional firefighter.

_____ _____

Signature of Applicant Date of Application

Subscribed and sworn to before me
This_____ day of _____, 20____
Notary Public, _____ County, State of Michigan
Acting in _____ County, Michigan
My Commission Expires_____

Notary (Print) _____

Notary Signature _____

SECTION 8. MINIMUM ENTRANCE REQUIREMENTS FOR CIVIL SERVICE APPLICANTS

(A) Age: 18 - 70 inclusive, at the time of submitting the application.

(B) Height and weight (stripped) must be acceptable to the Charter Township of Harrison Fire Department.

(C) Must be a citizen of the United States.

(D) Education: Graduation from High School or satisfactory completion of General Education Development tests; State of Michigan, Department of Community Health Paramedic License; State of Michigan Fire Fighter I & II Certification.

(E) Personal and other attributes: Good moral character, emotional stability, coolness in emergencies, resourcefulness, tact, alertness, a valid Michigan operator's or chauffeurs license; willingness to accept command responsibilities in emergency situations; favorable work records; personal fitness for the position; and must be willing to work overtime and holidays, as directed.

(F) Applicant must sign authorization of background check to be eligible.

(G) Applicant must have valid Michigan driver's license.

(H) Arrest record: Applicants must provide a copy of all arrest and conviction records when filing application. Subsequently, a copy of all arrests and conviction records shall be filed by applicant within five (5) days of occurrence.

(I) Physical Characteristics: Physical condition must be adequate for performance of the work as determined by an examining physician selected by the Township. Applicants must have well developed and proportioned physique; have at least 20/100 vision in each eye without glasses, corrected to 20/20 vision with glasses prior to appointment; adequate color and depth perception; normal hearing; freedom from any chronic diseases and organic or functional defects, which may impair efficient performance of duties.

(J) Applicant must provide verification of current successful passing of EPpAT, CPAT, or OPAT physical agility test upon turning in application. **Waived with proof of current, full-time professional firefighter employment and successfully completed within previous 2 years.

(K) Summary of application process: The initial examination consists of the following:

1. Filing of application to advance to oral board examination.
2. Oral Board Examination.
3. Background Investigation and appraisal.
4. Psychological examination.
5. Physical examination.

SECTION 9. APPLICATIONS

All applicants are required to submit an application to Harrison Township in order to be eligible for the oral exam.

(A) All applications filed with Harrison Township will be furnished and received by the Clerk's Office and will be issued and accepted only upon direction from the Commission. All applicants shall furnish a copy of their birth certificate, a copy of citizenship papers if naturalized and statement of graduation from high school or a G.E.D. certificate. Said application shall be completed in full prior to being accepted by the Clerk's Office. Application will remain current for one (1) year upon receipt.

(B) A Background Investigation is conducted by an investigator contracted by the Township. The investigation occurs prior to the Fire Chief conducting interviews with individuals from the eligibility list.

(C) Applications shall be held on file only until eligibility list is established unless applicant is placed on an eligibility list for an appointment, in which case, the application will be held for a period of one (1) year. Application form acceptance dates are to be established by the Commission.

(D) Applicants shall be informed of a tentative date before oral exam by phone and email. Failure to appear shall result in disqualification.

(E) The Fire Fighter Eligibility List shall be an open end list until the Fire Department staffing of up to twenty seven (27) personnel.

SECTION 10. <u>ORAL EXAMINATIONS</u>

The examinee must attain a minimal score of 70% on the Oral Board to be considered a successful applicant.

I, _____, have read and understand the job description for the position of firefighter/medic for the Harrison Township Fire Department.

_____ _____
Signature of Applicant Date of Application

Subscribed and sworn to before me
This_____ day of _____, 20____
Notary Public, _____ County, State of Michigan
Acting in _____ County, Michigan
My Commission Expires_____

Notary (Print) _____

Notary Signature _____