

# APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

- ☐ Advertisement      ☐ Relative      ☐ Inquiry  
☐ Employment Agency      ☐ Friend      ☐ Other \_\_\_\_\_

Last Name

First Name

Middle Name

Address      Number      Street      City      State      Zip Code

Telephone Number(s)

Email Address

Social Security Number

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... ☐ Yes      ☐ No

Have you ever filed an application with us before? ..... ☐ Yes      ☐ No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? ..... ☐ Yes      ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes      ☐ No

Are you currently employed? ..... ☐ Yes      ☐ No

May we contact your present employer? ..... ☐ Yes      ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status

*Proof of citizenship or immigration status will be required upon employment.* ..... ☐ Yes      ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:      ☐ Full-Time      (please indicate 1    2    3 shift)

☐ Part-Time      (please indicate Mornings    Afternoon    Evenings)

☐ Temporary      (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes      ☐ No

Can you travel if a job requires it? ..... ☐ Yes      ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

---

---

---

---

---

---

---

---

---

---

Describe any job-related training received in the United States military.

---

---

---

---

---

---

---

---

---

---



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---

---

---

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	<hr/>	<hr/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	<hr/>	<hr/>
WPM <hr/>	WPM <hr/>	<hr/>	<hr/>
		<hr/>	<hr/>

State any additional information you feel may be helpful to us in considering your application.

---

---

---

---

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ YES ☐ NO

## REFERENCES

1.	( )	
	(Name)	Phone #
	(Address)	
2.	( )	
	(Name)	Phone #
	(Address)	
3.	( )	
	(Name)	Phone #
	(Address)	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed ☐ Yes ☐ No Date of Employment \_\_\_\_\_

INTERVIEWER DATE

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*



**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## A

I  
I  
n  
T  
d  
in  
I  
m  
m  
ca  
an  
au  
In  
ca  
ru

[illegible][illegible]

# CONSENT FORM

As a prospective employee of Washington Township Fire Department, I understand that is this agency's policy to secure conviction criminal history information and a Michigan Driver's License check as part of their pre-employment screening process using the information provided below.

NAME \_\_\_\_\_  
                                    LAST                                    FIRST                                    MIDDLE

Maiden name/Names previously used:

\_\_\_\_\_  
\_\_\_\_\_

Birthdate \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number \_\_\_\_\_

I authorize WASHINGTON TOWNSHIP FIRE DEPARTMENT to utilize the above information for the sole purpose of obtaining a Michigan Driver's License check, and conducting a background investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Washington Township Fire Department

11300 27 Mile Rd., WASHINGTON, MI 48094 \* 586-781-6161\* FAX 586-781-2562\*  
Daniel Last, Chief Brian Tyrell, Assistant Chief/Fire Marshal

## AGREEMENT FOR TRAINING AND EQUIPMENT REIMBURSEMENT

This agreement is entered into between the "CHARTER TOWNSHIP OF WASHINGTON" (hereinafter "TOWNSHIP") and \_\_\_\_\_ (hereinafter "EMPLOYEE")

**WHEREAS**, the TOWNSHIP through its fire department provides psychological and physical testing, equipment for extensive in-house and on the job training, and during which time the EMPLOYEE is compensated in accordance with the terms and conditions of the bargaining agreement:

**WHEREAS**, there is a cost to the TOWNSHIP for providing such equipment, testing and training, and the TOWNSHIP is desirous, once the training is completed, of having the EMPLOYEE remain an employee of the TOWNSHIP; and **THEREFORE**, as one of the conditions of his/her employment, the EMPLOYEE agrees and authorizes the following:

1. The EMPLOYEE agrees that he/she will remain an employee of the TOWNSHIP for at least 24 months and in the event that the EMPLOYEE voluntarily terminates his/her employment, or is terminated due to failure to meet contractual obligations, prior to the expiration of the said twenty-four month period, the EMPLOYEE will be obligated to reimburse the TOWNSHIP the sum of three thousand four hundred and forty eight dollars (\$3448.00) during the first twelve (12) months of employment, or one thousand seven hundred and twenty four dollars (\$1724.00) during the second twelve (12) months of employment, which shall represent the EMPLOYEE'S portion of the cost of providing equipment, testing and training to the EMPLOYEE.
2. In lieu of paying three thousand four hundred and forty eight dollars (\$3448.00), or one thousand seven hundred and twenty four dollars (\$1724.00) respectively, the EMPLOYEE authorizes the TOWNSHIP, at the time of his/her employment termination, to garnish from his/her final paycheck, the amount owed. If the final paycheck does not equal the amount owed, the EMPLOYEE will be responsible for the difference.
3. If the EMPLOYEE terminates his/her employment prior to completing 24 months of employment, the TOWNSHIP may, but is not required, reduce the amount owed on a prorated basis.
4. The EMPLOYEE acknowledges that he/she has read, fully understands and voluntarily agrees to the terms and conditions of this Agreement and Authorization.

EMPLOYEE

THE CHARTER TOWNSHIP OF WASHINGTON

BY: \_\_\_\_\_

BY: \_\_\_\_\_

DATED: \_\_\_\_\_

DATED: \_\_\_\_\_

WASHINGTON TOWNSHIP FIRE DEPARTMENT  
**STANDARD OPERATING GUIDELINES MANUAL**  
**Administrative Orders**  
**Professional Appearance /Grooming /Jewelry**

Guide 0-02-07

Page 1 of 2

Date: March 20, 2007

The Washington Township Fire Department recognizes its frequent contact with the public and recognizes the public good and the need for maintaining its favorable and professional image with the public and the citizenry; therefore, the grooming standards are as follows:

A. Grooming Standards

1. Head Hair

- a. Hair will be clean, neat, and groomed. The length and the style of the hair shall not be so excessive, eccentric or extreme, that it:
  - 1) Will not interfere with the proper placement and usage of uniform cap, helmet, facemask, or other firefighting equipment.
  - 2) Will not present a ragged or unkempt appearance.
  - 3) Will not present a safety hazard with respect to firefighting duties.
  - 4) Will not be exposed during firefighter activities.
  - 5) Will not cause undue attention or appear unprofessional to the essential respect of the citizenry.
- b. Hair coloring must look natural (unnatural hair coloring such as, green, purple, blue, etc. are not permitted).
- c. Hair sculpting and "carving" is not allowed.
- d. Male:
  - 1) Hair, when combed, brushed, picked, blown, teased, or otherwise worn, will not exceed two inches (2") in height.
  - 2) Hair when combed or otherwise worn, will not extend below the midpoint of the uniform shirt collar of a properly worn uniform shirt.
- e. Females:
  - 1) Hair length must be such that it may be managed and completely covered by a protective hood. It must not interfere with donning an SCBA, wearing a face piece, helmet or a fire cap.
  - 2) Only pins, combs, or barrettes that are similar in color to the individual's hair color may be worn.

2. Sideburns

- a. Sideburns shall not interfere with the proper placement and usage of facemasks and other firefighting equipment.
- b. Sideburns will be neatly trimmed and close to the face so that they:
  - 1) Do not protrude or grow thick and create an imperfect seal when the face mask is worn or used or
  - 2) Interfere with the proper placement and usage of the firefighting equipment.
- c. Sideburns shall not be more than one inch wide.
- d. Sideburns shall not extend below the bottom of the ear lobe.
- e. The base of the sideburn shall be a clean-shaven, horizontal line.

3. Facial Hair

- a. Members of the department shall be cleanly shaven when reporting for duty.
- b. Beards, goatees, and chin whiskers of any type will not be permitted to:
  - 1) Ensure that facial hair will not interfere with the administration of mouth-mouth resuscitation or other lifesaving procedure.
- c. Mustaches that do not interfere with the proper placement and usage of a face masks and other firefighting equipment or the administration of mouth-to-mouth resuscitation or other lifesaving procedures are permitted but must conform to the following:

WASHINGTON TOWNSHIP FIRE DEPARTMENT  
**STANDARD OPERATING GUIDELINES MANUAL**  
**Administrative Orders**  
**Professional Appearance /Grooming /Jewelry**

**Guide 0-02-07**

Page 2 of 2

- 1) Mustaches will be neatly trimmed.
- 2) Mustaches shall not cover any portion of the upper lip.
- 3) Mustaches shall not extend horizontally over one-half inch (1/2") beyond the corner of the mouth.
- 4) No portion of the mustache extending beyond the corners of the mouth shall extend upward or fall below a line parallel with the bottom of the lower lip.

4 **Accessories**

**Badges/Pins**

All badges and pins worn with the department uniform shall be issued by or sanctioned by the Fire Department.

5 **Earrings/Necklaces/Other Jewelry**

- a. Uniformed male personnel shall not be permitted to wear earrings of any type while on duty.
- b. Uniformed female personnel are permitted to wear post-type earrings that are no more than 1/8-inch in diameter, one per ear lobe. Earrings that protrude more than 1/8 inch or dangle below the ear lobe shall be not permitted.
- c. The wearing of any finger rings by operational personnel is prohibited.
- d. No other jewelry is sanctioned by the department except a simple wristwatch.

6 **Fingernails**

Nails will be kept clean and will be groomed so as not to extend beyond the tips of the fingers. Only clear or transparent natural color polish is allowed.

7 **Makeup**

Wearing makeup that portrays other than the natural skin colors and natural look is not permitted.

8 **Tattoos/body art/bodying piercing**

No visible body art or piercings are allowed at any time.

B. **Summary**

Each member of the Washington Township Fire Department is responsible to uphold the professional image off the community in which it serves. This grooming standard shall apply to all members of this department.

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Revision Date: 10-4-11 \_\_\_\_\_