# **Chelsea Area Fire Authority**

### **Employment Application**

Thank you for your interest in the Chelsea Area Fire Authority and possible employment within. CAFA is a combination department of full time and paid on call members that provide protection of life and property within the City of Chelsea as well as the townships of Lyndon, Sylvan, Lima, Dexter, and Waterloo. Our department provides fire and rescue service, technical rescue, and Basic Life Support level non-transporting EMS. CAFA is committed to our community and participates in a number of events throughout the year including fire prevention and education programs as well as the Chelsea Community Fair and the Fire Station Open House.

We are interested in motivated and community oriented people who are committed to providing the best possible service to the citizens we protect by active participation in both emergency and non emergency activities.

### **Minimum Qualifications:**

- •\_Citizen of the United States
- High School Diploma or GED
- Minimum 18 years of age
- No criminal record
- Valid Michigan drivers license and good driving record
- Vision 20/40 in each eye uncorrected; corrected to 20/20
- Live and/or work within a 20 mile radius of the station at 200 W. Middle St.
- Successful completion of MCOLES or CPAT physical agility examination with valid certificate at time of application. Information on MCOLES tests can be found at <u>http://michigan.gov/mcoles/0,4607,7-229-41624-147713--,00.html</u> and information for CPAT at <u>http://www.schoolcraft.edu/assessment/firefighter.asp</u>
- Additional consideration to applicants who possess higher levels of training and experience as well as increased availability.

# **Benefitis:**

- Pay at an hourly rate for training and emergency response
- Workman's Compensation
- Training and equipment provided

#### **Selection Process:**

- Review of application and transcripts
- Oral Interview
- Background investigation
- Physical examination, pulmonary function test, drug screening
- Administrative Interview

Applicants must successfully complete each phase of the selection process in order to be considered for employment.

All new employees are required to obtain Michigan Firefighter I & II certification including hazmat operations and awareness within two years of employment. In addition, you must obtain a State of Michigan medical license at the level of Medical First Responder or higher. Members who do not have all minimum certifications are classified as Trainees until requirements are met. Once a firefighter meets minimum certification requirements, they will be considered probationary members until they have met further training requirements to become a full member.

Paid on Call members are required to attend all full department trainings which are generally held on a monthly basis. A minimum emergency response of 30% of full department tone-outs is required of paid on call members to remain in good standing.

Please complete the attached application form and return to the Fire Chief. If you have any questions, please contact the station at (734) 475-8755.

# **Application for Employment**

Chelsea Area Fire Authority (CAFA) is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT**. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box in its entirety (don't just indicate "See Resume").

Position Applying For:	Name (Last, First, Middle):					Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:					
Social Security Number: Home			Phone:		Work Phone:	Other Phone:	
Are you eligible to work in the United States?			□Yes □	No			
Are you 18 years o	f age or older?		$\Box$ Yes $\Box$ No		If NO, what is your current age?		
Have you ever been convicted of a crime?			□Yes □ No		If YES, please explain	If YES, please explain.	
Have you ever been employed by CAFA?			□ Yes □No		If YES, dates of employment & reason for leaving:		
Do you personally know any current CAFA employee?		□Yes □ No		If YES, their name & their relationship to you?			
Do you have a valid driver's license?		□ Yes □ No If YES, State of issuar points:			nce, license #, and current		
Have you been involved in any traffic crashes in the past 5 years? YES $\Box$ NO $\Box$ How many?							

#### **EDUCATION**

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		□Yes □ No				
GED:		□Yes □ No				
Other School:		□Yes □ No				
College:		□Yes □ No				
College:		□Yes □ No				
College:		□Yes □ No				
Other credentials/ license	s/ professional aff	liations, etc., whic	h are relevant to	the job for whi	ch you are app	olying.

**WORK EXPERIENCE**-Please detail your work history. Begin with your <u>current</u> or most recent employer. If you held multiple positions with the same organization, detail each position separately. <u>Attach additional sheets if necessary</u>. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE**: Chelsea Area Fire Authority reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To Starting Salary: Final Salary:	□Full time □ Part-time If part-time, # hrs./wk: Organization Name and Address:	Title:
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:	•	Reason for Leaving:
Dates Employed (most recent position) From: To	□Full time □ Part-time If part-time, # hrs./wk: □	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: At any time Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

REFERENCES - Please list three references to whom you are not related and have known you for at least a year.

Name	Address	Phone	Business/Years Known

#### PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Chelsea Area Fire Authority to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Chelsea Area Fire Authority serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

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App	licant	Signature:

Date:				

#### PHYSICAL EXAMINATION

In accordance with the provisions of the Americans with Disabilities Act, CAFA may require job applicants to undergo a medical examination after an employment offer has been made and prior to commencement of employment duties, and may condition the offer of employment on results of such examination.

I HEARBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF CONTROLLED SUBSTANCES. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of controlled substances, which may include the collection of urine and/or blood from my person. I agree that the results of this test may be submitted to CAFA or its authorized representative and I expressly release the collection agency and the testing laboratory from all liability in performing the requested tests and for communicating the results to CAFA. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or termination of employment offer, or if already employed, my employment with CAFA will be immediately terminated.

Applicant Sig
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Date: \_\_\_\_\_

#### **Criminal History and Background Investigation**

Chelsea Area Fire Authority may conduct a criminal history and/or background investigation prior to, or as a condition of employment with this agency. I, the undersigned, authorize CAFA or its authorized representative to conduct investigations at the local, state, and federal levels. I understand that the results of such investigation by an outside agency may be released to CAFA and all results will be reviewed by the Fire Chief prior to granting employment or an employment offer.

Name:		
Previous Name(s):		
Date of Birth:		
Social Security Number:		
Driver's License Number:		
Signature:	Date:	