



**RICHFIELD TOWNSHIP**  
**DEPT. of PUBLIC SAFETY**

**P.O. Box 128**  
**St. Helen, MI 48656**

*Phone (989)-389-4071*  
*Fax: (989)-389-7795*

**APPLICATION  
FOR EMPLOYMENT**



**(PLEASE PRINT PLAINLY)**

Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.)

*"We are an equal opportunity employer"*

This application will be kept current for six months. You need to complete another to be reconsidered after this date.

**I. Applicant Information:**

**Date of Application:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Day Time Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

1) Are you prevented from lawfully becoming employed in this country because  
of Visa or Immigration Status? ( Proof of citizenship or immigration status shall be requested upon employment) ☐ Yes ☐ No

2) Are you under 18 years of age? ( If yes attach work permit ) ☐ Yes ☐ No

3) Position Applying for:  
☐ Police Officer ☐ Fire Fighter ☐ Paramedic ☐ EMT-Basic / EMT-Advanced  
☐ Full Time ☐ Part time ☐ Paid-On-Call  
☐ CERT Member (volunteer) ☐ Police Reserve Officer (volunteer) Other: \_\_\_\_\_

**\*COMPLETE SECTION SPECIFIC TO POSITION(S) YOU ARE APPLYING FOR FURTHER IN APPLICATION\***

4) The position you are applying for requires you to possess a valid Driver's / Operators License.  
Do you have a current driver's license? ☐ Yes ☐ No

5) Have you ever had your driver's license revoked or suspended ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

6) Have you been cited, been convicted of, plead guilty or no contest to a moving motor vehicle violation  
within the last 18 months? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

7) Were you previously employed by us? ☐ Yes ☐ No

If yes, when and what division/ department? \_\_\_\_\_

8) The position you are applying for requires you to work nights, weekends, holidays, 10, 12, & 16 hour shifts.

Are you willing and able to work nights, weekends, holidays, 10 hour, 12 hour or 16 hour shifts? ☐ Yes ☐ No

9) What date will you be available to begin work if hired ? \_\_\_\_\_

## **II. U.S. ARMED FORCES HISTORY / EXPERIENCE**

Have you had any experience in the Armed Forces of the United States of America or in the State National Guard which is directly related to the position which you are applying for: ☐ No ☐ Yes Branch of Service \_\_\_\_\_

Service Dates From \_\_\_\_\_ To \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Rank: \_\_\_\_\_

Were you honorably discharged ☐ Yes ☐ No

*Note: A dishonorable discharge from the military will not necessarily be a bar to employment*

## **III. RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
High School	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College	_____ _____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University	_____ _____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification Program	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Related Program	_____ _____						<input type="checkbox"/> Yes <input type="checkbox"/> No	

## **IV. LIST ALL CERTIFICATIONS AND LICENSES YOU HAVE APPLICABLE TO POSITION (MCOLES / EMS / BLS / FIRE)**

**Certification / License                      State                      Certification /License #      Date Received                      Date Expires**

1.
2.
3.

4.

Please Provide Typing (estimated if necessary) Speed (words per minute): \_\_\_\_\_

**V. EMPLOYMENT EXPERIENCE / WORK HISTORY**

Start with your present or your last employer. If you need more space, use an extra sheet of paper. If summer or part-time work, please indicate. If you were employed under another name, please indicate that name by the employer.

May we request a reference from your present employer(s)? ☐ Yes ☐ No

I	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Job duties preformed:					
	Telephone:						

II	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Job duties preformed:					
	Telephone:						

III	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Job duties preformed:					
	Telephone:						

IV	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
		Job duties preformed:					
	Telephone:						

Indicate by number \_\_\_\_\_ Any of the above employers whom you **do not wish** us to contact? \_\_\_\_\_

- 1) Is this a complete list of your employment? ☐ Yes ☐ No If no, explain \_\_\_\_\_
- 2) Have you ever been, fired, dismissed, asked to resign, resigned by mutual agreement or otherwise terminated from any employment? ☐ Yes ☐ No  
If yes, explain \_\_\_\_\_
- 3) Indicate the number of time(s) you were late to work in the last 12 months. \_\_\_\_\_ Explain in detail.
- 4) Are we granted permission to check all information? ☐ Yes ☐ No  
If No, explain \_\_\_\_\_

## **VI. PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

- 1) Have you ever been convicted of, or pled "No Contest" or "Guilty" to a crime (Misdemeanor or Felony)? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
- 2) Are you currently under indictment, arraignment or charged with a felony? ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

*Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant's age at the time of the offense, the age of the offense, and the nature and seriousness of the violation will be taken into account.*

- 4) Have you ever been known by or worked by any other name? ☐ Yes ☐ No  
If yes, list all names used in the past: \_\_\_\_\_

5) List any offices of leadership (elected or appointed) which you have held. Provide titles and dates.

- 6) Are you a member of a professional or trade group that is related to our industry? ☐ Yes ☐ No  
If yes, please provide the organization name(s): \_\_\_\_\_

- 7) Have you received a Job Position Description for the position you are applying for: ☐ Yes ☐ No

- 8) Do you understand the position description, job requirements and duties for this position? ☐ Yes ☐ No  
If no, describe job area where you need further clarification. \_\_\_\_\_

- 9) Is there anything that you believe would disqualify you from employment or hinder you in the performance of the position duties and requirements with or without accommodations? ☐ Yes ☐ No

## **AGREEMENT AND UNDERSTANDING**

I certify that the information in this application (and accompanying resume, if any) is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal no matter when discovered by the Richfield Township Dept. of Public Safety.

I waive written notice from my current employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right to Know Act.

I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and an pertinent information they may have even if more than four years old and release all parties from any liability for any damages that may result from furnishing same to you.

I understand that any employment offer is conditional upon result of the drug screening test, the post offer pre-employment physical ability/agility test, pre-employment medical examination and back ground investigation.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: This application will be kept current for six months. You need to complete another to be reconsidered after this date.*

**Applicants are to complete the section(s) for the position you are applying for:**

☐ **Police Officer / Reserve Officer Applicant:**

Are you MCOLES Certified or Certifiable? ☐ Yes ☐ No If yes, MCOLES # \_\_\_\_\_

Are you currently completing a MCOLES approved academy? ☐ Yes ☐ No If yes graduation \_\_\_\_\_

Are you available to work days, nights, weekends, holidays, and with only a moment's notice for different shift times based on need ? ☐ Yes ☐ No

☐ **Paramedic or EMT-Basic or EMT-Advanced Applicant:**

Are you currently licensed by the State of Michigan as a Pre-Hospital Care Provider: ☐ Yes ☐ No

Do you currently have a valid Advance Life Support Certification? ☐ Yes ☐ No

Do you currently have a valid Pediatric Life Support Certification? ☐ Yes ☐ No

Do you currently have a valid Trauma Certification? ☐ Yes ☐ No

Do you currently have a valid Driver Certification? ☐ Yes ☐ No

Have you ever had your medical license or privileges suspended or Revoked by the State of Michigan or a Medical Control Authority? ☐ Yes ☐ No  
If yes explain: \_\_\_\_\_

☐ **Fire Fighter Applicant:**

Are you currently MFFTC Certified Fire Fighter: ☐ Yes ☐ No If Yes, What Level? \_\_\_\_\_

Do you currently have a valid MFFTC Fire Fighter I Certification? ☐ Yes ☐ No

Do you currently have a valid MFFTC Fire Fighter II Certification? ☐ Yes ☐ No

Do you currently have a valid MFFTC Driver Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Emergency Vehicle Operations Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC HAZ-MAT Operations Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Vehicle Extrication Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Fire Officer I Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Fire Officer II Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have a valid MFFTC Fire Officer III Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

☐ **CERT Member Applicant:**

Are you available to work days, nights, weekends, holidays, and called in at a moments notice of different shift times based on need ? ☐ Yes ☐ No

Date application received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Interview date \_\_\_\_\_ Interview by \_\_\_\_\_

Approved ☐ Yes ☐ No

Division(s) Assigned \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes/Restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CCH \_\_\_\_\_ Preformed by \_\_\_\_\_ Date \_\_\_\_\_

Background check \_\_\_\_\_ Preformed by \_\_\_\_\_ Date \_\_\_\_\_

Driving Record \_\_\_\_\_ Preformed by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_