

Manchester Township Fire Department

POLICY: RECRUITING & CONDITIONS OF EMPLOYMENT

Policy #100

I. PURPOSE

- A. To outline the procedures to be followed in recruiting and employment. This policy, although it is more restrictive, should be coordinated with the employment policies or the governing body.

II. PROCEDURE

- A. This department is an equal opportunity employer all persons are eligible for employment without regard to race, color, creed, sex or national origin. Additionally, persons employed will not be subject to discrimination, harassment, or inappropriate treatment with respect to their race, color, creed, sex, national origin or disability as outlined in specific Federal and State, local laws and ordinances.
- B. The following steps shall be taken in examining an applicant's qualifications for employment.
 - 1. Applicant must be at least 18 years of age.
 - 2. The applicant shall complete a written fire department application.
 - 3. The applicant must provide proof of high school graduation or GED.
 - 4. All applicants shall complete a pre-employment process established by department.
 - 5. The applicants will be screened in the following areas:
 - a) criminal background
 - b) drivers license - * **See Below**

- III. Any Applicant that has accumulated more than two (2) Civil Infraction moving violations or has six (6) points on their Driving Record at the time of application will not be considered for employment. Once the accumulative points have fallen below six (6) the individual may reapply for employment.

- A. Any applicant with one (1) drug or alcohol related driving conviction within the last two (2) years will not be considered for employment.
- B. Applicants who successfully complete the initial pre-employment process will be offered a conditional offer of employment contingent upon the successful completion of the following.
- C. Applicants will be referred for pre-employment physical examination and drug screen at a medical facility designated by the Fire Chief.
- D. Applicants who successfully pass the pre-employment physical examination and drug screen will be referred for a pre-employment

physical agility test. The physical agility test will be of a type as approved by the NFPA 1582 or comparable.

- E. Applicants will be subject to a background investigation, family interview (if applicable), and driving record review.
- F. All persons employed as firefighters are required to successfully complete the State mandated training within mandated time period. Pursuant to (PA 291, of 1966) as amended to date.

IV. CONDITIONS OF EMPLOYMENT

- A. All persons offered employment as firefighters by the Department are expected to attend 80% of all regularly scheduled training and respond to 50% of all calls for service during hours of availability. Failure to attend regularly scheduled training and respond to calls for service without an acceptable reason may result in termination of employment. Personnel are expected to keep the Fire Chief or Designee apprised of all the hours during which they can be expected to be available for service. Personnel must immediately notify the Fire Chief of times when they will be unavailable for service due to personal circumstances such as vacation, business trips, unusual family circumstances, illness, injury, or for any other reason.
- B. All persons employed as firefighters must maintain themselves in physical condition so as to be able to safely perform the duties of their position. All fire personnel must participate in and successfully pass a periodic physical examination as determined by the fire department.

I have read and understand the content of this policy.

Signature

Date

AUTHORIZED BY: William Scully
TITLE: Fire Chief DATE: March, 2021

Manchester Township Fire Department

FIREFIGHTER AND FIRST RESPONDER EMPLOYMENT APPLICATION

DATE: _____

PLEASE PRINT

Name: _____

Driver's License No. _____

Address: _____

Social Security No. _____

City or Township _____

Date of birth: _____

Phone No: _____

Email: _____

Please provide at least two references with contact information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Position applying for: _____

Current Employer: _____

Normal work hours _____ Agree to a physical exam? (Yes) (No)

Can you leave work? (Yes) (No) Agree to driving record check? (Yes) (No)

Work weekends? (Yes) (No) Agree to criminal background check? (Yes) (No)

Distance from your home to the fire station _____

Any impairments (physical, mental, or other) that would prevent you from performing fire department duties (Yes) (No) If "Yes" please explain.

I hereby agree that the information provided above is accurate, and agree that the fire department may verify such information including conducting background checks and obtaining a copy of my driving, criminal history and physical examination. I agree to the disclosure of such information to the fire department by any agency or person and release any agencies or persons from any liability connected with such disclosures.

I further agree, if employed by the fire department, I will obey all policies and procedures of the municipality, fire department, and all applicable statues of the state of Michigan. I understand that employment with the fire department is at-will and may be terminated by the municipality for any reason.

Applicant Signature _____

OFFICE USE ONLY

Date application received _____

Date reviewed _____

Approved YES () NO ()

Reasons _____

Notes/Restrictions _____

Background check performed by: _____

Date _____

Approved by: _____

Date _____

Manchester Township Fire Department

Background Investigation Release Form

I, _____, presently residing at _____ am applying for membership/employment with the Manchester Township Fire Department.

I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that while conducting this background investigation, representatives will be making inquiries of the following institutions:

- *Officials and Records Offices at schools which I have attended.
- *Physicians and/or other persons who may have examined or treated me for any other type of illness or injury.
- *Police and/or Court Records with whom I may have an arrest or conviction record.
- *Credit Bureaus and/or firms who may have information regarding my credit history, employment history, and/or financial standing.
- *Current and previous employers.
- * Any persons who may be able to provide information about me which the department deems nessary.

I hereby authorize and instruct any person or institution in possession of information about me to release same to the Department. I hereby waive any privileged or right which might otherwise forbid any physician, or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing to the department any knowledge or information they have concerning me. I further consent that the Chief of the Department or his/her representative be provided with a copy of any such records concerning me which they may desire.

I hereby give my consent to the Department or it's designee to perform a test of my blood and/or urine to determine my possible usage of illegal/prohibited substances.

I recognize the right of the Department, in its sole discretion, to treat all sources as confidential, and withhold from me and/or my agent the names of such confidential sources and information obtained therefrom.

Signature of Applicant

Date