

St. Clair Area Fire Authority

216 Cass Street
St. Clair, Michigan 48079
810-329-3360
www.stclairfire.org



MICHAEL J. KRUL
1st Assistant Chief

CRAIG MELMS
Captain

NICHOLAS CHAVEZ
Lieutenant

RAY CHAMBERLIN
Lieutenant

STEVE MORRIS
Sergeant

ARRON CULLOTY
Sergeant

TONY PALERMINO
Sergeant

DAVID M. WESTRICK
Fire Chief

TO WHOM IT MAY CONCERN,

I, _____ UNDERSTAND THAT IN MAKING APPLICATION FOR EMPLOYMENT WITH THE ST. CLAIR AREA FIRE AUTHORITY, AN INVESTIGATION MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL OR FORMER EMPLOYERS, SCHOOLS WHICH I HAVE ATTENDED, CREDITORS OR OTHERS WHO MAY HAVE KNOWLEDGE AS TO MY CHARACTER, WORK OR GENERAL HABITS AS THEY MAY AFFECT MY BEING CONSIDERED FOR EMPLOYMENT. I AUTHORIZE THE RELEASE OF SUCH INFORMATION TO ANY AUTHORIZED REPRESENTATIVE OF THE ST. CLAIR AREA FIRE AUTHORITY AND WAIVE ALL RIGHTS OR CLAIMS AGAINST THE ST. CLAIR AREA FIRE AUTHORITY OR THE OFFICER, EMPLOYEE REPRESENTATIVE OR OTHER PERSON FURNISHING SUCH INFORMATION.

I also understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice and for any reason or no reason at all. I further understand that SCAFA may change any Employment Policy at any time for any reason or for no reason. I further understand that no one, other than SCAFA has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the "Employment At-Will" status referred to above. Further, that if SCAFA should make such an agreement, it is binding upon SCAFA only if in writing and signed by SCAFA.

SIGNATURE

DATE

RECEIVED BY:

St. Clair Area Fire Authority

Application for Employment
St Clair Area Fire Department

** Please provide a copy of current Michigan Driver's License*

PAGE ONE		NAME					
Last:		First:		Middle:			
Date of Birth:		Age:		Height:		Weight:	
US Citizen: YES/NO		Place of Birth: (City / State)			Social Security No.:		
Michigan Driver License No.:				Out of State Driver's license: <i>state and ops number.</i>			
CURRENT ADDRESS							
Street:		City:		State:		Zip:	
Home Phone No.:		Email:					
Cell Phone:							
Years at address:		Rent / Own:					
PREVIOUS ADDRESS							
Street:		City:		State:		Zip:	
Years at address:		Rent / Own:					
EMERGENCY CONTACT INFORMATION							
Name:							
Relation:							
Address							
Phone No.							
EMPLOYMENT HISTORY							
CURRENT EMPLOYER:				Supervisor:			
Address:				Phone Number:			
Trade:		Shift:		How long:			
PREVIOUS EMPLOYER:				Supervisor:			
Address:				Phone Number:			
Trade:		Shift:		How long:			
Reason for leaving							
PREVIOUS EMPLOYER:				Supervisor:			
Address:				Phone Number:			
Trade:		Shift:		How long:			
Reason for leaving							

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PAGE TWO | **Applicants name:**

Have you ever been convicted of a Crime / Felony?	YES	NO
If yes please explain.		
Have you ever received a Traffic Violation?	YES	NO
If yes please explain.		
Do you have any physical conditions, including illness, which may limit your ability to perform the job of Firefighter?	YES	NO
If yes please explain		
Have you ever worked as a Firefighter?	YES	NO
If yes please explain. <i>Department, How Long, Reason for leaving</i>		

Please List any Current Certifications or Licenses for EMS / Firefighting.

Diploma or GED (High School) + 18 years or older	YES	NO
Firefighter I	YES	NO
Firefighter II	YES	NO
Medical First Responder (MFR)	YES	NO
Emergency Medical Technician (EMT)	YES	NO
Paramedic (Medic)	YES	NO
Hazardous Materials AWARENESS	YES	NO
Hazardous Materials OPERATIOINS	YES	NO

Do you have any relatives on the St Clair Fire Department or Fire Authority Board?	YES	NO
If Yes please list name and position:		

REFERENCES – Please list 2 family members and 2 Work Associates

NAME	RELATION	ADDRESS	PHONE No.

PLEASE WRITE A BRIEF STATEMENT AS TO YOUR REASONS FOR JOINING THE FIRE DEPARTMENT

St. Clair Area Fire Authority

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PAGE THREE	Applicants name:
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NOTICE TO APPLICANT

1. A police record check, including driving record, criminal history and other types of information will be requested from Law Enforcement agencies regarding your background.
2. Personal interview(s) will be conducted upon the completion of this application; provided the applicant meets the qualifications and passes the background check.
3. By signing this application applicant acknowledges and agrees to release of personal information required to conduct a background investigation.
4. A physical examination performed by the Authorities Physician will be required prior to employment by the St Clair Area Fire Authority.
5. Applicant may use the back of this application to answer any questions or add comments or details to this application where the allotted space was not sufficient.
6. Please provide with this application a copy of: High School Diploma or GED Certificate, Drivers license front and back, and any licenses or certificates pertinent to the Fire or EMS service.
7. Applicant's age of 21 to 35 is preferred; however not required.

By signing this document, you attest to the fact that this application is accurate and has no false statements and that no false answers have been made. Any false statements or answers made may lead to rejection of application, or if employed, result in disciplinary action up to dismissal from the department.

Signature of Applicant:	DATE and TIME:
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FOR DEPARTMENTAL USE ONLY			
Date Application Received:		Date Records check submitted:	
Date Interview Scheduled:		By:	
Date Interview Completed:		By:	
Recommendation for Employment:			YES NO
Date physical scheduled:			
Date Physical paperwork received:			
Date of Hire:		Date Application put on waiting list:	

NOTICE

DRUG FREE WORK PLACE

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Please take notice that all applicants tentatively selected for this position will be required to submit to a urinalysis to screen for illegal drug and or substance use prior to appointment. Appointment to the position will be contingent upon a negative drug and or substance test result. All results of the testing will be kept confidential. An opportunity will be afforded to submit medical documentation of lawful use of otherwise illegal drugs or substances where a positive result is obtained.

Printed Name

Signature

DATE