

City of St. Ignace Fire Department

396 N. State Street ~ St. Ignace, MI 49781

Administrative (906) 643-6077 Fax (906) 643-8614

APPLICATION FOR EMPLOYMENT

The City of St. Ignace is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age height, weight, marital status, veteran status, handicap or any other protected category.

YOU MUST ANSWER ALL QUESTIONS, FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Position applied for: Fire Fighter

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Social Security Number: _____

Drivers License No: _____ Date of Birth: _____

Are you a relative by birth or marriage to any City of St. Ignace elected official or full-time management employee: Yes ____ No ____

Are you under 18 years of age? Yes ____ No ____

Are you currently working? Yes ____ No ____

Are you currently laid off from your employer? Yes ____ No ____

Are you subject to recall? Yes ____ No ____

Will you submit to a Drug Screening Test? Yes ____ No ____

Have you ever been employed by our city? Yes ____ No ____

If yes _____
Position Department Dates

Are you prevented from lawfully becoming employed in this country
Because of Visa or Immigration status? Yes ____ No ____

Have you ever been fired from another employer? Yes ____ No ____

If yes give the date, where you worked and an explanation.

Have you ever been convicted of a Felony or a Misdemeanor? Yes ____ No ____

If yes describe the violation along with dates and location:

Note: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied. Yes ____ No ____

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

EDUCATION

	High School	Vocation/Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not number of credit hours completed)	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____	Yes ____ No ____
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

List professional, trade, or business group memberships and offices held, and volunteer work excluding groups with the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

REFERENCES: Please list one business, one neighborhood, and one school.

(Do not include relatives or former employers):

Name	Address	Telephone
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MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard which is directly related to the position which you are applying for?

Yes ____ No ____

If Yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes ____ No ____

dishonorable discharge from the military will not necessarily be a bar to employment.

EMPLOYMENT HISTORY

List each job held. Start with your present or last job first.

Employer	Dates		Work Performed
	From	To	
Job Title			
Address & Telephone	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Job Title			
Address & Telephone	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Job Title			
Address & Telephone	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			
Employer	Dates		Work Performed
	From	To	
Job Title			
Address & Telephone	Hourly Rate/Salary		
	Start	Final	
Supervisor			
Reason(s) for Leaving			

AGREEMENT AND UNDERSTANDING

1. I certify that the information in this application 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.

Signature _____ Date _____

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

Signature _____ Date _____

3. 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 any 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.

Signature _____ Date _____

4. I authorize the St. Ignace Fire Dept. to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

Signature _____ Date _____

5. I understand that any employment offer is conditional upon the result of the drug screening test and the post offer pre-employment medical examination, credit history check and background investigation (when applicable based on the position sought).

Signature _____ Date _____

6. I have read the attached job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the St. Ignace City Fire in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the St. Ignace Fire Department will preclude any claim that the employer failed to accommodate the handicapper.

Signature _____ Date _____

7. In consideration of my employment, I agree to the rules and regulations of the City of St. Ignace. I further acknowledge I will be on probationary status. As a probationary employee, I understand my employment and compensation can be terminated at any time with or without cause and with or without notice at the option of either the City or myself. I understand that no officer or representative of the City has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the St. Ignace Fire Department and any such agreement must be made in a signed writing directed to me personally.

Signature _____ Date _____

8. I agree that any lawsuit against the City arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever bared. I waive any limitations period to the contrary.

Signature _____ Date _____

I have read, understand and agree to the terms of each of the above eight (8) individual statements, as indicated above.

Signature _____ Date _____

ACKNOWLEDGMENT
PLEASE READ CAREFULLY BEFORE SIGNING

I acknowledge and agree that all the statements made herein are subject to investigation and confirmation by the St. Ignace Fire Department and the information I have supplied is correct to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of fact may preclude any offer of employment, or may result in a withdrawal of an employment offer, or may result in discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

I hereby authorize and release from liability any former employer, educational institution, or other person or institution to questions pertaining to information in this application, and to release the details of my work, skills, or actions in or transaction and to provide documentary evidence thereof to the St. Ignace Fire Department. Further I release the St. Ignace Fire Department from liability that might result from an investigation.

I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by the St. Ignace Fire Department which have been reduced to writing and have been executed by both the employee and an authorized representative of the City of St. Ignace. Accordingly, I understand that no employment contract, either expressed or implied, for any period is created hereby should the St. Ignace Fire Department hire me.

If hired, I understand that my employment is at-will (just cause for union employees), and can be terminated at any time with or without notice, for any reason at the option of either the St. Ignace Fire Department or myself. Should the St. Ignace Fire Department hire me, I agree to observe all of the St. Ignace Fire's policies, practices and procedures currently in existence and new and revised ones, which may be issued in the future.

Signature

Date

Printed Name