

EDWARDSBURG FIRE DEPARTMENT

Policy # 100

GUIDELINE: RECRUITING & MEMBERSHIP

I. PURPOSE

To outline the procedures to be followed in recruiting and membership.

II. PROCEDURE

A. All persons are eligible for membership without regard to race, color, creed, sex or national origin. Additionally, persons 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 membership.

1. The applicant shall complete a written fire department application.

2. The applicant must provide proof of high school graduation or GED.

3. The applicants will be screened in the following areas:

- a) criminal background
- b) drivers license - * **See Below**

* 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 membership.

Any applicant with one (1) drug or alcohol related driving conviction within the last two (2) years, or more than one (1) drug or alcohol related driving convictions within the last five (5) years, will not be considered for membership.

5. Applicants who successfully complete the initial process may be offered conditional membership contingent upon the successful completion of the following.

- a. Applicants may be referred for pre-membership drug screen at a medical facility designated by the Fire Chief.
- b. Applicants may be subject to a possible background investigation, and driving record review.
- c. All persons eligible 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.

III. CONDITIONS OF MEMBERSHIP

- A. All persons offered membership as firefighters by the Department are expected to attend 50% of all regularly scheduled meetings and respond to 25% of all calls for service. Failure to attend regularly scheduled meetings and respond to calls for service without an acceptable reason may result in termination of membership. Personnel are expected to keep the Fire Chief or Designee appraised 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 firefighters must maintain themselves in physical condition so as to be able to safely perform the duties of their position.

I have read and understand the content of this policy.

Signature

Date

CONDITIONAL OFFER OF MEMBERSHIP

I. PURPOSE

The purpose of this agreement is to extend to you, the applicant, a conditional offer of membership. You must meet the below listed terms and conditions before being considered by this Department. A final offer of membership will be extended to you only after you have satisfied all the requirements established by this Department. All entering applicants for the listed position of firefighter are required to successfully comply with these same conditions.

II. PARTIES

This is an agreement between Edwardsburg Fire Department and _____ (Name)

III. TERMS AND CONDITIONS

A. An applicant must meet the following terms and conditions:

1. Comply with the minimum standards for Firefighter as established by Department Policy, referred to as, Recruiting and Membership.
2. Successfully complete the minimum required training as mandated by the Michigan Firefighter's Training Council. Pursuant to (PA 291, of 1966) as amended to date.
3. Any additional requirements specified by this Department.:

IV. LENGTH OF AGREEMENT

This conditional offer of membership shall remain valid and in effect for 90 days or as determined by department from the effective date of this agreement, provided however, this offer shall be immediately withdrawn upon the applicant's failure to meet any one of the above terms and conditions. The effective date of this agreement is _____ (Date)

ACKNOWLEDGMENT

. I have read and agree to abide by the CONDITIONAL OFFER OF MEMBERSHIP and agree to abide by these terms.

(Agency Representative) (Date)

(Applicant) (Date)

FIREFIGHTER APPLICATION

DATE: _____

PLEASE PRINT

Name: _____

Driver's License No. _____

Address: _____

Social Security No. _____

City: _____

Date of birth _____

Phone No. (Home) _____

E-Mail Address _____

Phone No. (Cell) _____

Phone Carrier _____

Employer _____

Normal work hours _____

Can you leave work? (Yes) (No)

Agree to driving record check? (Yes) (No)

Work weekends? (Yes) (No)

Agree to criminal history check? (Yes) (No)

Emergency contact _____

Name of physician _____

Phone No. _____

Phone No. _____

The reason(s) I am applying for membership in the Edwardsburg Fire Department:

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. 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 accepted 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 membership with the fire department is at-will and may be terminated by the municipality for any reason.

Applicant Signature _____

Interviewed by: _____

OFFICE USE ONLY

Date application received _____

Date reviewed _____

Approved YES () NO ()

Reasons _____

Notes/Restrictions _____

Background check performed by: _____

Date _____

Approved by: _____

Date _____

EDWARDSBURG FIRE DEPARTMENT
APPLICANT RELEASE FORM

I, _____, presently residing at _____ hereby apply for membership with

the Edwardsburg Fire Department. I have been advised and am fully aware that a representative of the department may possibly be conducting a thorough investigation of my background to assist in determining my suitability for this membership. I realize that while conducting this background investigation, representatives could be making inquiries of the following: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type 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; present and previous employers; and any other persons who may be able to provide information about me which the department deems necessary.

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 possibly 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