

**CITY OF LINCOLN PARK
FULL TIME FIREFIGHTER
BACKGROUND INQUIRY DOCUMENTS
CHECK OFF LIST**

Use this form to verify that all the required documents listed below are included with the application. **Incomplete applications will not be accepted.**

- Completed application
- Copy of Birth Certificate or Certificate of Naturalization
- Copy of valid State of Michigan Drivers License
- High School/GED and College Diploma – College only if applicable
- High School/GED and College Transcripts – College only if applicable
- Copy of State of Michigan Firefighter I and II Certificates
- Copy of State of Michigan EMT and Paramedic License
- Copy of ACLS Certificate-if applicable
- Copy of BLS Certificate
- Copy of Western Wayne Written Examination Certificate
- Copy of CPAT Physical Examination Certificate
- Copy of Hazardous Materials Operations Certificate
- Completed copy of the “Background Screening Application Form”
- Completed Check Off List
(Print this completed checklist, sign it and submit with the completed application.)

Applicant Signature _____ Date _____



Lincoln Park

M I C H I G A N

1355 Southfield Road • Lincoln Park, MI 48146
(313) 386-1800 ext. 1222 • Fax (313) 386-3005
www.citylp.com

Print Name _____
(Last) (First)

We appreciate your interest in our City and assure you that we are sincerely interested in reviewing your qualifications. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or handicap which is not job related.

1. Filing an application does not imply that you will be interviewed or hired, but that you will be considered for vacancies in which you meet the minimum qualifications based upon your stated occupational preference.
2. Applications are considered active for one year. You may be contacted via email or US mail.
3. PLEASE PRINT

Full Time Position Applied For: Firefighter

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (Zip)

Social Security # _____

Telephone No. () _____ Email address _____

Please check Yes or No for each question

Are you over 18? Yes No

Do you have the legal right to live and work in the U. S.? Yes No

If not a citizen of the United States, do you intend to become a citizen of the United States? Yes No

Have you ever worked for the City of Lincoln Park before? Yes No

If yes, give position and dates employed: _____

Have you ever filed an application with the City of Lincoln Park? Yes No

If yes, give date _____

Do you have any relatives employed with the City? Yes No

If yes, please list: _____

Are you employed now? Yes No

May we contact your present employer? Yes No

On what date would you be available to work? _____

Have you, since the age of 18, ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain _____

Are any criminal charges currently pending against you? Yes No

If so, please explain: _____

NOTE: A conviction will not necessarily prevent you from being considered for employment. Each conviction will be evaluated on its own merit with respect to time, circumstances and seriousness.

Have you ever been dismissed from or asked to resign from any employment position? _____

If so, please explain: _____

Are you a veteran of the U. S. military service? Yes No

If yes, indicate dates of duty, whether active or reserves, and provide reasonable proof. _____

Do you possess a valid Michigan Driver's License? Yes No

NOTE: For most positions at the City of Lincoln Park, applicants must have and maintain a good driving record. Please complete the following:
Michigan Driver's License Number - - - -

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
2	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
3	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
4	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving
5	Employer	Telephone () -
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____
Reason _____

NOTE: Account for periods of time in which you were not employed. If you need additional space, please continue on a separate sheet of paper.

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
High school							Yes	
							No	
College							Yes	
							No	
Other (Specify)							Yes	
							No	

If you attended college, did you take any courses that directly relate to the job for which you are applying?

Have you ever belonged to a club, organization, society or professional group which has a direct bearing upon your qualification for the job which you are seeking? (Do not include organizations which would reveal race, religion, physical handicap, marital status, age or ancestry.)

Please add any additional information about your special skills and qualifications which you feel may aid us in evaluating your suitability for employment.

In case of an emergency, please notify:

_____ Telephone No. () _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ON THREE PERSONS WHO ARE FAMILIAR WITH YOUR QUALIFICATIONS AND CHARACTERISTICS.

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge.

Signature of Applicant

Date

HANDICAPPER ACCOMMODATION STATEMENT

Michigan Law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

I have read and understand the above statement:

Applicant's Initials

CITY of LINCOLN PARK

■ APPLICANT DATA RECORD –

(Supplement to Employment Application)

The City of Lincoln Park is an **Equal Opportunity Employer**, and qualified applications are considered without regard to race, color, religion, sex, national origin, age, handicap, marital or veteran status.

The following application information is required for the purpose of preparing periodic reports to the Federal government or other record keeping in compliance with Federal requirements. To assist us in these compliance requirements, please complete the Applicant Data Record. The submission of affirmative action information in this Data Record will be maintained in a confidential file separate from the Application for Employment.

Position Applied For:

Date:

Police Officer

Firefighter

Public Service Worker

Clerical

Other (Specify):

Name _____ Phone _____
(Last) (First) (Middle)

Address _____
(Number) (Street) (City) (State) (Zip)

Check one: _____ Male _____ Female

Check one of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native _____ Asian/Pacific
Islander

Check if any of the following are applicable:

_____ Veteran _____ Disabled Veteran _____ Handicapped Individual

How did you become aware of this employment opportunity?

_____ City Web Site _____ Other (explain) _____

CITY OF LINCOLN PARK BACKGROUND SCREENING APPLICATION FORM

-PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM-

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
DATE OF BIRTH: _____
PREVIOUS NAMES: _____
DRIVER'S LICENSE NO. _____

I hereby request and authorize the City of Lincoln Park to conduct a background investigation on myself to include any and all records regarding any arrests, convictions, or information listed in my name. I hereby release the City of Lincoln Park from all liability for any damages whatsoever for furnishing any information concerning me, whether by reason of unauthorized use, error, negligence, or other reason.

I authorize the City of Lincoln Park to use the information it obtains to evaluate my application for employment. I certify that all information given by me is true and correct to the best of my knowledge. I understand that false or misleading statements made by me or consequential omissions of any kind in the application process are significant cause for my not being accepted as an employee and for my dismissal no matter when discovered. The employers, organizations, and individuals named are authorized to give any and all information regarding my employment, character, and qualifications that they have about me, in consideration of the evaluation of this background investigation.

I hereby waive, release and discharge the City of Lincoln Park, all employees, organizations and individuals, and any other persons or entities from liability from all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages that may result from compliance or attempts to comply with this authorization.

I hereby consent to this investigation and authorize the City of Lincoln Park to procure the reports as stated above, in order to evaluate my application for employment and/or to maintain records on my status as an employee of the City of Lincoln Park. I acknowledge that I will notify the City of Lincoln Park immediately of any inaccuracies in, or corrections to, the information that I have provided. I also acknowledge that I have a continuing duty and obligation to notify the City of Lincoln Park of any arrest or criminal conviction that occurs after the date hereof. I further acknowledge should I be employed by the City of Lincoln Park this obligation shall continue after my date of hire and throughout my employment. I acknowledge noncompliance with the above-stated requirements constitutes grounds for discipline up to and including termination. In order to verify my identity for purposes of the background check, I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

Applicant Signature

Date