

MARINE CITY FIRE DEPARTMENT	ORIGINAL 10/01/00
STANDARD OPERATING GUIDLEINES	REVISED 01/01/08

RECRUITING / EMPLOYMENT POLICY – SOG # 2, cont'd

CONDITIONS OF EMPLOYMENT

All person offered employment as firefighters by the Department are expected to complete 100% of all regularly scheduled mandatory training and respond to calls for service. 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.

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

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RECRUITING / EMPLOYMENT POLICY – SOG # 2, cont'd

Marine City Fire Department Application for Employment

Position(s) applying for: _____ Firefighter / _____ First Responder / _____ Support personnel

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

NAME

Last:	First:	Middle:
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CURRENT ADDRESS

Street:	City and State:	Zip Code:
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Previous Address if less than 1 year

Street:	City:	State:	Zip Code:
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Years at current address:	Phone No.:	Cell Phone:
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Date of Birth:	Age:	Height:	Weight:
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US Citizen?:	Birth Place: (City)	(State):	Social Security No:
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Driver License No.:	Do you have a valid license from another state? If so, what state and ops number.
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Emergency Contact: (Relation, Name, Address, Phone No.:

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Do you have any physical conditions, including illness, which may limit your ability to perform the job of Firefighter? Yes or No

If Yes, please explain:

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MCFD Application for Employment

Page Two

Applicants Name:

Do you have any physical conditions, including illness that restricts you from doing any work of any type?	YES	NO
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If YES, please explain:

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Have you ever been convicted of a Crime/Felony?

YES

NO

If YES, please explain.

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Have you ever received a Traffic Violation:

YES

NO

If YES, please explain.

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Have you ever worked as a Firefighter?

YES

NO

If yes, for what departments and how long?

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Current Employer:

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Address:

Phone Number:

Supervisor:

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How long at this Employer:	Trade:	Shift:	
Previous Employer:			
Address:		Phone Number:	Supervisor:
Previous Employer:			
Address and Phone Number:			Supervisor:

MCFD Application for Employment

PAGE THREE	Applicant's Name:	
Please write a brief statement as to your reasons for joining the Fire Department:		
Do you have any relatives on the Fire Department:		YES NO

If YES, please list name and position:

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, of if employed, result in disciplinary action up to dismissal from the department.

Signature of Applicant:	Date and Time:
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