

## The Walled Lake Fire Department needs

### Paid on Call Firefighters

The Walled Lake Fire Department is accepting applications for Paid on Call Firefighters, a part-time position.

#### Paid-on Call Fire Fighter

##### Minimum requirements

1. 18 years old.
2. High School diploma
3. Live within 3 miles of the City limits.
4. Firefighter II and Basic EMT are preferred.

As a Paid-on-Call Fire Fighter you'll learn skills to help your community during fires, medical emergencies and roadway accidents, just to name a few. You will work under the supervision of the Fire Chief or designated supervisor. All training, equipment and uniforms are provided along with a good wage. Applicants must have no criminal record and a good driving record.

#### Pay for the position is per hour :

<b>Paid-on-Call Firefighter</b>	<u>Level</u>	<u>Rate</u>	<u>Qualifications</u>
	Recruit	\$10.00	No Certifications
	Probationary	\$13.50	Full Certifications
	After 1 year	\$15.50	Full Certifications
	Engineer	\$19.00	Driver

If you have any questions on the above position, Please call the Walled Lake Fire Department at **(248)624-2088**. Applications are available at the Fire House 1499 E. West Maple, Walled Lake, MI 48390.

**CITY OF WALLED LAKE**

1499 E. WEST MAPLE ROAD  
WALLED LAKE, MI 48390  
PHONE (248) 624-3120 FAX: (248) 960-8898

**APPLICATION FOR EMPLOYMENT**

(An Equal Opportunity Employer)

(Please Print or Type)

Position(s) Applied For \_\_\_\_\_ Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

Is there any additional information relative to a different name necessary to check your work/education or military record? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you legally eligible for employment in this country? Yes No (Circle One)

Social Security #: \_\_\_\_\_ Are you 18 years of age or older?

If you are under 18 and it is required, can you furnish a work permit?

Present Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip

Length of Time at this Address? \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

When Can you Start? \_\_\_\_\_ Email \_\_\_\_\_

Driver's License Number if driving is an essential job function:

Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been charged with a misdemeanor or felony? Yes No (Circle One)

If so, when, where and nature of offense? \_\_\_\_\_

Are there any felony charges pending against you? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Have you ever been employed with the City of Walled Lake?

If so, when? \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ If yes, what job? \_\_\_\_\_

Are you able to meet the attendance requirements of the position? \_\_\_\_\_

Have you ever been dismissed from  
or asked to resign from any employment position?    Yes    No    (Circle One)

If yes, please explain: \_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work with the City of Walled Lake? (Applicants are invited to submit resumes or other pertinent information in written form.)

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you in the US Armed Forces? \_\_\_\_\_ What Branch? \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge? \_\_\_\_\_

List duties in the Service, include Special Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PAST AND PRESENT EMPLOYMENT

Name & Address of Employer		From	To		
		Mo.	Yr.	Mo.	Yr.
Type of Business	Phone Number	Fax Number			
Reason for Leaving	Describe the Work you Did				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
Supervisors Name:					
Name & Address of Employer		From	To		
		Mo.	Yr.	Mo.	Yr.
Type of Business	Phone Number	Fax Number			
Reason for Leaving	Describe the Work you Did				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
Supervisors Name:					
Name & Address of Employer		From	To		
		Mo.	Yr.	Mo.	Yr.
Type of Business	Phone Number	Fax Number			
Reason for Leaving	Describe the Work you Did				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
Supervisors Name:					
Name & Address of Employer		From	To		
		Mo.	Yr.	Mo.	Yr.
Type of Business	Phone Number	Fax Number			
Reason for Leaving	Describe the Work you Did				
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
Supervisors Name:					

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Name & Address of Employer		From Mo. Yr.	To Mo. Yr.
Type of Business	Phone Number	Fax Number	
Reason for Leaving	Describe the Work you Did		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Supervisors Name:			
Name & Address of Employer		From Mo. Yr.	To Mo. Yr.
Type of Business	Phone Number	Fax Number	
Reason for Leaving	Describe the Work you Did		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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Reason for Leaving	Describe the Work you Did		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Supervisors Name:			

**RECORD OF EDUCATION**  
(Include Current Course of Study or Training)

Name, City & State of Educational Institution	From		To	
	Mo.	Yr.	Mo.	Yr.
Degrees Earned	If No Degree, Credits Earned		Overall GPA	

Name, City & State of Educational Institution	From		To	
	Mo.	Yr.	Mo.	Yr.
Degrees Earned	If No Degree, Credits Earned		Overall GPA	

Name, City & State of Educational Institution	From		To	
	Mo.	Yr.	Mo.	Yr.
Degrees Earned	If No Degree, Credits Earned		Overall GPA	

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**HIGH SCHOOL**

Name, City & State of Senior High School	Graduated	
	Mo.	Yr.

Extracurricular Activities:

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Offices, Honors, Awards:

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**PLEASE SIGN AND READ BELOW**

I certify that the facts set forth in this Application of Employment, in my resume and in the materials I have submitted are true and complete.

I hereby authorize the City of Walled Lake (hereinafter "The City"), to contact all my former and current employers, educational institutions, and other references I have provided and any other person or entity, regarding me and my performance record and work, academic and/or military experience and driving record (if applicable). I also hereby release the City and its employees, City Council, elected officials, and agents and all of my former and current employers, educational institutions, and other references I have provided and others contacted by the City, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience, and driving record (if applicable). I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA397, to receive written notice from the City or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed will be or have been disclosed to a third party or entity.

I also understand that the City may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a conviction-only-criminal background history on me. I hereby consent to this search being conducted and to disclosure of the results of that search by the individual or entity conducting the search to the City. I hereby release the individual or entity conducting the search, the City and its employees, City Council, elected Officials and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or a criminal conviction will result in disqualification from employment with the City or in dismissal from employment if an offer of employment has been made and accepted.

In consideration of my employment and subject to the terms and conditions of any collective bargaining agreement applicable to me, I agree and understand that my employment, compensation and benefits can be terminated with or without cause and with or without notice, at any time, at either my option or at the option of the City, it being mutually understood and agreed that my relationship with the City is one of employment at will and no representative of the City, other than the City Council, has any authority to enter into any agreement contrary to the foregoing and any such agreement must be in writing.

I also understand and agree, that subject to the terms and conditions of any collective bargaining agreement applicable to me, any and all fringe benefits that I may receive as a result of my employment with the City may be modified by the City, and do not vest by reason of my employment, continued employment or otherwise.

I hereby consent to having a physical and/or psychological examination(s) and/or test(s), including drug and/or alcohol tests, conducted by a physician or other professional of the City's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

I agree not to commence any action or suit relating to my employment with the City more than 30 days after the date of termination of such employment, and to waive any statute of limitation to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes.

I will abide by all policies, rules and regulations of the City.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expires