

# Alpena Township Fire Department

## Job Application



## Pre-Application Packet

Includes:    Job Application  
                 Driver's License Authorization  
                 Criminal Background Check  
                 Physical Agility Doctor's Authorization  
                 Instructions

| FOR OFFICE USE ONLY     |                    |
|-------------------------|--------------------|
| Possible Work Locations | Possible Positions |
|                         |                    |

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

| FOR OFFICE USE ONLY |      |
|---------------------|------|
| Work Location       | Rate |
| Position            | Date |
|                     |      |

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_

No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, verification will be required.)

Are you of the legal age to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 19 \_\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)  
\_\_\_\_\_  
\_\_\_\_\_

## RECORD OF EDUCATION

| School          | Name and Address of School | Course of Study | Check Last Year Completed |   |   |   | Did You Graduate?   | List Diploma or Degree |
|-----------------|----------------------------|-----------------|---------------------------|---|---|---|---|------------------------|
|                 |                            |                 | 5                         | 6 | 7 | 8 |   |                        |
| Elementary      |                            | X               |                           |   |   |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | X                      |
|                 |                            |                 |                           |   |   |   |   |                        |
| High            |                            |                 |                           |   |   |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
|                 |                            |                 |                           |   |   |   |   |                        |
| College         |                            |                 |                           |   |   |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
|                 |                            |                 |                           |   |   |   |   |                        |
| Other (Specify) |                            |                 |                           |   |   |   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                        |
|                 |                            |                 |                           |   |   |   |   |                        |

**List below present and past employment, beginning with your most recent**

| Name and Address of Company and Type of Business | From |     | To  |     | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
|  | Mo.  | Yr. | Mo. | Yr. |                        |                    |                    |                    |
|  |      |     |     |     |                        |                    |                    |                    |
| Describe the work you did:                       |      |     |     |     |                        |                    |                    |                    |
| Telephone  |      |     |     |     |                        |                    |                    |                    |

| Name and Address of Company and Type of Business | From |     | To  |     | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
|  | Mo.  | Yr. | Mo. | Yr. |                        |                    |                    |                    |
|  |      |     |     |     |                        |                    |                    |                    |
| Describe the work you did:                       |      |     |     |     |                        |                    |                    |                    |
| Telephone  |      |     |     |     |                        |                    |                    |                    |

| Name and Address of Company and Type of Business | From |     | To  |     | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
|  | Mo.  | Yr. | Mo. | Yr. |                        |                    |                    |                    |
|  |      |     |     |     |                        |                    |                    |                    |
| Describe the work you did:                       |      |     |     |     |                        |                    |                    |                    |
| Telephone  |      |     |     |     |                        |                    |                    |                    |

| Name and Address of Company and Type of Business | From |     | To  |     | Weekly Starting Salary | Weekly Last Salary | Reason for Leaving | Name of Supervisor |
|--|------|-----|-----|-----|------------------------|--------------------|--------------------|--------------------|
|  | Mo.  | Yr. | Mo. | Yr. |                        |                    |                    |                    |
|  |      |     |     |     |                        |                    |                    |                    |
| Describe the work you did:                       |      |     |     |     |                        |                    |                    |                    |
| Telephone  |      |     |     |     |                        |                    |                    |                    |

I hereby give permission to contact the employers listed above concerning my prior work experience:

Signed \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s): \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

| Name and Occupation | Address | Phone Number |
|---------------------|---------|--------------|
|                     |         |              |
|                     |         |              |
|                     |         |              |

**MILITARY SERVICE RECORD**

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_

# MICHIGAN DEPARTMENT OF STATE RECORD LOOKUP REQUEST FOR GOVERNMENTAL AGENCIES

If you are **not** requesting information for a Governmental Agency, use form **BDVR-154** if requesting **your own record**, or you are requesting records on someone other than yourself.

### Section 1. Requestor's Information (Please print or type all information.)

|   |             |   |  |
|---|-------------|---|--|
| Governmental Agency Name<br>Alpena Township |             | Representative's Name and Title<br>David Robbins, Chief |  |
| Mailing Address<br>4385 US 23 N             |             |   | File or Claim Number                           |
| City<br>Alpena                              | State<br>MI | Zip Code<br>49707                                       | Daytime Telephone Number<br>( 989 ) 356 - 0712 |

### Section 2. Michigan Department of State Account Number

To my knowledge, this agency has not been assigned a Michigan Department of State Account Number. **A cover letter on the Agency letterhead is enclosed, requesting an account number be issued for current and future use.**

Michigan Department of State Account Number \_\_\_\_\_

Certified record(s) needed

### Section 3. Driver/Personal ID Information (If you only want a driving record, leave Section 4 blank.)

Check boxes that apply:

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Driving Record<br><input type="checkbox"/> Personal ID Record<br><small>(Shows last reported address)</small>  | } For:   | <input checked="" type="checkbox"/> Employment, Credit, or Insurance<br><input type="checkbox"/> Court<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Current Application<br><input type="checkbox"/> Application History<br><input type="checkbox"/> Address History<br><input type="checkbox"/> Other Driving-Related Record(s) _____ | <b>For partial histories, please complete:</b> from ____/____/____ to ____/____/____ Date ____/____/____ |   |

(Hearing, Offense, License Status, etc.)

|   |                                     |               |
|---|-------------------------------------|---------------|
| Individual's Full Name <small>(First, Middle, Last)</small> | Driver's License/Personal ID Number | Date of Birth |
|   |                                     |               |
|   |                                     |               |

### Section 4. Registration or Title Information (Insurance information is not retained and is not available.)

|                                      |              |                |                                       |
|--------------------------------------|--------------|----------------|---------------------------------------|
| License Plate or Registration Number | Vehicle Year | Make and Model | Vehicle or Hull Identification Number |
|                                      |              |                |                                       |

Check boxes that apply:

Current Vehicle Owner and Lienholder Information

Registration Information as of \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy of Current Title Application and Related Forms

Complete Title History

Complete Registration History

Partial Title History

Partial Registration History

**For partial histories, please complete:** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check box if you want:**  All motor vehicles registered or titled to this owner.\*  
 All other registered or titled assets for the owner indicated.\*

|                          |       |                            |
|--------------------------|-------|----------------------------|
| Vehicle Owner(s) Name    |       | <b>For Office Use Only</b> |
| Vehicle Owner(s) Address |       |                            |
| City                     | State |                            |

**Section 5. Requestor Certification (This section must be completed or request will not be processed.)**

I certify that this requested record information is for use by a federal, state, or local governmental agency, including a court or law enforcement agency in carrying out the agency's functions. I also certify that the information and statements on this request are true, correct, and comply with the provisions of state and federal driver privacy laws. I understand that the willful unauthorized disclosure of personal information obtained from these record(s) for a purpose not outlined by my government employing agency, or the sale or other redisclosure of information to a person or organization not identified in this request, may result in penalties imposed under MCL 28.295a, 257.902, 257.903, 324.80130d, 324.80319a, 324.81120, 324.82160 and other provisions of law.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Requestor – form must be signed or request will not be processed. Date

**Penalties for Misuse: Under Michigan law, a person who makes a false representation or a false certification to obtain personal information or who uses personal information for a purpose other than a permissible purpose identified in law is guilty of a felony, which may be punishable by imprisonment for up to 5 years and/or a fine of up to \$5,000. Subsequent convictions may result in imprisonment for up to 15 years and/or a fine of up to \$15,000.**

**INSTRUCTIONS FOR COMPLETING THIS FORM**

Fill out as much information about your request as you can. Accurate and complete information will help us locate the record(s) you want. Records will only be mailed to the address listed on your Michigan Department of State account. Please include a daytime telephone number in case we have questions about your request.

**Government agencies that do not have a Michigan Department of State account number need to enclose a cover letter on agency letterhead, along with this request form, requesting that an account number be issued for current and future use. A cover letter will not be necessary if you already have a Michigan Department of State account number documented in Section 2 of this request form.**

For driving records, include as much detail in Section 3 as possible. If you just need the name, address, or driving status, request the current record only. If you only want a driving record, do not complete Section 4.

Personal identification card information is also available. Complete Section 3, Driver Information, substituting the identification card number for the driver's license number.

For vehicle information, include as much detail as possible. The owner's name should be the owner of record, not a purchaser who has not yet titled the vehicle. If you just need name, address, or ownership verification, request only a registration record.

**Information about proof of insurance at vehicle registration is not retained and is not available.**

For watercraft, snowmobile, ORV, or mobile home records, complete Section 4, Registration or Title Information, substituting the watercraft or snowmobile registration number for the license plate number or substituting the mobile home serial number for the vehicle identification number. Include as much information as you can about the watercraft, snowmobile, ORV, or mobile home.

\* When requesting records for all motor vehicles or all assets registered and/or titled through the Michigan Department of State for individuals and/or companies, precise information is required. Information retrieved is based upon an exact name and address match. The individual's name and address, as provided by the record requestor, must match the name and address on the record(s) held by the Michigan Department of State.

**Mail your completed request to:**

**Michigan Department of State  
Record Lookup Unit  
7064 Crouner Drive  
Lansing, Michigan 48918-1540**

Read the instructions for guidance or call 517.322.1624 for help in completing this form. Completed requests may be faxed to 517.322.1181.



BDVR - 155



BDVR-155 (11/16)

# Township of Alpena

ALPENA TWP. CIVIC BLDG.  
4385 U.S. 23 North  
ALPENA, MICHIGAN 49707

Telephone: (989) 356-4024

## CRIMINAL RECORDS CHECK AUTHORIZATION FORM

I, \_\_\_\_\_ do hereby authorize the Alpena Township Board of Trustees through its Fire Department/Chief to conduct a criminal records investigation into my background in order that I may be considered for service to Alpena Township as an on-call Firefighter and/or MFR under at-will employment status.

I understand that the results of such an investigation may jeopardize my application with the Alpena Township Board of Trustees.

The investigation and results will be checked by the Chief and will be held as a matter of confidential record by myself and the Township Board relative to Section 13. (1)(1) of PA 442 (1976) Michigan of Freedom of Information Act.

\_\_\_\_\_  
Chief

\_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_

\_\_\_\_\_  
Witnessed Signature

Date: \_\_\_\_\_

(DO NOT WRITE BELOW LINE)

---

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- ( ) Record Clear  
( ) Other

\_\_\_\_\_  
Verified By:

\_\_\_\_\_  
Date: \_\_\_\_\_

# ALPENA TOWNSHIP FIREFIGHTER PHYSICAL AGILITY TEST

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Training Officer

\_\_\_\_\_  
Proctor

\_\_\_\_\_  
Proctor

Date: \_\_\_\_\_

Fire Division     \*EMS Division

## PHYSICAL AGILITY TEST

The physical agility test consists of the following events marked for each division. The events are as follows:

### **Event #1**    "Axe Chop"

*20 seconds*

*maximum*

Candidate strikes a block of wood 20 times with a 12 pound sledge hammer.

Pass

Fail

### **Event #2**    "Hose Drag"

*3 minutes*

*maximum*

Candidate drags one length of 2-1/2" hose 100 feet to a standpipe connection and connects coupling to same, returns to start/stop point and drags another 2-1/2" hose (this one 100 feet, or 2 lengths) and couples the same way as the first, returns to start/stop point for time.

Pass

Fail

### **Event #3**    "Ladder Raise and Climb"

*No time*

*required*

Candidate removes an 18' ladder from apparatus, then raises same onto wall and climbs to top, touches wall and descends. Places ladder back on apparatus. (Note: Marks are made on both wall and ground indicating proper placement of ladder.)

Pass

Fail

### **Event #4**    "Beam Walk"

*No time*

*required*

Candidate walks the beam of an 18' roof ladder without touching the ground more than two times. Candidate must walk the ladder twice and carry one roll of 2-1/2" hose.

Pass

Fail

### **Event #5**    "Foam Can Carry"

*No time*

*required*

Candidate carries two cans fifty feet and returns with two. (Each can becomes progressively heavier.)

Pass

Fail

**Event #6**    "Rescue Simulation"    Time: \_\_\_\_\_

*3 min, 45 sec*

*maximum*

Pass

Fail

Candidate must carry rescue dummy from start/stop point to tower and ascend to the third floor, and return with same, to start/stop point for time.

**Event #7 \***    "One (1) Mile Run"    Time: \_\_\_\_\_

Pass

Fail

Candidate will run one (1) mile.

**Event #8**    "Push-ups/Sit-ups"

*No time*

*required*

Pass

Fail

Candidate must complete twenty-five (25) push-ups and twenty-five (25) sit-ups.

**Event #9 \***    "Vital Check"

Pass

Fail

Candidate must be able to complete a set of vitals while in the crouching/kneeling position.

**Event #10 \***    "Bag Carry"

Pass

Fail

Candidate must be able to carry medical bags containing oxygen, AED, Suction, Med bag, etc for 150 feet.

**Event #11 \***    "Manikin Carry"

Pass

Fail

Candidate, with assistance, must be able to lift rescue dummy from a supine position and place on cot.

**Event #12 \***    "Cot Load"

Pass

Fail

Candidate must lift cot with rescue dummy, into ambulance unassisted.

**Event #13 \***    "CPR Demonstration"

Pass

Fail

Candidate must be able to complete 4 minutes of one person CPR compression on an adult.

### PHYSICAL AGILITY TEST (continued)

Please note that events 1-6 are to be completed with full turn out gear. Candidates will be allowed to bring their own gear if they have any; otherwise, the Fire Department will provide such. Events will be scored on a pass/fail basis. Events 7-13 are for the EMS division only.

In order to do your best in the Physical Agility Test, you should follow these suggestions:

- Do some exercises, weight lifting, running and other physical training activities in the time from now until the day of your test so that you will be in the best possible physical condition.



- Get a good nights sleep before the day of your test.
- For at least 24 hours prior to your test, avoid such things as alcohol and heavy foods which might reduce your strength and stamina.
- Wear the proper attire for the test. Gym shoes or other rubber-soled shoes which give good traction will be required. Wear comfortable, old clothes; blue jeans and a sweat shirt would be a good choice. In order to reduce the chance of injuries such as skinned knees, you should not wear shorts.
- If an EMS Candidate decides to become a member of the Fire Division, the candidate will have to pass a firefighter physical agility test.

PHYSICAL AGILITY TEST

Test Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Title of Position (circle one):    Full-time    /    Paid On-call

RELEASE AND HOLD HARMLESS AGREEMENT

Having filed an application to participate in examinations to be held by the Fire Department Training Manager for the Township of Alpena, Michigan, for the position of Firefighter, Paid On-call or Medical First Responder, and having been advised that as a part of these examinations I will be required to demonstrate my strength, endurance, and physical agility in a series of tests, and in consideration of being permitted by the Township of Alpena to participate in such examinations and tests. I, \_\_\_\_\_, the undersigned applicant, for myself, my heirs, executors, administrators and assigns by this instrument do hereby expressly stipulate and agree to release, discharge, indemnify and forever hold harmless the Township of Alpena, its demands, actions or causes of action now existing or which may hereafter exist for reason of any damage, loss or injury which heretofore has been or which may hereafter be sustained by the undersigned as a consequence of the undersigned's participation in any of the examinations or tests of any nature whatsoever, for the position of Firefighter, Paid On-call or Medical First Responder.

WITNESS:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Signature

Dated: \_\_\_\_\_

PHYSICAL AGILITY TEST

PHYSICIAN'S FORM

I hereby certify that I have read, reviewed and discussed with the undersigned applicant,  
\_\_\_\_\_, the contents of the physical  
agility test for the position of FIREFIGHTER, PAID ON-CALL OR MEDICAL FIRST  
RESPONDER in the Township of Alpena, Michigan, and in my opinion the applicant has  
no known physical disabilities and is capable of participating in said physical agility test.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (Print or Type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

# Instructions

- Please fill out attached paper work and when complete return to:  
Attention: Personnel Committee  
4385 US 23 North  
Alpena, MI 49707
- You will be contacted to set up an interview and subsequent agility test after the criminal background check and driver's license record has been received by the township.
- Any questions regarding this application may be directed to the township clerk, Karie Bleau, at (989) 356-0297.