POLICY: RECRUITING & EMPLOYMENT

Hadley Township Fire Department
Policy #001

I. PURPOSE

The purpose of this policy is to outline the procedures to be followed in recruiting and employment.

II. PROCEDURE

A. This department is an equal opportunity employer. As such, all persons are eligible for employment without regard to race, color, creed, sex or national origin. Additionally, persons employed 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 employment.

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

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

3. All applicants shall complete a pre-employment process established by department.

4. 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 employment.

     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 employment.

5. Applicants who successfully complete the initial pre-employment process will be offered a conditional offer of employment contingent upon the successful completion of the following.

   a. Applicants will be referred for pre-employment physical examination and drug screen at a medical facility designated by the Fire Chief.

   b. Applicants who successfully pass the pre-employment physical examination and drug screen will be referred for a pre-employment physical agility test. The physical agility test will be of a type as approved by the NFPA 1582 or comparable.

   c. Applicants will be subject to a background investigation, family interview (if applicable), and driving record review.

   d. All persons employed 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. Pursuant to MCL 29.369 §:

      Within 16 months after a person’s appointment date as a volunteer or paid on-call service as a fire fighter, a person must pass MI Firefighter I&II to be eligible for continued volunteer or paid on-call service as a fire fighter.

6. Applicants who successfully complete the pre-employment procedures as described above, will be recommended for employment with department.

III. CONDITIONS OF EMPLOYMENT

A. All persons offered employment as firefighters by the Department are expected to attend_____% of all regularly scheduled training and respond to _____% of all 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 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 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 periodic physical examinations as determined by the fire department.

I have read and understand the content of this policy.

_____ _____

Signature Date

CONDITIONAL OFFER OF EMPLOYMENT

I. PURPOSE

The purpose of this agreement is to extend to you, the applicant, a conditional offer of employment. You must meet the below listed terms and conditions before being hired by this Department. A final offer of employment 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 _____ are required to successfully comply with these same conditions.

II. PARTIES

This is an agreement between_____ Hadley Township Fire Department and_____(Name)
S.S. #_____

III. TERMS AND CONDITIONS

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

1. Comply with the minimum employment standards for Firefighter as established by Department Policy, referred to as, Recruiting and Employment.

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. Pursuant to MCL 29.369 §:

   Within 16 months after a person's appointment date as a volunteer or paid on-call service as a fire fighter, a person must pass MI Firefighter I&II to be eligible for continued volunteer or paid on-call service as a fire fighter.

3. Be of sufficient medical condition, as determined by a medical history and examination, necessary to perform the essential functions of the above position.

4. Any additional requirements specified by this Department, which may include; but not limited to:

   a) Recruit Firefighter Field training
   b) Psychological test (s)
   c) Physical Agility Test
   d) Physical Examination & Drug/Alcohol Screen
   e) Having a valid Drivers License
   f) Passing a Driving Skills Test
   g) Driving record review
   h) Other (Specify)_____

IV. LENGTH OF AGREEMENT

This conditional offer of employment shall remain valid and in effect for _____ 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

Successful completion of these job related and necessary conditions of employment is required to carry out the essential functions of the above position. I have read and agree to abide by the CONDITIONAL OFFER OF EMPLOYMENT and agree to abide by these terms.

_____

Fire Chief (Date)

_____

(Applicant) (Date)

AUTHORIZED BY:_____

TITLE:_____ **DATE:**_____

This policy presented by the Michigan Township Participating Plan, is intended as general guidelines for members of the Michigan Township Participating Plan Program. This policy should not be construed as legal advice. The viewer or reader of the material should consult legal counsel to review the information presented before implementation of any policy or procedures.

HADLEY TWP. FIREFIGHTER AND FIRST RESPONDER EMPLOYMENT APPLICATION

DATE:_____

PLEASE PRINT

Name: _____ Driver's License No. _____

Address: _____ Social Security No. _____

City or Township _____ Date of birth (if under 18) _____

Phone No. (Home) _____ Position applying for:

Phone No. (Work) _____ Firefighter _____

Make & Model of Vehicle _____ Medical First Responder _____

Employer _____ Both positions _____

Normal work hours _____ Agree to a physical exam? (Yes) (No)

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. _____

Distance from your home to the Hadley Twp. Fire Department _____

The reason(s) I am applying for membership with the Hadley Twp. 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 and physical examination. 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 that if accepted for membership on 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 on the fire department is on an at-will basis, 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 _____

APPLICANT RELEASE FORM

I, _____, presently residing at _____
_____hereby apply for membership/employment with the Hadley Township Fire Department. I have been advised and am fully aware that a representative of the department will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, representatives will be making inquiries of the following personal institutions: 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 perform test of my blood and/or urine to determine my possible usage of 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

NOTIFICATION TO JOB APPLICANTS

You are hereby notified and advised that you have 182 calendar days from this date to notify this company in writing of any accommodation that you would need as the result of any physical handicap that you have in order to perform the job duties of the position for which you are applying.

A handicap includes:

(a) A Physical or mental condition which is the result of disease, injury, congenital condition of birth, or functional disorder if it substantially limits one or more of your major life activities and which is unrelated to your ability to perform the duties of a particular job or is unrelated to your qualifications for employment or promotion;

(b) A history of such a physical or mental condition; or

(c) The condition of being regarded as having such a physical or mental condition.

A handicap does not include:

(a) a physical or mental condition caused by your current illegal use of controlled substance; or

(b) a physical or mental condition caused by your use of liquor if that condition prevents you from performing the duties of your job.

A handicap is unrelated to an individual's ability if, with or without accommodation, the handicap does not prevent the individual from performing the duties of a particular job or position.

If you have a handicap, you are required to establish that you have made a written request for the accommodation within 182 days from this date, and that you could perform the duties of the position being applied for with that accommodation.

This notice is given to you on _____, and a copy with your signature on it is being filed along with your employment application.

_____	_____
Signature of Applicant	Witnessed
_____	_____
Date	Date