

Firefighter Application

Nature of work

This is general duty firefighting work in the protection of life and property by combating, extinguishing and preventing fires.

Primary responsibility is for specialized firefighting duties under emergency conditions which may involve personal hazard. Specific orders and directions are given by superior officers, but work requires a thorough individual understanding of firefighting methods gained by training and experience. A large part of the time is spent in training and routine work in the maintenance of firefighting equipment or apparatus employing special skills learned on the job.

Examples of work (any one position may not include all of the duties listed, nor do the listed examples include all tasks which may be found in positions of this class).

Responds fire alarms with a fire company, enters burning buildings with hose lines, operates nozzles and plays a stream of water on fire as directed. Responds to vehicle accidents and various types of medical emergencies.

Operates hand fire extinguishers, chemical hose, fog nozzles and similar equipment in extinguishing fires; raised, lowers, and climbs ladders and ventilates burning buildings to carry off smoke and gases.

Removes persons from danger and gives first aid to injured persons.

Performs salvage operations such as throwing salvage covers, sweeping water and removing debris.

Drives pump and ladder trucks; operates pumps and auxiliary apparatus; services and maintains automotive and pumping equipment.

Inspects all types of building for fire hazards and location of exits and fire protection devices; prepares records of inspection; notes and reports other types of inspections; carries on continuous fire prevention activities.

Inspects fire hydrants for freezing; acts as fire guard at large public assemblies; takes command of company in absence of superior officer.

Attends instruction sessions in such subjects as firefighting methods, equipment operation, first aid and street and hydrant locations.

Performs related work as required.

Requirements of work

Some knowledge of the street system and physical layout of Port Sheldon Township, or the ability to acquire this knowledge rapidly.

Ability to understand and follow oral and written instructions and to work long hours under discipline.

Ability to learn a wide variety of firefighting duties and methods, including the operation of firefighting apparatus, equipment and tools.

Physical strength and agility and freedom from serious physical defects as indicated by a physical exam.

Desirable experience and training

Graduation from a standard high school.



PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460
Telephone 616-399-6121 Fax 616-399-7173
www.portsheldontwp.org | info@portsheldontwp.org

Application for Employment Port Sheldon Township Fire Department Firefighter (Part Paid)

Personal Information

Date: _____

Name (Last, First and Middle): _____

Phone: _____ Email: _____

Present address: _____

Social Security No: _____ Driver's License No: _____

Are you 18 years of age or older? () Yes () No

Are you a citizen of the United States? () Yes () No

Have you ever been convicted of a crime (excluding minor traffic violations)? () Yes () No

If yes, describe in detail (include pending felony charges) _____

Education

| | Name and location of school | Diploma or Degree |
|-------------|-----------------------------|-------------------|
| High School | _____ | () Yes () No |
| College | _____ | () Yes () No |
| Other | _____ | () Yes () No |

Are you a veteran? () Yes () No If yes, what branch? _____ Highest Rank: _____

Are you a member of the Armed Reserves? () Yes () No

Have you had any firefighter training? () Yes () No

If yes, please describe in detail _____

Please list any other special training or skills you may have (languages, scuba training, law enforcement, etc.) _____



PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460
Telephone 616-399-6121 Fax 616-399-7173
www.portsheldontwp.org | info@portsheldontwp.org

Prior Work History

Please list the three most recent employers with present employment listed first.

1. Current or most recent Employer: _____
Phone: _____ Dates Employed: _____
Job Title: _____ Supervisor: _____
Reason for leaving: _____

2. Previous Employer: _____
Phone: _____ Dates Employed: _____
Job Title: _____ Supervisor: _____
Reason for leaving: _____

3. Previous Employer: _____
Phone: _____ Dates Employed: _____
Job Title: _____ Supervisor: _____
Reason for leaving: _____

Personal References: (No relatives)

1. Name: _____
Address: _____ Phone: _____
Years Known: _____

2. Name: _____
Address: _____ Phone: _____
Years Known: _____

3. Name: _____
Address: _____ Phone: _____
Years Known: _____



PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460
Telephone 616-399-6121 Fax 616-399-7173
www.portsheldontwp.org | info@portsheldontwp.org

Do you believe you can carry out all of the necessary job assignments for the position of firefighter? () Yes () No

If no, describe in detail _____

What days and hours do you currently work? _____

What days and times are you available for firefighter duty? _____

Are you able to leave your job if needed for fire duty? _____

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I recognize that any misrepresentation or falsification will be cause for rejection of this application, or for dismissal, if discovered after I have been hired. I agree to undergo a physical examination and/or drug testing anytime at the Township's expense to determine if I am physically fit for the job. I hereby authorize my former employers to give any information regarding my employment including workers compensation and alcohol and drug testing results together with any information regarding any record they may have on me, and release them from any damage whatsoever for issuing same to the Township of Port Sheldon. I hereby authorize any educational institution listed on this application to release information regarding any record they may have on me and release them from any damage whatsoever for issuing same to the Township of Port Sheldon.

Applicant's Signature and Date