

CITY OF EAST LANSING FIREFIGHTER/PARAMEDIC JOB APPLICATION

410 Abbot Road
East Lansing, MI 48823

WEBSITE: www.cityofeastlansing.com email address: _____

(Please Print)

Last Name	First Name	Middle Name	Position Applied For	Today's Date		
Address (Number)	(Street)	(City)	(State)	(Zip Code)	(Home Phone)	(Work Phone)
Social Security Number	Driver's License Number and State		Date Available for Work	How were you referred to the City?		
If you are under 18 years of age, can you provide required proof of your eligibility to work? ____ Yes ____ No						
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____ Yes ____ No (Proof of citizenship or immigration status will be required upon employment).						
Have you ever worked for the City before? ____ Yes ____ No If yes, what position and when?						
Do you have any relatives currently employed with the City? ____ Yes ____ No If yes, please list the names of any relatives employed by the City. _____						

PLEASE CHECK YOUR LEVEL OF CERTIFICATION:

_____ **Paramedic**, licensed by the State of Michigan. License # _____
If not licensed as a Paramedic, when do you expect to be? _____

_____ **Emergency Medical Technician (EMT)**, licensed by the State of Michigan. License # _____
If not licensed as an EMT, when do you expect to be? _____

PLEASE CHECK YOUR LEVEL OF FIREFIGHTER TRAINING (or indicate when you expect to complete this training):

_____ **Level I** _____ **Level II**

EDUCATION AND TRAINING

School	Name and Address of School	Dates Attended		Type of Diploma/ Degree Received	Major Field or Course of Study
High School		From:	To:		
College		From:	To:	GPA _____	
College		From:	To:	GPA _____	
Graduate School		From:	To:	GPA _____	
Other		From:	To:		
Other		From:	To:		
Fire Academy		From:	To:		

PERSONAL REFERENCES: Give five (5) personal references (not relatives, former employers, fellow employees, or school teachers), who are property owners, business or professional men and/or women of good standing in the community and who have known you for more than five (5) years.

Name	Residence	Home Phone	Number of Yrs. Acquainted	Business Address	Business Phone

Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			Supervisor's Name:
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			Supervisor's Name:
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			Supervisor's Name:
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			Supervisor's Name:
Reason For Leaving			May we contact this employer? ____ Yes ____ No

EMPLOYMENT EXPERIENCE (Please list most recent position first and work backward for ten (10) years. Include all part-time and temporary employment.)

Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			Supervisor's Name:
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			Supervisor's Name:
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			Supervisor's Name:
Reason For Leaving			May we contact this employer? ____ Yes ____ No
Employer	Dates Employed From To		WORK PERFORMED
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			Supervisor's Name:
Reason For Leaving			May we contact this employer? ____ Yes ____ No

EMPLOYMENT CONTINUED:

1. May we contact the employers you have listed? Yes _____ No _____ If no, please indicate which one(s) you do not wish us to contact.

2. Have you ever been dismissed or asked to resign from any employment? Yes _____ No _____ If yes, state the reason(s) and the employer(s) involved.

3. Have you ever been refused employment? Yes _____ No _____ If yes, state by whom and for what reason.

4. Please list any other fire departments and/or emergency service agencies with which you are beyond the initial application stage.

5. Have you ever been eliminated as a candidate by an organization during the final selection stage? Yes _____ No _____ If yes, please explain the reason(s) why you were eliminated.

DRIVER RECORD

Driver (Operator) License Number: _____

State: _____

Expiration Date: _____

Have you ever had a drivers license issued by another name? _____ If yes, list other name(s): _____

Have you ever had a drivers license issued by another state? _____ If yes, what state(s): _____

Has your drivers license ever been suspended, revoked or placed on court probation by another state? _____. If yes, list and describe circumstances. _____

Restrictions: _____

Have your driving privileges ever been denied, suspended or revoked? _____. If yes, give dates and complete reasons _____

Have you ever received a traffic summons (traffic ticket) (exclude parking violations)? _____

As well as you can recall, list all traffic violations (excluding parking violations) you have received. Give in each case, the date, nature of violation, name and location of the court, penalty imposed or other disposition. _____

List and describe circumstances of each motor vehicle accident in which you have been involved. State if you received a traffic summons and if any injuries resulted. _____

ARREST RECORD

Have you ever been arrested? _____ Felony? _____ Misdemeanor? _____ Give circumstances, date, location and crime. _____

Have you ever had contact with any police agency as a juvenile offender? _____. If yes, give circumstances, date, location and crime. _____

ADDITIONAL INFORMATION

Specialized Skills

Dispatch
 PBT
 Breathalyzer
 Lein

Check Skills/Equipment Operated

PC
 E-Mail
 MicroSoft Office
 Excel
 Typing
 W.P.M. _____

Other (list):

Memberships/Associations:

List all organizations of which you are a member (excluding those organizations which indicate the race, color, religion, national origin or ancestry of its members):

Internships:

Please list any internships you have completed and what you learned from them.

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Military Experience:

Branch of Service _____ Rank _____

Dates: From _____ To _____ Type of Discharge _____

List any military training, duties and/or honors which may relate to the position for which you are applying.

RESIDENCES: List all your residences for the past fifteen years, starting with the most recent and working backward. Add as many separate sheets as necessary.

From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):
From:	To:	Address:	Owner of Property:	Address of Owner (if different than yours):

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AUTOBIOGRAPHY: In your own handwriting, in 300 to 500 words, write a brief history of your family background including hobbies, interests and achievements. Additionally,

APPLICANT'S STATEMENT

I certify that the information on this application is true and correct and acknowledge that falsification of this application is grounds for disqualification for employment or in the event of employment, dismissal from the job. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signing this form, I hereby acknowledge I have read and understood the above statements. I also acknowledge and understand that only an authorized representative from the City's Personnel Department can extend a valid offer of employment.

Signature of Applicant

Date

**CITY OF EAST LANSING
EMPLOYMENT DATA RECORD**

Employees are treated without regard to race, color, religion, sex, height, weight, national origin, age, marital, student or veteran status, medical condition or handicap, sexual orientation, or any other legally protected status.

The purpose for this Data Record is to make certain we attract qualified applicants that have the same characteristics as the labor market. This data is used for statistical purposes and enables us to comply with government record keeping and to provide reports to the East Lansing Human Relations Commission and the East Lansing City Council.

The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that this is not a part of your application for employment, but instead, is removed and maintained in a separate and confidential file.

Please Note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

VOLUNTARY SURVEY

Name:	Date:
Position Applied For:	

Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
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Ethnic Origin (check one)	
	Caucasian (White)
	African American (Black)
	Hispanic
	American Indian/Alaskan Native
	Asian/Pacific Islander
	Other