



*Mission Statement*

*Flint Township Fire Department is dedicated to promoting safety, saving lives, and fighting fires. We accomplish this by being caring, committed, and courageous; while serving with integrity and honor.*

**FULL-TIME FIREFIGHTER  
CHARTER TOWNSHIP OF FLINT  
Civil Service Commission  
2018**



## **FULL-TIME FIREFIGHTER CHARTER TOWNSHIP OF FLINT**

### **INFORMATION:**

The Charter Township of Flint Fire Department is a combination department made up of 11 Full-Time sworn officers, 17 On-Call Firefighters, and 1 Administrative Assistant. The department has 3 Fire Stations, 6 Engines, and 1 Squad/Air Unit. The department serves a community of 31,929 residents, and a large commercial/retail district. The department conducts fire inspections and responds to over 750 alarms a year. The department anticipates filling (2) two open Full-Time Firefighter positions.

Starting annual base wage for 2018 is \$51,498.72 per labor agreement. Benefits: 24-hour shifts (24 hours on-duty, 48 hours off-duty), Health, Dental & Vision Insurance, MERS Defined Benefit Pension Plan, Longevity Pay, etc.

Specific inquiries about the position can be made to Chief Thomas Stadler (810)732-4532 Monday through Friday 8 a.m. to 4 p.m.

**NOTICE** is hereby given that the Charter Township of Flint Civil Service Commission will be conducting a Civil Service Examination for the position of Full-Time Firefighter.

### **ALL APPLICANTS MUST MEET THE FOLLOWING QUALIFICATIONS:**

1. Citizen of the United States.
2. Attain the age of majority.
3. Possess a valid Michigan Driver's License.

4. Have a cell phone.
5. Have an e-mail account
6. Must have experience as a Firefighter with an organized Fire Department for no less than five (5) years.
7. The applicant must have Michigan Fire Fighter Training Council certification in Fire Fighter II, Fire Officer 1, ICS, Hazmat Operations, and Driver Training; and must have a current CPR card;
8. Must possess the Health, Fitness, Physical, and Psychological capacity required to perform as a Firefighter.

***Preferred training, degrees/licenses:*** Associate Degree or Bachelor's Degree from a fully accredited College or University, Fire Officer 2, Fire Officer 3, Fire Inspector I, Plans Examiner, NIMS 100, 200, 300, 400, 700, & 800, Michigan Fire Fighter Training Council Fire Instructor, CPR Instructor, and Hazmat Technician.

Possess knowledge of computers and Windows-based computer software (i.e. Word, PowerPoint)

## **APPLICATION PROCESS**

Included in this application packet is a "Flint Township Civil Service Application for Employment", followed by a "Civil Service Commission Authorization to Release Information" form. These forms, along with written proof of education requirements, must be submitted in person or USPS mail to the Flint Township Clerk's Office, 1490 S. Dye Road, Flint, MI 48532 (810)732-1350. Business hours, Monday - Thursday 8:00 a.m. to 5:30 p.m. Applications are also available at [www.flinttownship.org](http://www.flinttownship.org).

All qualified applicants will be notified by First Class mail and email at the address provided on their application form of the date, time, and place for the written portion of the examination.

**CHARTER TOWNSHIP OF FLINT  
CIVIL SERVICE APPLICATION FOR EMPLOYMENT**  
POSITION APPLIED FOR: \_\_\_\_\_

Social Security Number	Name (Last)	(First)	(Middle)
Area Code/Phone No.	Street Address		Apt. No.
Birth Date	U.S. Citizen Yes    No	City	State    Zip Code    County

**CERTIFICATION/SIGNATURE:** Complete application and read carefully before signing.

I certify that all the information contained in this application is true and complete and I agree and understand that any falsification of material facts will result in my forfeiting any rights to consideration for employment in the classified service in the State of Michigan.

Signature: \_\_\_\_\_

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

**OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATES:**

Name of License: \_\_\_\_\_ License  
 No: \_\_\_\_\_ Name of  
 License: \_\_\_\_\_ License  
 No: \_\_\_\_\_ Driver's  
 License Number: \_\_\_\_\_

**LANGUAGE:** List languages other than English which you can speak, read, or write fluently.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**EDUCATION:** Your Transcript is needed, you must furnish us with a copy.

College or University	Degree	Date Granted	Total Credit Hours	Major and Numbers of Credit Hours
Business or Trade School	Subject	Degree, diploma, or certificate		Date Granted
High School	Diploma or Certificate		Date Granted	
Special Training or Course			Degree or Certificate	Date Granted



Employer:		Working Title of Job		
Street Address		Civil Service Title of Job (if known)		
Dates of Employment: (mm/dd/yr) From: _____ To: _____		<input type="radio"/> Full Time <input type="radio"/> Part Time	Average Hours Per Week	
Total Months in Job:		Civil Service Use ONLY		
		Type	Months	Last Year
Description of your duties:				

Employer:		Working Title of Job		
Street Address		Civil Service Title of Job (if known)		
Dates of Employment: (mm/dd/yr) From: _____ To: _____		<input type="radio"/> Full Time <input type="radio"/> Part Time	Average Hours Per Week	
Total Months in Job:		Civil Service Use ONLY		
		Type	Months	Last Year
Description of your duties:				

Employer:		Working Title of Job		
Street Address		Civil Service Title of Job (if known)		
Dates of Employment: (mm/dd/yr)		<input type="radio"/> Full Time <input type="radio"/> Part Time	Average Hours Per Week	
From: _____ To: _____				
Total Months in Job:	Civil Service Use ONLY			
	Type	Months	Last Year	Modifier
Description of your duties:				

Employer:		Working Title of Job		
Street Address		Civil Service Title of Job (if known)		
Dates of Employment: (mm/dd/yr)		<input type="radio"/> Full Time <input type="radio"/> Part Time	Average Hours Per Week	
From: _____ To: _____				
Total Months in Job:	Civil Service Use ONLY			
	Type	Months	Last Year	Modifier
Description of your duties:				

**PREVIOUS RESIDENCE:** Please list all previous addresses that you have resided at for the last three years.  
If necessary, add additional sheets.

Street Address:		Apt. No.
City:	State:	Zip Code:

Street Address:		Apt. No.
City:	State:	Zip Code:

Street Address:		Apt. No.
City:	State:	Zip Code:

Street Address:		Apt. No.
City:	State:	Zip Code:

List <b>ALL</b> arrests and traffic tickets (except parking tickets)

List all organizations that you belong to:

<b>The attached "AUTHORIZATION TO RELEASE ENFORMATION" form must be signed, dated, and notarized. The form must be attached with the application</b>	
Please Note: If your application is incomplete, it will not be processed. Did you sign the application? Did you include your social security Number? Did you review your application?	<b>Civil Service Use ONLY</b>



Did you make a copy for your records?  
Did you include a copy of your transcripts?

## CIVIL SERVICE COMMISSION AUTHORIZATION TO RELEASE INFORMATION

To: Whom it may concern,

I, \_\_\_\_\_, have applied for a position with the Flint Township Fire Department through the Flint Township Civil Service Commission. The Flint Township Civil Service Commission and the Flint Township Police Department is authorized to conduct a personal background investigation.

I hereby authorize the Flint Township Civil Service Commission, it's designee or agent, to investigate any and all of my past and current activities, as well as to receive full and complete disclosure of all records relating to me, including, but not limited to, records of education institutions, hospitals, clinics, medical practitioners, the U.S. Military or Veterans Administration, public utility companies, employment or pre-employment records, background reports, employment evaluations, complaints or grievances filed by or against me, salary, polygraph examination reports, criminal or traffic reports or arrest reports or investigations, complaints or grievances filed by or against me whether criminal or civil, to include records and recollections of attorneys at law, or other counsel.

It is my intent, through the execution of this document, to allow the Flint Township Civil Service Commission, its agent or designee, full, complete, and unfettered access to any and all information relating to my life, whether personal or private, and whether or not confidential or otherwise protected by law, rule, regulation, policy or procedure.

I understand that the Flint Township Civil Service Commission will use any information, which is obtained as a result of or due to this authorization, to evaluate my suitability for employment.

**I HAVE FULLY READ AND UNDERSTAND THIS AUTHORIZATION FOR RELEASE.**

A PHOTOCOPY OF THIS SIGNED RELEASE OF INFORMATION FORM SHALL BE DEEMED VALID.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me and personally known to me or provided identification (type provided) \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

NOTARY PUBLIC, State of \_\_\_\_\_

Name of Notary typed or printed: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



## **FIRE APPLICANT REQUIRED DOCUMENTS Checklist**

***Instructions:***

**Use this form to verify that all the required documents listed below are included with the application. Incomplete applications will NOT be accepted.**

**Do not include non-requested documents or certificates.**

- Completed Application**
- Copies of State of Michigan Firefighter 2 Certificate**
- Hazardous Material Operations Certificate**
- ICS Certificate**
- Fire Officer I Certificate**
- Current CPR/AED**
- High School and College transcripts (copies)**
- Valid State of Michigan Driver's License (copy)**
- Proof of Citizenship, birth (copy)**
- Social Security Card (copy)**
- Other Preferred training, degrees, or licenses**

*(Complete Checklist, sign it, and submit with Application)*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Flint Township Fire Department**  
5331 Reuben Street  
Flint, Michigan 48532  
Flinttownship.org  
Office hours: Monday-Friday 8 am – 4:00 pm  
(810)732-4532