



Application for Employment – Fire Fighter

Version: Revised **July 2023**

The City of Westland is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, gender, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

Applications will be accepted from only certified Fire Fighters who have completed and passed the Conference of Western Wayne Firefighting Testing Program (or qualified equivalent).

You must answer all questions completely and truthfully. Failure to do so will result in rejection of your application (you will not be considered for employment), or, if not discovered until a later date, may result in discipline or discharge from employment.

Applicant instructions: Complete the entire application and return it to the Westland City Clerk's Office along with Personal History Statement forms and Authorization to Release Information form. **If a portion of the application is not applicable, state so.**

Applications received after the deadline will not be considered.

If additional space is needed to respond any question, use additional sheets of paper. Type or print clearly. **Incomplete or illegible applications will not be processed.**

The deadline for submission of an application is established by the Fire and Police Civil Service Commission. Please contact the City Clerk's office for additional information.

Return all completed forms along with verification of the following documents to the Westland City Clerk's Office, 36300 Warren Road, Westland, MI 48185:

- (a) Must be a citizen of the United States (birth certificate required).
- (b) Fire applicants must be a minimum of eighteen (18) years of age by closing date of application (Driver License proof required).
- (c) Applicant must possess and provide proof of a valid driver license.
- (d) Copy of Fire Fighter I and Fire Fighter II certification.
- (e) Valid EMT license required at time of application.
- (f) EMT-Paramedic required at time of hire.
- (g) Copy of high school diploma or equivalent.
- (h) Copy of higher education diploma (if applicable).
- (i) Copy of proof of passing the Conference of Western Wayne Firefighter Testing Program (or qualified equivalent), which consists of written and physical agility test, with a minimum score of 70%.
- (j) Copy of U.S. Service Discharge, if applicant has Military Service history.

Applicants submitting incomplete applications will be disqualified.

Only applicants submitting completed applications with the aforementioned attachments may be considered for testing.

Consult the Schoolcraft Community College website to verify dates and times for the administration of written and physical agility tests.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. **THIS IS NOT AN EMPLOYMENT CONTRACT.**

Answer all questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process. If, after employment, it is discovered that a false or misleading statement(s) was made during the application process, your employment may be terminated. All qualified applicants shall receive consideration without regard to age, creed, national origin, disability, race, color, gender, religion, height, weight, marital status, veteran status, handicap, or any other protected category. Testing of job-related skills may be required prior to employment. Testing for the presence of controlled substances shall be required prior to employment. An offer of employment shall be conditioned on a medical review. Depending on City policy and job specifications, you may be required to complete a medical history form and to undergo an examination conducted by a medical professional designated by the City.

General Information: CPAT (or physical agility test) scores must be submitted at time of application.

The Westland Fire and Police Civil Service Commission will notify applicants of examination dates, time and place. Testing procedures consist of the following:

- ◆ Notification of acceptance of application
- ◆ Fire Department applicants must pass the Conference of Western Wayne Written and Agility test (or qualified equivalent) with a minimum score of 70%
- ◆ Fingerprint check by Police Department
- ◆ Traffic and Criminal Record Check
- ◆ Background Investigation
- ◆ Oral interview by Fire and Police Civil Service Commission (70%minimum) score to continue the application process). In addition to oral test points, applicants shall receive bonus points as follows, provided proper documentation is received by the Westland City Clerk's Office as indicated below:
 - One (1) point if applicant completed a minimum of one (1) year active Military duty and received an Honorable Discharge. **Note:** Copy of applicant's DD-214 form must be submitted with application prior to the oral examination.
 - One (1) bonus point for proof of a College Degree in Fire Science.
 - Two (2) bonus points for proof of Paramedic License at time of application.
 - A copy of applicant's diploma(s) must be submitted prior to the oral exam to receive the points.
- ◆ Overall evaluation and certification of applicants by the Commission.
- ◆ Psychological evaluation. Must pass with favorable recommendation – will not be considered for employment if an unfavorable recommendation is given. Vision examination and physical examination. A full physical examination including drug screening tests will be required of all individuals who are provided an offer of employment to determine whether the individual meets the physical qualifications necessary to perform the job. Employment is conditioned upon individuals receiving a satisfactory physical assessment.

Applicants who pass satisfactorily all examinations shall be placed on an Eligibility List for two (2) years. All entry-level appointments to the Fire Department shall be made from the list. Placement on the list does not guarantee an applicant will be hired.

Applicants must maintain all Fire Fighter certifications throughout the duration of the Eligibility List. Failure to maintain certifications or other requirements throughout the duration of the Eligibility List shall result in the applicant being removed from consideration for the position of Fire Fighter and the revocation of any offer of employment previously made.

Applicants must pass successfully the physical and/or psychological examination, and a background check, in order to be considered for employment. **If an applicant fails any examination, fails any evaluation, or fails the background check, the applicant will not be considered for employment by the City of Westland.**

Applicants are required to notify the City of Westland Clerk's office and the Westland Fire & Police Civil Service Commission (734-467-3185) of any address changes. Failure to do so will result in the applicant's removal from the list.

Fringe benefits include: uniform allowance, holiday pay, optical, medical and hospitalization insurance, dental, vacation, sick and personal leave days, life insurance and pension.



Personal Information – Fire Applicant

Name: _____ Today's Date: _____

Telephone: Mobile _____ Home _____ Work _____

Email address: _____ Social Security Number: _____

State all other names that you have used or been known by:

Date of Birth _____

Note: Date of Birth and other names by which you have been known will be used only to conduct a criminal background check.

Are you a relative by birth or marriage to any City of Westland elected official or full-time management employee? Yes No

If yes: _____ Employee name _____ Relationship _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Proof of citizenship or immigration status is required upon employment. If hired, can you provide proof of United States citizenship? Yes No

How were you referred to this department?

Driving Record

Driver License Number:

State where license issued:

Have you ever had a driver license issued by another state? Yes No

If yes, which other state(s)?

In the last 10 years, has your driver's license ever been suspended? Yes No

If yes, verify when your driver license was suspended, the reason it was suspended, and for what length of time:

In the last 10 years, has your driver's license ever been revoked? Yes No

If yes, verify when your driver license was revoked, the reason it was revoked, and for what length of time:

Have you ever been convicted of any alcohol or drug related driving offenses?

Yes No Number of convictions: _____

If yes, list each conviction, including the city and state where the offense occurred, and provide an explanation of the conviction. Attach additional sheets as needed.

List all traffic violations, other than parking tickets, for which you have been convicted in the last five (5) years. Attach additional sheets as needed.

Date of Violation: _____ Type of Violation: _____

Location of Violation: _____ Court: _____

Date of Conviction: _____ Disposition of Case: _____

Date of Violation: _____ Type of Violation: _____

Location of Violation: _____ Court: _____

Date of Conviction: _____ Disposition of Case: _____

Within the past five (5) years, have you been involved in an accident? Yes No

How many accidents occurred while you were:

Operating a private vehicle? _____

Operating a commercial vehicle? _____

A passenger? _____

Provide a brief description of each accident, from most recent to least recent:

Date Description

Date Description

Date Description

Residence

Home Address: _____ Street Address _____ City _____ State _____ ZIP _____

How long have you lived at that location? _____

List each place where you have lived during the past ten (10) years, from most recent to least recent. Include all places you lived while you were in school or the Military. Attach additional sheets as necessary.

Dates of Residence _____ Street Address _____ City _____ State _____ ZIP _____

Dates of Residence _____ Street Address _____ City _____ State _____ ZIP _____

Personal References

List five (5) persons who you know well enough to provide current information about you. **Do not list relatives or former employers.** Include at least one neighbor.

Name: _____ Address: _____

Telephone number(s): _____

Occupation: _____ Years Known: _____

Name: _____ Address: _____

Telephone number(s): _____

Occupation: _____ Years Known: _____

Name: _____ Address: _____

Telephone number(s): _____

Occupation: _____ Years Known: _____

Name: _____ Address: _____

Telephone number(s): _____

Occupation: _____ Years Known: _____

Name: _____ Address: _____

Telephone number(s): _____

Occupation: _____ Years Known: _____

Education

List all colleges, universities, and trade schools that you have attended, from the most recent school attended to the earliest school attended. List student identification number if known.

Institution Name / Student ID number

City, State

List all high schools you have attended, from most recent school attended to the earliest school attended. List student identification numbers if known.

Institution Name / Student ID number

City, State

Have you completed Fire Fighter I and Fire Fighter II training? Yes No

If yes, when and where did you attend the training? _____

Have you ever received any specialized training? Yes No

If yes, describe the training and any certifications resulting from the training:

When and where did you receive the training? _____

Which professional licenses do you hold? _____

Other than English, list other languages you:

Speak: _____

Understand: _____

U.S. Military Service

Are you currently in the Armed Forces, National Guard, or Military Reserves? Yes No

Have you ever served in the Armed Forces, National Guard, or Military Reserves? Yes No

Branch of Service (list all): _____

Military Specialty: _____

Enlistment or Commission Date: _____

Discharge Date: _____

Rank at Discharge/Current Rank: _____

Service Serial Number: _____

While in the Military, were you ever subject to any court martial or other non-judicial disciplinary action?

Yes No

If yes, explain: _____

Fire Department Employment

Have you ever been employed as a Fire Fighter or Public Safety Dispatcher? Yes No

If yes, when where, and in which capacity were you employed? _____

Are you currently a certified/certifiable Fire Fighter or public safety dispatcher within the State of Michigan? Yes No **If yes, provide proof.**

Have you ever applied for employment with the Westland Fire Department or any other public safety agency? Yes No

If yes, list each Fire Department or agency you have applied, when you applied, and the present status of your employment with that Fire Department or agency.

Fire Department / Agency	Date Applied	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been rejected for employment by another Fire Department or Agency? Yes No

If yes, which departments or agencies, when were you rejected, and for what reason(s) were you rejected for employment? _____

Employment

List each employer within the past ten (10) years, from most recent to least recent. Include both part time and full time employment. Attach additional sheets as necessary.

Name of Employer	Telephone Number		
Address	City	State	ZIP
Supervisor name	Starting Salary	Ending Salary	
Full Time or Part Time: _____	Job Title/Duties: _____		
Employment Dates: _____	Reason for Leaving: _____		

Name of Employer	Telephone Number		
Address	City	State	ZIP
Supervisor name	Starting Salary	Ending Salary	
Full Time or Part Time: _____	Job Title/Duties: _____		
Employment Dates: _____	Reason for Leaving: _____		

Name of Employer	Telephone Number		
Address	City	State	ZIP
Supervisor name	Starting Salary	Ending Salary	
Full Time or Part Time: _____	Job Title/Duties: _____		
Employment Dates: _____	Reason for Leaving: _____		

If you are currently employed, may we contact your present employer during this background investigation? Yes No

If no, when would you prefer we contact your former employer?

Prior to Oral Exam _____ Following Oral Exam _____

Prior to Contingent Offer of Employment _____ Other _____

Please note: We will comply with your request only to the extent that it does not jeopardize our ability to conduct a thorough investigation. In the event it becomes necessary to contact your present employer, we will attempt to notify you beforehand.

Were you laid-off from any job in the last five (5) years? Yes No

Were you fired or forced to resign from any job? Yes No

If yes, which job(s)? _____

In the last five (5) years have you been reprimanded or subject to any disciplinary action from any of your employers? Yes No

If yes, from which employer(s)? _____

In the last two (2) years, how many times were you tardy for work without prior authorization? _____

In the last two (2) years, how many times were you absent from work, other than vacation or medical leave? _____

Criminal History

Have you ever been convicted of a felony? Yes No

If yes, where, and what was the criminal charge? _____

Have you ever been convicted of a misdemeanor? Yes No

If yes, where, and what was the criminal charge? _____

Do you have any criminal charges pending against you? Yes No

If yes, state the nature of the pending charge and the jurisdiction where the charge is pending.

Have you ever been a suspect in a criminal investigation? Yes No

If yes, state when and where you were a suspect, and the outcome of the case.

In the last seven (7) years have you been convicted or pled guilty to a criminal offense which was later expunged from your record? Yes No

If yes, describe: _____

In the last seven (7) years have you sold or furnished drugs or narcotics to anyone illegally? Yes No

If yes, describe: _____

In the last seven (7) years have you been named a defendant in a civil lawsuit, in Michigan or elsewhere? Yes No

If yes, what was the nature of the lawsuit? _____

When and where was the lawsuit filed? _____

What was the outcome of the lawsuit? _____

Have you ever been bonded? Yes No

If yes, describe: _____

Have you ever been refused bond? Yes No

If yes, describe: _____

Have you ever been the subject of any personal protection order or restraining order, either in Michigan or in any other state? Yes No

If yes, describe: _____

Financial Obligations

Have you defaulted on any loan in the past seven (7) years? Yes No

If yes, describe: _____

Miscellaneous Information

Are you aware of any factor that would prevent you from fulfilling the duties of a member of the City of Westland Fire Department? Yes No

If yes, explain: _____

List all vehicles you own or lease. Include make, model, registration, and license plate number:



Authorization and Release for Credit Report and Background Check

I authorize the City of Westland (the City) and its Act 78 Fire and Police Civil Service Commission (the Commission), to obtain a copy of my credit report for use by the Commission in the course of conducting a background investigation related to my application for employment by the City as a Fire Fighter.

This authorization is given with the understanding that, under the Fair Credit Reporting Act, before using a credit report to my disadvantage, the City and/or Commission will take the following actions:

1. Provide me with a copy of the report along with a written description of her rights under the Fair Credit Reporting Act.
2. Provide me with the name, address, and phone number of the credit reporting agency supplying the report.
3. Allow me to dispute the information contained in the report, and allow me to request an additional credit report within sixty (60) days.
4. Provide me with a detailed reason for my rejection, in writing.

I understand that the City and the Commission, not the credit reporting agency, makes all decisions regarding the hiring of entry level Fire Fighters, and that the credit reporting agency cannot provide reasons for any decision of the City or its Commission.

Signature: _____

Print name:

Date:

STATE OF MICHIGAN)
) ss
COUNTY OF WAYNE)

Sworn to and signed in my presence by _____, and sworn to on this _____
day of _____

, 20 .

Notary Public

Wayne County, Michigan
My Commission Expires:

Acting in the County of Wayne



AUTHORIZATION AND RELEASE OF TRANSCRIPTS

I agree to provide to the City of Westland (the City) and its Act 78 Fire and Police Civil Service Commission (the Commission), at my expense, official copies of my transcripts and other school records as may be requested by the Commission and/or agents acting on behalf of the Commission.

Additionally I authorize the City and the Commission to contact any school or educational institution I have attended for the purpose of verifying information I have provided the City/Commission concerning my educational background.

I hereby release any school or educational institution from any and all liability for releasing the above-mentioned information and/or records to the City and/or its Act 78 Fire and Police Civil Service Commission.

Signature: _____

Print name:

Date:

STATE OF MICHIGAN)
)
COUNTY OF WAYNE)

Sworn to and signed in my presence by _____, and sworn to
on this day of

_____ , 20_____.

Notary Public

Wayne County, Michigan
My Commission Expires:

Acting in the County of Wayne



City of Westland

Release of Information

To: _____

Date: _____

I am an applicant with the City of Westland. It is essential that all records and information pertaining to my employment with your company, corporation, or person be available for review by the City of Westland. This information should include my employment application, attendance records, performance evaluations, training records, disciplinary actions, commendations and any other information or records as may be required by the City of Westland

I hereby authorize the release of any and all such records and of any confidential information to any member of the City of Westland Police Department, City of Westland Fire Department, and/or City Clerk's office, to be used in conjunction with my application of employment. Further, in consideration for the City of Westland considering my application for employment, I hereby release, relieve and indemnify the City of Westland, Michigan, such custodian of the records herein indicated, and any law enforcement agency, corporation, company or person from and against any and all disclosure of any information and/or records pertaining to me which are obtained during such investigation.

In addition, I authorize the City of Westland Police Department, City of Westland Fire Department, and/or City Clerk's office to receive information concerning my academic history from the educational organizations referenced on my application.

Printed name

Signature



Release of Information

Waivers and Acknowledgments

Please read carefully, and initial each paragraph, before signing

1. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.

2. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by the City of Westland management that have been reduced to writing and have been executed by both the employee and an authorized representative of the City of Westland. Accordingly, I understand that no employment contract, either expressed or implied, for any period, is created hereby should the City of Westland hire me.

3. If hired, I understand that my employment is at-will (just-cause for union and/or civil service employees), and can be terminated at any time, with or without notice, for any reason at the option of either the City of Westland or me. Should the City of Westland hire me, I agree to observe all of the City of Westland's policies, practices, and procedures currently in existence (as well as new and/or revised) that may be issued in the future.

4. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).

5. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Employer's Personnel Department in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.

6. I agree that any lawsuit against the City of Westland arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitations is less than six months, the statutory limit will apply.

I have read, understand, and agree to the terms of each of the above six (6) individual statements, as indicated by my initials above and my signature below.

Signature _____ **Date** _____



Equal Opportunity Information Statement

The City of Westland Personnel Department seeks to know the effects of their outreach effort to recruit minorities to apply for positions in the City of Westland. You are asked to complete this sheet concerning your gender, ethnic, and racial status. This information will be used to document reports to the Federal Government of our makeup of applicants for various positions. This sheet of paper will be separated from your application when it is submitted so that no consideration of your gender, ethnic origin, or race will be considered in the selection process.

Participation is voluntary. If you choose not to participate, please indicate so at the bottom of the form. Thank you.

Date: _____

Position applied: _____

Gender: Male Female

<u>Ethnicity</u>	<u>Race</u>	
African-American	<input type="checkbox"/>	Black <input type="checkbox"/>
Native-American	<input type="checkbox"/>	Native-American <input type="checkbox"/>
Arab-American	<input type="checkbox"/>	Asian <input type="checkbox"/>
Pacific Islander/Oriental	<input type="checkbox"/>	Hispanic <input type="checkbox"/>
Hispanic	<input type="checkbox"/>	Caucasian <input type="checkbox"/>
European	<input type="checkbox"/>	

I am not participating in this survey



Electronic Notification Acknowledgment

Fire Fighter

Please read carefully, initial, and sign

1. **I authorize and agree** to allow the City of Westland to provide electronically, via email messages to the email address indicated below, **all** communication involving my application for entry-level employment with the City of Westland. The City of Westland will **not** deliver communication to me in any format other than email messages which I am required to respond and confirm electronically within 48 hours of delivery.

2. **I understand and agree** that the delivery and receipt of an electronic message (email) does not indicate that there are positions available, nor does it imply or create an employment contract with the City of Westland.

3. **I understand and agree** that when notified electronically of a **confirmed** date and time for the conditional Oral Examination, the Oral Examination shall only become scheduled if I notify the City of Westland electronically via email message of my receipt of the email message notification, and my willingness to participate in the Oral Examination.

4. **My email address is:** _____

(Please print)

I have read, understand, and agree to the terms above, as indicated by my initials above and my signature below.

Printed name: _____

Signature _____ **Date:** _____



Fire Fighter Application - Receipt Checklist

Rev May 2025

Applicant Name: _____ Submission Date/Time: _____

Citizen of the United States (birth certificate, passport, Naturalization papers)

_____ Met application deadline (date and time)

_____ Met age requirement of 18 years by closing date of application

Valid driver license. DL #: _____

Yes No Currently employed as a Fire Fighter – If yes, proof submitted: Yes No

____ Copy of proof of passing the Conference of Western Wayne Firefighter written exam with a minimum score of 70% (or EMPCO Written Exam).

____ Copy of proof of passing the Conference of Western Wayne Candidate Physical Agility Test (or a qualified equivalent).

Copy of Firefighter I & Firefighter II Certification

_____ Copy of valid EMT License EMT-Paramedic License? Yes No

Copy of High School Diploma or equivalent

Personal Information Packet (verified all 16 pages submitted) Document revision date: _____

Authorization and Release of Credit Check and Background Investigation form

Authorization and Release of Transcripts form

Release of Information form

Waivers and Acknowledgements form

Equal opportunity statement form

Electronic Notification Acknowledgement form

All documents submitted. Application is complete.

Bonus Points - Education

Fire Science degree from accredited college, community college, or university (1 point)

Paramedic license (2 points)

Bonus Point - Military

Copy of Military DD-214 form (Service of 1 year or more; proof of **Honorable Discharge**)

Received by: