LEELANAU COUNTY, MICHIGAN CHARTER TOWNSHIP OF ELMWOOD

ELMWOOD TOWNSHIP FIRE AND RESCUE DEPARTMENT EMPLOYMENT OPPORTUNITY PUBLIC NOTICE

Posting date: June 12, 2023

Applications are currently being accepted for:

- (1) Full-Time Firefighter/Emergency Medical Technician*
 - Applicants may also be considered for Part-time/Paid on call -Firefighter/Emergency Medical Technician positions as well.

All applicants are expected to:

- Complete and submit the Application Packet.
- Provide proof of qualifications at time of application.
 - MFFTC Firefighter Certificate, FF1 & FF2
 - MI-DHHS Medical License (EMT-B Limit)
 - Current CPR/BLS Card
- Complete a written test and physical ability test.

Selected candidates must also be able to provide and complete:

- Proof of eligibility to work in the United States (Expired Passports will not be accepted)
- Current, unrestricted State of Michigan Driver License.
- Pre-employment physical and drug screening

Please submit a completed application packet no later than Friday, June 23, 2023.

Applications are available at the Elmwood Township Fire Department and on Elmwood Township's website: https://www.leelanau.gov/elmwoodtwp.asp.

Open recruiting events will be held on:

Wednesday, June 14 – 3:00 p.m. to 6:00 p.m (1500-1800) Friday, June 16 - 9:00 a.m to 12:00 p.m. (0900-1200) Monday, June 19 – 1:00 p.m. to 4:00 p.m (1300-1600) Wednesday, June 21 – 11:00 a.m.-4:00 p.m (1100-1600)

Location: 10086 E. Lincoln Road, Traverse City, MI 49684

The Charter Township of Elmwood is an Equal Opportunity Employer. Employment decisions are made without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, veteran status, or other characteristics protected by law.

^{*}Full-time crew members are represented by Elmwood Township Professional Fire Fighters, IAFF, Local 5387.

ELMWOOD TOWNSHIP

FIRE AND RESCUE DEPARTMENT

EMPLOYMENT APPLICATION PACKET

Equal Opportunity Employer

Applicant's Name:		
Current Street Address:		
City:	State:	Zip code:
Mailing Address (if different):		
City:	State:	Zip code:
Email:	Phone #:	

This form must be returned with the application packet in person or by mail to:

Elmwood Township Fire and Rescue Department Attn: Administration/Human Resources 10090 E. Lincoln Road Traverse City, MI 49684

- Packets must include ALL materials listed below to be considered for employment.
- o Completed Elmwood Township Fire and Rescue Department Employment Application.
- Current Resume and Cover Letter.
- Copies of your current and relevant certifications as it relates to the position. (i.e., EMT/EMS Certificate, BLS/CPR Certificates, Firefighter 1 and 2 Certificates, Drivers Training, Hazardous Materials Ops or Technician, etc.)
- Out of State certificates must have Pro-Board or IFSAC Seal.
- o A copy of the National Registry Certificate must accompany Out-of-State licenses.
- o Provide, upon request, a current valid Driver's License.
- o Provide, upon request, proof of U.S. Citizenship.

Equal Opportunity Employer

Elmwood Township Fire and Rescue Department provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

FOR OFFICE USE ONLY Date Hired: Starting Date: Fire Chief Initials:

ELMWOOD TWP. FIRE-RESCUE DEPT. APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY							
Department: Position:							
Base Rate:							

(PLEASE PRINT PLAINLY)

Note: If you feel that your civil rights would be violated by answering a question on this form, please omit the answer to that question.)

"We are an equal opportunity employer"

This application will be kept current for six months. You need to complete another to be reconsidered after this date.

PERSONAL

Name	Date
Last First Midd	
Present Address	Telephone No
Are you legally eligible for employment in the U.S.A.? $\ \square$ Yes	□ No
Are you 18 or older? ☐ Yes ☐ No	
Type of Position Desired	
Were you previously employed by us? $\ \square$ Yes $\ \square$ No	f yes, when?
If your application is considered favorably, on what date will you be	available for work?
U.S. ARMED FORCE	ES HISTORY
U.S. Armed Forces Service ☐ Yes ☐ No	
Branch of Service From	То
GENERAL INFOR	RMATION
List outside Interests	h would indicate your religious or ethnic background.
Have you ever been convicted of a crime?	☐ No If so, give full particulars
Have you ever been refused a fidelity bond?	
How much time have you missed from work during the last two year	ars?
Name of relatives in our employ	
Do you have a valid driver's license? ☐ Yes ☐ No	
State License Number	

Conviction of a crime is not an automatic disqualification from employment

RECORD OF EDUCATION

S	chool	Name and Addres	ss of School		Cou	se of Study	Check Last Year Completed		Year G		Did you Graduate?	List Diploma or Degree
Eler	nentary						5	6	7	8	□ Yes	
High	1						1	2	3	4	□ Yes	
Coll	ege						1	2	3	4	□ Yes	
Othe Spe							1	2	3	4	□ Yes	
			ory - GIVE ormation m	PRE ust be	SENT e com		RE	CE rate	NT e	PC	SITION FIR	
worl	k, please	r present or your last empindicate. If you were empest a reference from your	loyed under	a maid	len or o	ther name, ple	ase					
ı		nd Address of Company d Type of Business	From Mo. Yr.		To Reason for		Leaving			Name of Supervisor		
			Describe th	e work	you did	i:				1		
	Telepho	ne:										
II		nd Address of Company d Type of Business	From Mo. Yr.		To . Yr.	Reason for	Lea	avinç	g		Name of Supe	ervisor
			Describe the work you did:									

Telephone:

			T		-			
Ш	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Reason for Leaving	Name of Supervisor			
		Describe the work you did:						
		Booonibo ur	o work you are	•				
	Telephone:							
IV	Name and Address of Company and Type of Business	From Mo. Yr.	To Mo. Yr.	Reason for Leaving	Name of Supervisor			
		Describe the	l e work you dic	•				
		Describe th	e work you are					
	Telephone:							
Is th	e you ever been discharged from a lis a complete list of your employments we granted permission to check all cate by number any of the above elements. PERSONAL	ent? information, mployers who	☐ Yes om you do not	☐ No nission to obtain a crimina ☐ No				
	Name and Occupation			Address	Phone Number			
	. Tanno ana Occupanci			7 (44.1000				
cree	are an equal employment opportunity compa d, age, sex, religion, national origin, height, ly set forth why you desire employment with	weight, marital s	tatus, or handica	o. ·	yment on any basis including race,			
Upor true a indivi empl part o withou inqui my e cond empl me p agair	THORIZATION AND UNDERSTAN the signing of this application, I represent and complete. I authorize you to verify any iduals, companies, institutions or agencies oyment record, without any obligation to give from y pre-employment physical. I also authout any obligation to give me written notice ories and disclosures. I agree that any false into a significant of the township as the oyment relationship, with or without cause, ersonally by the Supervisor or Fire Chief of the township which the township prevails ins, including attorneys fees.	that all of the informatic and I authorize to me written no orize you to rele of such disclosur information in she will of the towny are from timeat any time for a the township. I	on concerning my hem to release so tice of such disclesses any informative. I hereby relea upport of my apply which pand I agretototime changed in the regree that	employment, education, credit, uch information as you require, isure. I understand and agree to on requested by any of my prose you and them from any liabil ication may subject me to dische that I shall be bound by the ruwith or without notice to me. I also that these arrangements may if I should bring any action or of	or criminal with the appropriate including my prior disciplinary that I will undergo drug screening as spective or subsequent employers ity whatsoever as a result of any such large at any time during the period of les, policies, regulations and terms and agree that either party may terminate they only be altered in writing directed to claim arising out of my employment			
		Applicant's Sig	nature		Date			
Witr	nessed by:							

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Note: This application will be kept current for six (6) months. You need to complete another to be reconsidered after this date.

CHARTER TOWNSHIP OF ELMWOOD

ELMWOOD TOWNSHIP FIRE and RESCUE DEPARTMENT

WAGE AND BENEFITS SUMMARY

EMPLOYEE STATUS: FULL-TIME - FIREFIGHTER/EMT

EMPLOYEE CLASIFICATION: NON-EXEMPT, FULL-TIME EMPLOYEE

PROBATIONARY BASE WAGE: \$17.80/HOUR: WAGE STEPPED AT 12, 36, AND 48 MONTHS OF

EMPLOYMENT

HOURS/SHIFT ROTATION: 48 HRS ON / 96 HRS OFF

OVERTIME: MAY BE AVAILABLE. THE 7(k) EXEMPTION SHALL APPLY TO QUALIFIED

EMPLOYEES. UNDER THE FAIR LABOR STANDARDS ACT (FLSA), THE 7(k) EXEMPTION PROVIDES THAT NO OVERTIME IS PAID TO AN EMPLOYEE UNTIL THE EMPLOYEE EXCEEDS 212 HOURS OF EMPLOYMENT IN A 28

DAY PAY PERIOD

MEDICAL/DENTAL/VISION: SINGLE INSURANCE COVERAGE PAYABLE BY TOWNSHIP, FAMILY

COVERAGE AVAILABLE AT ADDITIONAL EMPLOYEE COST; HEALTH

SAVINGS ACCOUNT (HSA) CONTRIBUTION

LIFE INSURANCE: \$50,000 TERM LIFE COVERAGE PAID BY TOWNSHIP

RETIREMENT CONTRIBUTION: 10% OF ANNUAL BASE SALARY (JOHN HANCOCK IRS SECTION 401A

DEFINED CONTIBUTION PLAN) WITH CONTRIBUTIONS PAID BY

TOWNSHIP ONLY

AFLAC INSURANCE: PRE-TAX OPTIONAL COVERAGE (SINGLE AND FAMILY) AVAILABLE

WITH PREMIUMS PAID BY EMPLOYEE ONLY

HOLIDAYS: NEW YEAR'S DAY, PRESIDENT'S DAY, MARTIN LUTHER KING, JR., GOOD

FRIDAY (1/2 DAY), MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY,

VETERANS DAY, THANKSGIVING, DAY AFTER THANKSGIVING,

CHRISTMAS EVE DAY, AND CHRISTMAS DAY (UP TO AN ADDITIONAL MAXIMUM OF 10 HOURS REGULAR TIME IF SCHEDULED TO WORK ON

THE HOLIDAY)

VACATION: 1ST YEAR = 72 HOURS, 2-5 YEARS = 132 HOURS, 6+ YEARS = 192 HOURS

PERSONAL/SICK DAYS: NONE FIRST 6 MONTHS; AFTER 6 MONTHS, 7 HOURS/MONTH

ACCRUABLE FROM DATE OF EMPLOYMENT

BEREAVEMENT LEAVE: PER CHARTER TOWNSHIP OF ELMWOOD PERSONNEL POLICY MANUAL

MATERNITY/PATERNITY LEAVE: 96 HOURS

IAFF, LOCAL 5387 ALL FULL-TIME CREW MEMBERS ARE REPRESENTED BY ELMWOOD

TOWNSHIP PROFESSIONAL FIRE FIGHTERS, IAFF, LOCAL 5387.