



**AT THE TIME OF FINAL INTERVIEW
AND HIRING CONSIDERATION,
CANDIDATES MUST POSSESS**



Check Off List



Instructions:

Use this form to verify that all the required documents listed below are included with the application. Include estimated completion date of Certificates not completed. Do not include non-requested documents or certificates.

- Completed Application and FD Questionnaire
- Copies of Current Certificates of Passing, Written and CPAT, from the Conference of Western Wayne Firefighting Testing Program (CWW). Empco written may be substituted for CWW written. [CLICK HERE](#) for testing information or call 734.462.4806
- State of Michigan Firefighter 1 & 2 Certificates (est. completion date _____)
- State of Michigan Paramedic license (est. completion date _____)
- High School and College diploma/s (copies)
- High School and College transcripts (copies)
- Valid State of Michigan Driver's License (copy)
- Birth Certificate (copy)
- Social Security Card (copy)
- Current Credit Report (one full copy from 1 of the 3 credit companies)
Visit www.annualcreditreport.com for free report
- Tax Returns – Last 2 years (copies)
- Completed Check off List

(Print this completed Check List, sign it and submit with Application)

Applicant Signature _____ Date _____

**Bloomfield Township Fire Department
Fire Administration**

1155 Exeter Road
Bloomfield Twp., Michigan 48302

BTFDFIRE.org

Office hours: Monday-Thursday 7 am – 5:30 pm

248-433-7745

**BLOOMFIELD TOWNSHIP FIRE DEPARTMENT
BACKGROUND QUESTIONNAIRE**

INSTRUCTIONS

Read every question carefully and **ANSWER EACH QUESTION ACCURATELY**. An applicant may be disqualified from further processing and may be discharged from employment if he/she makes a false statement of a material fact; practices or attempts to practice any deception or fraud in his/her application, examinations, or appointment. **ALL ENTRIES, EXCEPT SIGNATURE, MUST BE TYPED OR PRINTED LEGIBLY WITH PEN AND INK (TYPING PREFERRED)**. If the space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS STATEMENT

The attached background questionnaire is lengthy, personal, and comprehensive. It is a stage in the selection process to help achieve our goal of recruiting well-qualified and capable personnel. The form will also serve as a fund of data for investigators doing the background investigation. Items on this Background Questionnaire relate to many subjects including education, previous employment, references, military service, traffic citations and convictions.

If a question does not apply to you or your set of circumstances, indicate by placing the letters DNA next to the answer.

The applicant has the right to refuse to answer any question(s) on this Background Questionnaire. If you wish to exercise this right on any question, indicate, "right to refuse" next to the question along with your initials. A false answer to any question in this Background Questionnaire may be grounds for not employing you, or for dismissing you after you begin work.

READ EVERY QUESTION and REMEMBER, YOU MUST GIVE A RESPONSE TO EACH QUESTION.

I understand that I have the right to refuse to answer any question(s) in the Background Questionnaire, and certify that all of the statements I will make will be true to the best of my knowledge and belief.

Signature of Applicant

Date

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I. PERSONAL HISTORY

Full Name

(Last) (First) (Middle)

The Bloomfield Township Fire Department conducts a background search on all applicants, which cover all periods of the applicant's adult life (since turning 18). In order to complete this background investigation please list all nicknames, alias or other names (including pre-marital names) you have used as an adult:

Current Address:

(Number and Street) (City/State) (Zip)

Work Phone No. () _____ Home Phone No. () _____

PLEASE LIST ALL ADDRESSES FOR THE PAST 10 YEARS:

Previous Address: _____

How Long? _____

Previous Address: _____

How Long? _____

Previous Address: _____

How Long? _____

Date of Birth _____ Social Security No. _____

How many times have you been late for work in the last three years? _____

How many times have you been absent from work in the past three years? _____

II. TRAFFIC AND CRIMINAL HISTORY

Drivers license number _____ State _____

Have you ever held a license in another State? YES () NO ()

If Yes, give name of State: _____

Indicate below every traffic violation received in this State or elsewhere:

DATE	OFFENSE	POLICE AGENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRAFFIC AND CRIMINAL HISTORY (continued)

DATE	OFFENSE	POLICE AGENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, denied or revoked? YES () NO ()

If Yes, give details: _____

Indicate below every traffic accident you have had in this State or elsewhere:

Date	Offense	Police Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been involved in an accident where another person was injured or killed? YES () NO ()

If Yes, explain in detail: _____

Have you ever been given a traffic violation or deemed at fault in any accident? YES () NO ()

If Yes, explain: _____

Have you ever been convicted of a crime? YES () NO ()

(Record of a conviction does not automatically disqualify an applicant from employment consideration.)

If Yes:

Location of Conviction _____ Offense _____

Date of Conviction _____ Court where conviction occurred _____

Location of Conviction _____ Offense _____

Date of Conviction _____ Court where conviction occurred _____

Location of Conviction _____ Offense _____

Date of Conviction _____ Court where conviction occurred _____

MISCELLANEOUS (continued)

Does the sight of blood nauseate you? YES () NO ()

When you are confronted with an injury to yourself or another, do you (check one):

_____ Remain calm _____ Become reasonably excited

_____ Get very excited _____ Panic

Does it bother you that you may have contact with people having potentially communicable diseases (e.g. AIDS, hepatitis, herpes, or tuberculosis)? YES () NO ()

Have you paid, promised to pay, or given any money, material, service or consideration to any person, directly or indirectly, for any recommendation, service or influence promised toward procuring your appointment to this department? YES () NO ()

If yes, explain in detail: _____

VI. AUTOBIOGRAPHY

Please write on one page and in your own handwriting, a concise, but informative autobiography.

VII. AFFIDAVIT

Applicant must sign before a Notary Public.

Applicant Signature _____

On this _____ day of _____, 20_____, before me personally appeared _____, who, being duly sworn, deposes and affirms (s)he understands the contents of this Background Questionnaire, that the information written by the applicant is true to the best of the applicant's knowledge and belief; and that (s)he has been informed and understands that any material misrepresentation of fact given by the applicant shall be cause for rejection before appointment or dismissal from the department after appointment.

Notary Public

My Commission Expires

County _____

VIII. AUTHORIZATION AND UNDERSTANDING

Release of Prior Personnel Records

I give the Township my permission to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations or governmental agencies. I hereby give these individuals, organizations and governmental agencies my permission to release any information that the Township may need, including my previous disciplinary record, without requiring them to contact me or give me written notice before releasing the information to the Township. By signing this application, I release the Township and the aforementioned individuals, organizations and governmental agencies from any and all liability whatsoever arising out of any information requested or disclosed. I agree that any false information, misrepresentation or omission in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

I agree that should I obtain employment with the Township that I shall be bound by the Township's rules, policies, regulations and terms and conditions of employment as established by the Township and as they are changed from time to time. I further understand and agree that at Bloomfield Township my employment is at-will and that my employment can be terminated at any time, with or without cause, at the option of myself or Bloomfield Township and that this arrangement can only be changed by the Township Supervisor, in writing, directed to me personally. I further agree that my employment is conditioned upon satisfactory completion of the documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical are known.

Disability Accommodation Request

I understand that Michigan law requires employers to make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand that disabled employees and applicants may request an accommodation of their disability by notifying the Township in writing of the need for accommodation within 182 days of the date the disabled person knows or should know that an accommodation is needed. Failure to properly notify the Township will preclude any claim that the Township failed to accommodate the disabled employee.

Defined Contribution Plan

I have received, from Bloomfield Township Fire Department, a document entitled "Defined Contribution Plan.

Retiree Health Insurance

I have received, from Bloomfield Township Fire Department, a document entitled "Qualifications for Retiree Health Insurance If Hired After 3-31-1999".

Limitation of Time for Employment Lawsuits

I agree that any action or lawsuit against the Township arising out of my employment or termination of employment, including but not limited to claims arising under state or federal civil rights statutes, must be brought within one year (or such shorter period if provided by law or statute) of the event giving rise to the claims or be forever barred. I waive any limitation period to the contrary.

Signature of Applicant

Date

IX. DEFINED CONTRIBUTION PLAN

Employees hired on or after June 17, 2008 shall only be eligible to participate in the Township Defined Contribution Retirement Plan and shall not be eligible to participate in the Township Defined Benefit Plan. The defined contribution retirement plan will have the following:

1. Investment in 401(a) plan with American Funds.
2. Employer contributions of 14% of base pay per year.
3. Employee contribution of 1%-3.5% of base pay per year. Mandatory contribution equal to defined plan employee contribution and a maximum contribution of 3.5%.
4. Employee vesting in Employer contributions after 4 years from enrollment date. Immediate vesting in employee contributions.
5. Employee ownership of assets in individual portfolio after vesting.
6. Employee directed investments with education, counseling and advice from independent third party plan consultants, Schwartz and Company, at no cost to employee.
7. Employee's portfolio is completely portable in Employee contributions upon separation of employment from the Township if vested at time of separation.
8. Firefighters who participate in the Defined Contribution Plan will be eligible, otherwise qualified, to receive disability insurance coverage (both duty-related (workers' compensation) and non-duty related) until they reach age sixty-five (65) or are eligible to receive social security benefits.
9. A union member shall be provided with a copy of the defined Contribution Plan upon written request.
10. "Moratorium" language for defined benefit plan employees as follows:
Eligibility for participation or benefits under the Defined Benefit Pension Program is limited to those individuals who are already active employee participants, participant spouses, future spouses who subsequent to June 17, 2008 marry pre-June 17, 2008 active employees while they are still active employees, retirees, or beneficiaries as of June 17, 2008. After said date, no other individuals shall be eligible to join the Defined Benefit Pension Program. As to Pre-June 17, 2008 participants, participant spouses, future participant spouses as specified above, retirees and beneficiaries, their individual rights to vested status in the program, accrual of service periods, accrued benefits, benefit options, and benefit payment formula shall continue for the remainders of each of their respective individual lives, as described in the program/plan document(s) in effect on June 17, 2008. The Employer shall continue to fund the Defined Benefit Pension Program to make it actuarially sound, with respect to such lifetime pension rights. The Township may amend the Defined Benefit Plan to maintain its tax qualified or tax exempt status and to comply with existing or future laws or regulations.
11. No loans or hardship withdrawals from the Defined Contribution Plan.
12. Default (failure to make fund election) – target date funds.

**X. QUALIFICATIONS FOR RETIREE HEALTH INSURANCE HIRED AFTER
MAY 1, 2011**

Section 5

Retiree Healthcare for all employees hired AFTER May 1, 2011 shall be provided through a Retirement Health Savings Plan (RHS) program whereby:

- A. Bloomfield Township shall make a \$2,500.00 annual contribution to each individual employees account while employed.
- B. Employees shall make annual contributions equal to 2% of their base pay while employed.
- C. There shall be immediate vesting of the Employees contributions.
- D. After 3 years from the employee's hire date, the entire account, employer contributions included, is 100% vested going forward.
- E. The RHS is portable and employees and dependents are eligible to use the account upon separation of employment from the Township either through termination, resignation, retirement or death prior to retirement.
- F. A copy of this document for retiree health insurance policy shall be given to new applicants during the application process.

Section 6

- Premiums are due 1st day of every month, or whatever is mutually agreed upon by the Township and employee.
- Sections 3 and 4 to include Spouse and Dependents.
- Active Service: until terminated by the Township.

XI. BLOOMFIELD TOWNSHIP F.D. PERSONAL APPEARANCE POLICY

Bloomfield Township Fire Department Standard Operating Procedure

202

Title: Personal Appearance

Date Issued: November 22, 2010

Date Last Revised: New

Revision Number: New

Total Pages: 2

PURPOSE:

For the safety of our personnel and respect for our clients, Bloomfield Township firefighters will maintain a professional uniform and neutral appearance to the public. This policy provides regulation and guidelines as it applies to an individual's appearance. It must be recognized that maintenance of a firefighter's personal appearance is essential for proper public image and personal safety. Additionally, effective use of protective equipment and active participation in hazard mitigation dictates that certain restrictions be placed on members.

POLICY:

It is the policy of BTFD to maintain personal safety, a professional uniform, and neutral appearance to the public through the following regulations and guidelines.

PROCEDURE:

I. Tattoos, Piercings, Brandings, and Other Forms of Body Art

- A. Fire personnel cannot have any tattoos, piercings, brandings, intentional scarring or any other form of body art that shows while wearing Bloomfield Township Fire Department regulation uniforms. Because the regulation fire department uniform consists of department short sleeve uniform shirts and t-shirts for unit personnel and a combination of long sleeve and short sleeve shirts for staff personnel, fire personnel are prohibited from having tattoos, piercings, brandings, intentional scarring or any other form of body art in the following locations:
- Hands, wrists, arms, head, neck, lips, nose or tongue
 - Within one inch (measuring upward) of the bottom of the sleeve of a short sleeve shirt, t-shirt, or pant cuff
 - Within one inch of the neck opening (measuring inward) of a shirt or t-shirt

II. Jewelry

- A. Personnel are permitted to wear a single wedding band.
- B. The wearing of earrings and ear gauges or bushings is prohibited while on duty or representing the department in any official capacity.
- C. Conservative necklaces and neck chains are permitted but must be worn tucked inside the uniform shirt and t-shirt and not visible to the public.
- D. Dental ornamentation is prohibited.

III. Hair

- A. Hair will be neatly trimmed, clean and combed or brushed. The total length will not interfere with the normal wearing of departmental headgear, including helmets, SCBA masks, and Class A dress hats.
- B. The hair length, bulk or appearance shall not be excessive, ragged, shabby, bushy, unkempt or neglected.
- C. Hair coloring (dyed hair), if used, must appear natural. Hair will not be worn in braids, ponytails, flips, Mohawk style or cornrows. The wearing of a wig or hairpiece is prohibited except to cover baldness or physical disfigurement caused by accident or medical procedure. When worn, it will conform to the standard haircut criteria, as defined.
- D. Males
 - a. Hair will not extend over the shirt or coat collar when the member is standing with the head in a normal posture. Hair must be neatly tapered, blocked or squared at the base.
 - b. Sideburns, or any hair worn in front of the ear, shall be neatly trimmed and tapered, not extending below the lowest part of the ear lobe, not flared, of even width and ending with a clean-shaven or horizontal line. The growth shall not be more than one-fourth inch (1/4") in depth.
 - c. Hair shall not fall over the ears, but may extend to the top edge of same, if worn in a neat well-groomed manner.
 - d. A length of no more than one inch is permitted on a properly groomed Afro-style haircut.
 - e. All personnel must be clean-shaven upon reporting to work. This includes all hair that grows in and on the nose and ears. Mustaches may be worn with the pattern neatly trimmed. The extent of growth shall be limited to one-half inch (1/2") below or beyond the line of the corner of the mouth. The thickness shall be one-fourth inch (1/4") in depth, not appear bushy, and not cover the lips. The ends may not be waxed or twisted. Full beards, goatees, or other growth of hair below the lower lip, on the chin, or lower jawbone are prohibited. Eyebrows must be neatly trimmed.
- E. Females
 - a. A bun, twist, or braid will be permitted on the top or back of the head, provided it is worn in a neat manner and does not interfere with the normal wearing of departmental headgear, including helmets, SCBA masks, and Class A dress hats.
 - b. No ribbons or ornaments shall be worn in the hair except for neat, inconspicuous bobby pins or conservative barrettes, which blend with the hair color.
 - c. A length of no more than one inch is permitted on a properly groomed Afro-style haircut.

IV. Cosmetics

Cosmetics of conservative color and amount commensurate with the fire department public image may be allowed at the Chief's discretion.

V. Chief's Discretion

The above restrictions are not all inclusive. The Fire Chief reserves the right to limit or restrict any standards of grooming or appearance deemed unprofessional.

**Bloomfield Township Fire Department
Personal Appearance Policy**

I have received a copy of the Bloomfield Township Fire Department Personal Appearance Policy. I have read and understand the Personal Appearance Policy. I agree to be bound by and to abide by the Personal Appearance Policy as established by the Bloomfield Township Fire Department.

Signature

Date

Print Name

To the Applicant: We appreciate your interest in our Township and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, familial, marital or veteran status; or handicap.

Date of Application: _____

**PRINT LEGIBLY IN INK OR
COMPLETE BY TYPEWRITER**

XII. PERSONAL

Name

(Last) (First) (Middle)

Address

(Numbers and Street) (City) (Zip Code)

Home Telephone Number: _____ Day Time Phone Number: _____
(Between 8am-4pm, Monday-Friday)

Social Security Number: _____ Are you 18 years of age or older? Yes () No ()

Are you authorized to work in the United States? Yes () No ()

Have you ever been previously employed here? Yes () No () If so, date(s)

Supervisor's Name: _____

Have you ever filed an application here before? Yes () No () If yes, date(s)

List any relatives or friends working here:

In order to check and verify your work record, have you ever been known by another name? Yes () No ()
If so, please provide name and explanation.

XIII. EMPLOYMENT

Position(s) applying for: _____

Kind of Work Sought: Full-time () Part-Time ()

If part-time, please specify hours and days desired: _____

Salary Desired: _____

Date Available to work: _____

XIV. MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in the State National Guard?

Yes () No () If Yes, What Branch? _____

Rank at Discharge: _____ Date of Discharge: _____

Are you in the reserves? Yes () No () If Yes, date obligation ends: _____

Special/Technical Training: _____

XV. EMPLOYMENT EXPERIENCE (List current or most recent job first. Use additional paper if necessary)

1	<i>Employer:</i>	<i>Address:</i>	<i>Phone Number:</i>
	<i>Job Title:</i>	<i>Supervisor:</i>	<i>Work Performed/Duties:</i>
	<i>Employment Dates:</i> <i>From</i> <i>To:</i>	<i>Hourly rate/Salary</i> <i>Beginning:</i> <i>Ending:</i>	<i>Reason for Leaving:</i>

2	<i>Employer:</i>	<i>Address:</i>	<i>Phone Number:</i>
	<i>Job Title:</i>	<i>Supervisor:</i>	<i>Work Performed/Duties:</i>
	<i>Employment Dates:</i> <i>From</i> <i>To:</i>	<i>Hourly rate/Salary</i> <i>Beginning:</i> <i>Ending:</i>	<i>Reason for Leaving:</i>

3	<i>Employer:</i>	<i>Address:</i>	<i>Phone Number:</i>
	<i>Job Title:</i>	<i>Supervisor:</i>	<i>Work Performed/Duties:</i>
	<i>Employment Dates:</i> <i>From</i> <i>To:</i>	<i>Hourly rate/Salary</i> <i>Beginning:</i> <i>Ending:</i>	<i>Reason for Leaving:</i>

EMPLOYMENT EXPERIENCE (Continued)

4	<i>Employer:</i>	<i>Address:</i>	<i>Phone Number:</i>
	<i>Job Title:</i>	<i>Supervisor:</i>	<i>Work Performed/Duties:</i>
	<i>Employment Dates:</i> <i>From</i> <i>To:</i>	<i>Hourly rate/Salary</i> <i>Beginning:</i> <i>Ending:</i>	<i>Reason for Leaving:</i>

5	<i>Employer:</i>	<i>Address:</i>	<i>Phone Number:</i>
	<i>Job Title:</i>	<i>Supervisor:</i>	<i>Work Performed/Duties:</i>
	<i>Employment Dates:</i> <i>From</i> <i>To:</i>	<i>Hourly rate/Salary</i> <i>Beginning:</i> <i>Ending:</i>	<i>Reason for Leaving:</i>

6	<i>Employer:</i>	<i>Address:</i>	<i>Phone Number:</i>
	<i>Job Title:</i>	<i>Supervisor:</i>	<i>Work Performed/Duties:</i>
	<i>Employment Dates:</i> <i>From</i> <i>To:</i>	<i>Hourly rate/Salary</i> <i>Beginning:</i> <i>Ending:</i>	<i>Reason for Leaving:</i>

XVI. OTHER FIRE DEPARTMENT AGENCIES (to which you have applied.)

<i>Name of Fire Department Agency</i>	<i>Location</i>	<i>Year Applied</i>	<i>Present Hiring/ Employment Status</i>

XVII. EDUCATION

<i>Type</i>	<i>Name/Location (Address, City State)</i>	<i>Years Completed</i>	<i>Diploma/ Degree</i>	<i>Course of Study</i>
<i>Elementary</i>				
<i>Middle/ Junior High School</i>				
<i>High School</i>				
<i>College</i>				
<i>Graduate</i>				
<i>Vocational School</i>				
<i>Other (specify)</i>				
<i>Other (specify)</i>				
<i>Other (specify)</i>				

XVIII. REFERENCES *Do not include relatives or former employers. List at least (2) peer references (within 5 years of your age)*

	<i>Name</i>	<i>Address, City, State, Zip Code</i>	<i>Telephone Number</i>	<i>Years Acquainted</i>
<i>1</i>				
<i>2</i>				
<i>3</i>				
<i>4</i>				

XIX. ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes () No ()

If so, where, when and nature of offense: _____

Do you have any felony charges pending against you? Yes () No ()

If so, where, when and nature of offence: _____

Do you have a valid drivers license? Yes () No ()

License Number: _____ State: _____

List professional, trade, business or civic activities and offices held, excluding groups the name or character of which indicates race, color, religion, sex, national origin, age, handicap, familial, marital, or veteran status:

State any additional information that you feel may be helpful to us in considering you application:

XX. AUTHORIZATION TO RELEASE INFORMATION

We appreciate your interest in employment opportunities with Bloomfield Township. As part of our normal procedure during the pre-employment process, we may perform a routine inquiry into your background based on the information you have provided us. In order for such information to be released, we need your concurrence. Therefore, please read the following statement *carefully* and indicate your agreement by signing below.

TO WHOM IT MAY CONCERN:

I hereby authorize Bloomfield Township (the "Employer"), or other authorized representative of the Employer, within one (1) year from the date hereof, to obtain any information in your files pertaining to my employment, military record, credit record, medical or educational records, including but not limiting to, academic, achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon the request of the Employer or its authorized representation. I hereby release the Employer and any authorized representative, as custodian of such records, and any school, college, university, or other educational institution; hospital, or other repository of medical records; credit bureau; law enforcement agency; lending institution; consumer reporting agency; or other business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages whatsoever, which may at any time result to me, my heirs, family or associates because of the Employer's request for and/or review of records described in this Authorization to release information. Should there be any questions as to the validity of this Release, you may contact me as indicated below.

Date: _____

Full Name- Signature_____
Full Name- Print or Type_____
Current Address- Print or Type_____
Driver's License Number_____
State of Issue_____
Social Security Number_____
(Area Code) Telephone Number

Have you been known by any other names? _____