

WATERFORD REGIONAL FIRE DEPARTMENT



ENTRY LEVEL FIREFIGHTER



About

Our Department

The Waterford Regional Fire Department proudly serves three communities across a 60-square-mile area. Yearly response to over 15,000 emergencies, exemplifying our commitment to aggressive firefighting and exceptional EMS services. Join our team of 115 Firefighter/Paramedics operating from nine strategically located fire stations. Be part of a respected and dynamic team dedicated to public safety and community service.

Starting Salary (Paramedic): \$63,000, with progression to \$93,000 after four years of service.

Get in Touch

Contact Us

Human Resources: Arlene Ward

Phone: 248-674-6252

Email: award@waterfordmi.gov

Website: www.waterfordmi.gov/289/fire

For additional questions, contact:

Fire Chief: 248-673-0405

Scan QR code to apply



Our

Requirements

- High School Diploma or GED.
- Certifications:
 - Firefighter I & II
 - EMT
 - Paramedic (Prioritized)
- CPAT or OPAT certification (within 30 days of conditional employment).
- Successful completion of:
 - Background Investigation
 - Psychological Examination
 - Medical Examination
 - Oral Board
 - Chief's Interview
- Obtain Paramedic certification within three years of employment.

Priority Hiring Considerations

- Candidates with Firefighter I & II certifications and a State of Michigan Paramedic License.
- Lateral pay based on years of service with a full-time IAFF department.

Our

Benefits

401(A) Retirement plan employer 18% of base pay
401(A) Retirement plan employee 5% of base pay
Retiree Health savings account 3% of base pay
Annual Food allowance Pay \$2,200.
Family Health Care Blue Care Network HMO
Delta Dental family plan
Employees can participate in a 457 (B) retirement plan.
Vacation and sick overage payout.

BOARD OF TRUSTEES

Gary Wall, Supervisor
Kim Markee, Clerk
Steven Thomas, Treasurer
Anthony M. Bartolotta, Trustee
Marie E. Hauswirth, Trustee
Janet Matsura, Trustee
Mark Monohon, Trustee



5200 Civic Center Drive
Waterford, Michigan 48329-3773
Telephone: (248) 674-6252 Fax: (248) 618-7519
www.waterfordmi.gov

Mark Simlar
Human Resources Director
Msimlar@waterfordmi.gov

IMPORTANT INFORMATION FOR FIRE DEPARTMENT APPLICANTS:

The Charter Township of Waterford Civil Service Commission has established minimum qualifications for entry level Fire applicants for the Waterford Regional Fire Department. This is an open recruitment with no closing date.

Applicants must have a high school diploma a valid Driver License and one the following qualifications along with **documentation** at the time of submission of their Application. COPIES of all certificates and licenses **MUST** accompany the application:

1. Firefighter I & II, Paramedic License
2. Paramedic only (FD will sponsor academy) must complete within one year
3. Firefighter I & II and State of Michigan EMT License *see Paramedic License*

***Paramedic License:** Applicants must have Basic EMT at the time of application and have their State of Michigan Paramedic License within 3 years of their hire date. If not, your employment with the Waterford Regional Fire Department will be terminated immediately.

OPAT or CPAT: Must have a current OPAT/CPAT **within 30 days** of signing conditional offer.
Without a current certificate on file **you will be terminated** at that time.
It is suggested that you obtain this as soon as possible.

OPAT: <https://www.oaklandcc.edu/crest/fire/physicalagility.aspx>
CPAT: <https://www.c-w-w.org/wp-content/uploads/2022/02/2022-Firefighter-Testing-Brochure.pdf>

In addition to the above stated requirements, applicants will be evaluated on the basis of the following:

- Oral Board & Chief's interview
- A medical and psychological examination and drug screening
- Background Investigation including driving record.

Lateral Pay – Based on years of full-time service with an IAFF Department

The attached short form application is to be used to review your minimum qualifications, minimal information on your background and to contact you for the interview process. This Application along with the required documentation are to be returned to the Human Resources Department.

Any questions can be directed to the Human Resources Department, at 5200 Civic Center Drive, Waterford, Michigan 48329. (248) 674-6252 or award@waterfordmi.gov

**With us there are no
boundaries**



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Waterford, Michigan 48329-3773
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____ Fire Department

Applications are considered for employment without regard to race, color, religion, sex, national origin, age, marital status and in compliance with State and Federal regulations on handicappers civil rights. Under the Michigan Handicappers' Civil Rights Act, a handicapper may allege a violation of the Act regarding the failure to accommodate only if the handicapper notifies the employer in writing of the need for accommodation within 182 days after the date the handicapper knew or reasonable should have known that an accommodation was needed.

PLEASE PRINT IN BLACK INK OR TYPE

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____
No. Street City State Zip

TELEPHONE: _____ EMAIL _____
(Area Code & Home Number)

DATES OF ABOVE RESIDENCE: _____
From To

S.S. Number _____ - _____ - _____ DRIVER'S LICENSE NO: _____

PREVIOUS ADDRESS: _____
No. Street City State Zip

U.S. CITIZEN? YES ____ NO ____ HIGH SCHOOL GRADUATE? YES ____ NO ____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A CRIME? YES ____ NO ____

ARE YOU NOW UNDER CHARGES FOR A CRIME? YES ____ NO ____

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A JOB? YES ____ NO ____

We do not accept faxed copies of applications or documents

LIST ALL TRAFFIC OFFENSES FOR THE LAST THREE YEARS (INCLUDE DATES):

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES ____ NO ____

HAVE YOU EVER BEEN REQUIRED TO ATTEND DRIVER SAFETY SCHOOL? YES ____ NO ____

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT IN WHICH YOU RECEIVED
A TRAFFIC CITATION? YES ____ NO ____

HAVE YOU EVER BEEN IN MILITARY SERVICE? YES ____ NO ____

DATE ENTERED: _____ DATE OF DISCHARGE: _____

TYPE OF DISCHARGE: _____ RANK UPON DISCHARGE: _____

BRANCH OF SERVICE: _____

JOB CLASSIFICATION IN SERVICE & TRAINING: _____

EDUCATIONAL BACKGROUND

CIRCLE HIGHEST GRADE COMPLETED

GRADE SCHOOL ☐ 6 ☐ 7 ☐ 8 HIGH SCHOOL ☐ 9 ☐ 10 ☐ 11 ☐ 12 COLLEGE ☐ 1 ☐ 2 ☐ 3 ☐ 4

HIGH SCHOOL GED? YES ☐ NO ☐

| SCHOOL | NAME & ADDRESS | DATES | MAJOR | GRADE AVR. DEGREE |
|--------------------|----------------|-------|-------|----------------------|
| GRADE SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| GRADUATE SCHOOL | | | | |
| BUSINESS SCHOOL | | | | |
| MILITARY | | | | |

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**If the required documentation is not submitted with this application it will
not be accepted.**

EMPLOYMENT HISTORY

LIST BELOW YOUR EMPLOYMENT HISTORY STARTING WITH YOUR PRESENT OR MOST RECENT JOB FIRST. ***If ADDITIONAL SPACE IS REQUIRED, LIST ON A SEPARATE SHEET*** AND ATTACH TO APPLICATION. **PLEASE** COMPLETE IN DETAIL.

1. EMPLOYER: _____

ADDRESS: _____
No. Street City State Zip

TELEPHONE NUMBER: _____ YOUR JOB TITLE: _____

DATE STARTED: _____ DATE TERMINATED: _____

WAGES: \$ _____ PER: _____ SUPERVISOR'S NAME: _____

REASON FOR LEAVING: _____

2. EMPLOYER: _____

ADDRESS: _____
No. Street City State Zip

TELEPHONE NUMBER: _____ YOUR JOB TITLE: _____

DATE STARTED: _____ DATE TERMINATED: _____

WAGES: \$ _____ PER: _____ SUPERVISOR'S NAME: _____

REASON FOR LEAVING: _____

3. EMPLOYER: _____

ADDRESS: _____
No. Street City State Zip

TELEPHONE NUMBER: _____ YOUR JOB TITLE: _____

DATE STARTED: _____ DATE TERMINATED: _____

WAGES: \$ _____ PER: _____ SUPERVISOR'S NAME: _____

REASON FOR LEAVING: _____

4. EMPLOYER: _____

ADDRESS: _____
No. Street City State Zip

TELEPHONE NUMBER: _____ YOUR JOB TITLE: _____

DATE STARTED: _____ DATE TERMINATED: _____

WAGES: \$ _____ PER: _____ SUPERVISOR'S NAME: _____

REASON FOR LEAVING: _____

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MAY WE CONTACT PRESENT AND/OR ALL PREVIOUS EMPLOYERS? YES ____ NO ____

LIST EXCEPTIONS AND REASONS: _____

LIST HOBBIES, LEISURE TIME ACTIVITIES AND INTERESTS: _____

LIST ALL CLUBS, FRATERNITIES, BUSINESS, PROFESSIONAL CIVIC OR OTHER ORGANIZATIONS TO WHICH YOU BELONG: (EXCLUDE THOSE WHICH INDICATE RACE, CREED, COLOR OR NATIONAL ORIGIN):

CHARACTER REFERENCES (EXCLUDE RELATIVES AND FORMER EMPLOYERS)

- | | | |
|----|------------------|------------|
| 1. | _____ | _____ |
| | Name | Address |
| | _____ | _____ |
| | Telephone Number | Occupation |
| 2. | _____ | _____ |
| | Name | Address |
| | _____ | _____ |
| | Telephone Number | Occupation |
| 3. | _____ | _____ |
| | Name | Address |
| | _____ | _____ |
| | Telephone Number | Occupation |
-

CREDIT REFERENCES – (Ex: Mortgage Company, Financial Institution, Credit Card, Car loans etc.)

- | | Name | Address | Telephone Number |
|----|-------|---------|------------------|
| 1. | _____ | | |
| 2. | _____ | | |
| 3. | _____ | | |

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WHY ARE YOU INTERESTED IN EMPLOYMENT WITH THE WATERFORD TOWNSHIP POLICE
OR FIRE DEPARTMENT?

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AGREEMENT AND UNDERSTANDING

THE INFORMATION FURNISHED ON THIS APPLICATION AND SUPPLEMENTS THEREOF IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE WATERFORD TOWNSHIP TO VERIFY OR INVESTIGATE THIS INFORMATION AND ALSO AUTHORIZE THE ORGANIZATIONS AND PERSONS NAMED IN THE APPLICATION TO RELEASE INFORMATION REGARDING ME. I UNDERSTAND THAT MY FURNISHING OF ANY FALSE INFORMATION ON THIS OR ANY TOWNSHIP RECORD IS REASON FOR DISQUALIFICATION AS A CANDIDATE FOR EMPLOYMENT OR CAUSE FOR TERMINATION IF I AM EMPLOYED. I AGREE TO HOLD THE CHIEF OF POLICE, FIRE CHIEF, THE TOWNSHIP BOARD, TOWNSHIP OFFICIALS AND THE CIVIL SERVICE COMMISSION AND THEIR EMPLOYEES OR AGENTS HARMLESS FROM ANY AND ALL DAMAGE THEY MIGHT SUFFER BY REASON OF ANY ACT OR COMMISSION OF MINE.

____ Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.

UNDER THE PROVISIONS OF THE OPEN MEETING ACT, PUBLIC ACT NO. 267 OF 1976, PASSED BY THE STATE OF MICHIGAN AND EFFECTIVE APRIL 1, 1977, I UNDERSTAND THE REVIEW OF MY APPLICATION FOR EMPLOYMENT BY THE WATERFORD TOWNSHIP CIVIL SERVICE COMMISSION IS SUBJECT TO AN OPEN PUBLIC MEETING.

I HEREBY REQUEST A WAIVER, SO THAT MY APPLICATION FOR EMPLOYMENT IS NOT REVIEWED AT A PUBLIC MEETING, BUT INSTEAD THAT MY APPLICATION REMAIN CONFIDENTIAL UNDER THE PROVISIONS OF THIS ACT. BY SIGNING BELOW, THIS MEANS I WISH TO HAVE MY APPLICATION REVIEWED IN A CLOSED MEETING.

____ My application can be reviewed in an open meeting ____ I do not want an open meeting

I AUTHORIZE THE CHARTER TOWNSHIP OF WATERFORD TO RELEASE ANY INFORMATION (EVEN IF MORE THAN FOUR YEARS OLD) RELATING IN ANY WAY TO MY EMPLOYMENT INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMAND OR OTHER NOTICES OF DISCIPLINARY ACTION WHEN SUCH INFORMATION IS REQUESTED BY ANY PROSPECTIVE OR SUBSEQUENT EMPLOYERS WITHOUT ANY OBLIGATION (BY THEM OR YOU) TO GIVE ANY NOTICE OF SUCH DISCLOSURE.

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**AGREEMENT AND UNDERSTANDING
(CONTINUED)**

I UNDERSTAND THAT ANY EMPLOYMENT OFFER IS CONDITIONAL UPON THE RESULT OF A DRUG SCREENING TEST, A POST OFFER PRE-EMPLOYMENT MEDICAL EXAMINATION AND PSYCHOLOGICAL EVALUATION.

_____ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

IF EMPLOYED, I UNDERSTAND THAT IF I AM OR BECOME HANDICAPPED IN NEED OF ACCOMMODATIONS FOR EMPLOYMENT, I MUST NOTIFY THE OFFICE OF FISCAL & HUMAN RESOURCES IN WRITING WITHIN 182 DAYS AFTER THE NEED IS KNOWN OR REASONABLY SHOULD HAVE BEEN KNOWN TO ME. FAILURE TO PROPERLY NOTIFY THE TOWNSHIP WILL PRECLUDE ANY CLAIM THAT THE EMPLOYER FAILED TO ACCOMMODATE THE HANDICAPPER.

_____ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

I UNDERSTAND THAT, AS A CONDITION OF MY CONSIDERATION FOR EMPLOYMENT WITH THE CHARTER TOWNSHIP OF WATERFORD ("TOWNSHIP") AND AS A CONDITION OF MY CONSIDERATION FOR EMPLOYMENT WITH THE TOWNSHIP, THE TOWNSHIP MAY OBTAIN A CONSUMER REPORT THAT INDICATES, BUT IS NOT LIMITED TO, MY CREDITWORTHINESS OR SIMILAR CHARACTERISTICS, EMPLOYMENT AND EDUCATION VERIFICATION, SOCIAL SECURITY VERIFICATION, CRIMINAL AND CIVIL HISTORY, PERSONAL INTERVIEWS, DRIVING RECORDS, ANY OTHER PUBLIC RECORDS AND ANY OTHER INFORMATION BEARING ON MY CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND TRUSTWORTHINESS.

I HEREBY AUTHORIZE AND CONSENT TO THE TOWNSHIP'S PROCUREMENT OF SUCH A REPORT. I UNDERSTAND THAT, PURSUANT TO THE FEDERAL FAIR CREDIT REPORTING ACT, THE TOWNSHIP WILL PROVIDE ME WITH A COPY OF ANY SUCH REPORT IF THE INFORMATION IN SUCH REPORT IS, IN ANY WAY, TO BE USED IN MAKING A DECISION REGARDING MY FITNESS FOR EMPLOYMENT WITH THE TOWNSHIP. I FURTHER UNDERSTAND THAT SUCH REPORT WILL BE MADE AVAILABLE TO ME PRIOR TO ANY SUCH DECISION BEING MADE, ALONG WITH THE NAME AND ADDRESS OF THE REPORTING AGENCY THAT PRODUCED THE REPORT.

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**AGREEMENT AND UNDERSTANDING
(CONTINUED)**

I AGREE THAT ANY LAWSUIT AGAINST THE TOWNSHIP 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 ONE YEAR OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATIONS PERIOD TO THE CONTRARY.

_____ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE CHARTER TOWNSHIP OF WATERFORD. I FURTHER ACKNOWLEDGE I WILL BE ON PROBATIONARY STATUS FROM MY DATE OF HIRE. AS A PROBATIONARY EMPLOYEE, I AM REQUIRED TO WORK DURING THE PROBATIONARY PERIOD WITHOUT INTERRUPTIONS. AS A PROBATIONARY EMPLOYEE, I UNDERSTAND MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT THE OPTION OF THE TOWNSHIP OR MYSELF. I UNDERSTAND THAT NO OFFICER OR REPRESENTATIVE OF THE TOWNSHIP HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, EXCEPT THE TOWNSHIP SUPERVISOR, AND ANY SUCH AGREEMENT MUST BE MADE IN WRITING, DIRECTED TO ME PERSONALLY. I FURTHER ACKNOWLEDGE THAT AFTER MY PROBATIONARY PERIOD ENDS, I WILL BE SUBJECT TO THE TERMS AND CONDITIONS OF A COLLECTIVE BARGAINING AGREEMENT.

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RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN

I hereby authorize any representative of the Charter Township of Waterford bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Charter Township of Waterford. Consent is granted for the Charter Township of Waterford to furnish such information as is described above, to third parties in the course of the Charter Township of Waterford fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below:

FULL NAME (PRINT OR TYPE) _____

DATE OF BIRTH

TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

SOCIAL SECURITY NUMBER

CURRENT ADDRESS: NUMBER & STREET NAME CITY STATE ZIP

_____ **Placing a check in the box serves two purposes: (1) that the person filing this form is the actual applicant (2) The person understands and agrees to this provision.**

DATE _____

Authority: Act 78 of P.A. of 1935
Act 155 of P.A. of 1986

Completion Voluntary

You can save and email your application to award@waterfordmi.gov

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