



# Recruiting for Full-Time Firefighter/Paramedic

Under the general supervision of the Fire Captain and/or Lieutenant the Firefighter shares responsibility for providing a multitude of emergency services to the Traverse City citizens, businesses and guests. The Traverse City Fire Department is responsible for providing all emergency life safety services within the City limits and non-emergency services such as inspections, code enforcement, and public education programs. Firefighters participate in duties on a rotational basis as assigned, providing them with the opportunity to participate in all aspects of fire suppression service activities.

## Professional Requirements

Michigan Firefighter I Certification

Michigan Firefighter II Certification

*(OR equivalent Certification form another State)*

Michigan Paramedic License

*(Consideration for those who are working towards Paramedic License)*

## Benefits Include:

- \*Base wage of \$16.15/hr or \$47,028.80 with automatic step increases
- \*Health Insurance with contribution of deductible into Health Savings Account
- \*Voluntary Dental and Vision Coverage
- \*Paid Vacation, Short-term Leave and Holidays
- \*Employer paid Life Insurance and Short-term Disability
- \*Deferred Compensation Plan
- \*ACT 345 Retirement Plan
- \*Tuition Reimbursement

**To Apply for this FT (Budgeted) Position:**  
**Application Packets can be obtained by visiting our website**  
**at [www.traverscitymi.gov/employment.asp](http://www.traverscitymi.gov/employment.asp)**  
**Send applications to [citypers@traverscitymi.gov](mailto:citypers@traverscitymi.gov)**  
**Or via mail at 400 Boardman Ave Traverse City, MI 49684**  
**Attention: Human Resources**

## Additional Incentive Pay

- ◆ Longevity
- ◆ EMT LICENSE
- ◆ Physical Fitness
- ◆ (ARFF) Aircraft Rescue Firefighting
- ◆ Meal Allowance

**Successful Completion  
Required for  
Employment**

**Physical Agility  
Written Test**

*Dates will be announced to  
qualified candidates*

[Click here to Review Full 2016-2021 Contract](#)



all-hazards emergency response agency that will provide protection and safety for the public. The Traverse City Fire Department is an



**CITY OF TRAVERSE CITY, MICHIGAN**  
An Equal Opportunity Employer



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**CITY OF TRAVERSE CITY FIRE DEPARTMENT**  
**EMPLOYMENT APPLICATION**

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**INSTRUCTIONS:** All applications for employment must be made on this form. Applicants are urged to consider carefully and understand fully each question and to print the response in the proper blanks. All information submitted is subject to verification. A false or misleading response may result in disqualification for employment.

Each applicant appointed to a position with the Fire Department of the City of Traverse City shall meet minimum requirements, including the successful completion of written, strength and agility, physical evaluation, and oral examinations.

A newly appointed employee shall be required to complete a probationary period, during which time such employee may be separated for cause without appeal. This probationary period is considered the last state of the selection process.

According to Law, the City of Traverse City may not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions or privileges of employment or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, or marital status unless any such condition is a bona fide occupational qualification reasonably necessary to the normal operation of the business.

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1. Position applying for \_\_\_\_\_
2. Name \_\_\_\_\_  
(First) (Middle) (Last)
3. Address \_\_\_\_\_  
(Number) (Street or PO Box) (City)(State) (Zip)
4. Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
5. Email Address \_\_\_\_\_
6. When will you be available to start work? \_\_\_\_\_

7. Check all types of work you would accept.

\_\_\_\_\_Permanent \_\_\_\_\_Temporary \_\_\_\_\_Day Work \_\_\_\_\_Shift Work

8. Are you authorized to work in the United States? YES \_\_\_\_\_ NO \_\_\_\_\_  
(if yes, verification will be required)

9. EDUCATION AND TRAINING: Do you possess a High School Diploma (or G.E.D.)? \_\_\_\_

If not, last grade completed \_\_\_\_\_

School name, City and State \_\_\_\_\_

\_\_\_\_\_

Other Schools Attended	City and State	Course or Major Studied	Degree or Certificate Received
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\_\_\_\_\_

\_\_\_\_\_

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Other training you received (for example, special courses, work training programs, armed forces training). Please estimate the number of hours of training you received.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. CERTIFICATIONS FOR ENTRANT FIRE FIGHTER/PARAMEDIC: You must possess all three of the following certifications. Please indicate which certifications you currently possess and **attach** a copy of each or you will be automatically disqualified.

\_\_\_ State of Michigan Firefighter I Certification or equivalent as defined by the Michigan State Firefighter Training Council or equivalent certification from another state.

\_\_\_ State of Michigan Firefighter II Certification or equivalent as defined by the Michigan State Firefighter Training Council or equivalent certification from another state.

\_\_\_ Paramedic License or equivalent as defined by the Michigan Department of Public Health, EMS Division or equivalent certification from another state.

11. EXPERIENCE: Start with your present or last job and work backwards. Include paid or unpaid, full or part-time, military, summer jobs, etc. Note: We may contact any previous employers to verify your statements.

Starting Date \_\_\_\_\_ Salary or hourly rate \_\_\_\_\_

Ending Date \_\_\_\_\_ Hours per week \_\_\_\_\_

Name and address of present or last employer \_\_\_\_\_

\_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

\_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

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Starting Date \_\_\_\_\_ Salary or hourly rate \_\_\_\_\_

Ending Date \_\_\_\_\_ Hours per week \_\_\_\_\_

Name and address of present or last employer \_\_\_\_\_

\_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

\_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

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Starting Date \_\_\_\_\_ Salary or hourly rate \_\_\_\_\_

Ending Date \_\_\_\_\_ Hours per week \_\_\_\_\_

Name and address of present or last employer \_\_\_\_\_

\_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

\_\_\_\_\_

Description of duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

If more than three previous employers, list others here:

<u>From</u>	<u>To</u>	<u>Company &amp; Address</u>	<u>Position</u>	<u>Salary</u>	<u>Reason for leaving</u>
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12. **OTHER SPECIALIZED QUALIFICATIONS AND SKILLS:** List qualifications and skills you possess such as active technical/professional licenses and numbers, academic or professional awards.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. **MILITARY SERVICE:** Have you ever served in the Armed Forces of the United States or National Guard? \_\_\_\_\_

If yes, complete the following: Branch of Service \_\_\_\_\_

Active Duty: From \_\_\_\_\_ To \_\_\_\_\_

Rank upon Separation or Discharge \_\_\_\_\_

Type of Separation or Discharge \_\_\_\_\_

Are you presently a member of the active reserves? \_\_\_\_\_

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**ADDITIONAL INFORMATION**

Have you ever been employed by the City of Traverse City? \_\_\_\_\_

If yes, when? \_\_\_\_\_ What Department? \_\_\_\_\_

List any relatives working here and their relationship to you: \_\_\_\_\_

Have you ever been convicted of any violation of law other than traffic offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where, when and nature of offense(s): \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_

Have you had your driver's license suspended or accumulated more than four points?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where, when and nature of offense(s): \_\_\_\_\_

Have you tested positive, or refused a test within the past two years on any DOT pre-employment drug and/or alcohol test administered by a DOT-covered employer?

Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Have you ever been dismissed from any position? (If answer is yes, give complete details.)

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Have you ever been forced to resign from any position? (If answer is yes, give complete details.)

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STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

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### EMPLOYMENT REFERENCES

1.  
NAME, ADDRESS, PHONE NUMBER

2.  
NAME, ADDRESS, PHONE NUMBER

3.  
NAME, ADDRESS, PHONE NUMBER

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### REQUIRED DOCUMENTS:

- Completed Application of Employment
- Copy of Driver's License
- Copy of Birth Certificate
- High School or GED Transcripts
- College Transcripts (if applicable)
- Training Academy Transcripts
- Firefighter I and Firefighter II certification
- Copy of EMT License
- Copy of CPR Card

**AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment or education with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers, including disciplinary employment records. I specifically waive any rights to be notified under Section 6(3)(a) of the Michigan Bullard-Plawecki Act of the release of personnel file information by prior employers and of the release of personnel file information to prospective employers by the City of Traverse City. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

If applying for a position with the City of Traverse City, I understand I may be subject to a full background investigation, including finger print checks, a review of police and arrest records, and a review of any criminal conviction history. If applying for a position which involves working with children, I understand that I am subject to a background investigation that will include a review of any criminal conviction history.

I agree that any action or suit against the City 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 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the City in which the City prevails, I will pay to the City any and all costs incurred by the City in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer employment physical and drug test are known.

**FOR BARGAINING UNIT POSITION APPLICANTS:** I understand that conditions of my employment will be in accordance with the applicable collective bargaining unit agreement with the City of Traverse City. I agree that I shall be bound by the rules, policies, regulations, and terms of employment of the City as they are from time to time changed, and no additional obligations can be imposed on the City except those which have been acknowledged in writing by the City Manager. I further understand that the Michigan Handicappers' Civil Rights Act, MCL 37.1101, et seq, requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the City in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Under the Act, failure to properly notify the City will preclude any claim that the employer failed to accommodate the handicapper.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY EMPLOYER:** The City of Traverse City considers applicants for all positions without regard to race, religion, sex, national origin, age, marital status, handicap, or any other legally protected status.

**NOTE:** Please ensure every line is completed. If the question does not apply, write N/A. Do not leave the space blank or refer to your resume. Fill out every section and sign above Applicants are responsible for completing the application. Failure to do so may result in it being withdrawn from the process.





## PHYSICIAN APPROVAL

### FOR FIRE FIGHTER PHYSICAL AGILITY TEST

#### CANDIDATE INSTRUCTIONS

This form must be completed by a physician NO MORE THAN 30 DAYS PRIOR to the test date. The physician must indicate his/her approval of each testing event by initialing next to the event description. In addition, the physician must also approve candidate's participation in the overall AGILITY TEST by indicating such approval on the physician's prescription pad. You will not be allowed to participate in the AGILITY TEST if this Physician's Approval Form and the physician's approval on a prescription pad are not submitted.

#### PHYSICIAN INSTRUCTIONS

\_\_\_\_\_ is a candidate for the position of Fire Fighter or Fire Inspector with the Traverse City Fire Department. To begin the testing process, the candidate must participate in and successfully pass the AGILITY TEST, which consists of eleven (11) events as described below. The candidate will not be allowed to participate in the AGILITY TEST without written approval and recommendation of a physician.

*PLEASE REVIEW EACH SECTION OF THE AGILITY TEST. PLEASE INDICATE YOUR APPROVAL THAT THE CANDIDATE MAY PARTICIPATE IN EACH EVENT OF THE AGILITY TEST* by affixing your initials NEXT to the description of each testing event. IN ADDITION, please submit on a Prescription Pad your approval that the candidate is "approved to participate in the Physical Agility Test."

#### **AGILITY TEST - TRAVERSE CITY FIRE DEPARTMENT**

The agility test will consist of two sections. The first section shall consist of several events that are to be done continuously. The events will simulate evolutions that may be done at a fire scene. This entire section will be pass/fail with a maximum passing time of eight (8:00) minutes. The second section shall consist of non-timed event to be started within ten (10:00) minutes of completing Section I.

**Section I** - Continuous events as follows. All events will be done wearing currently approved NFPA safety gear to include: turnout coat, turnout pants, turnout boots, helmet, gloves, (all with liners), and SCBA (45 minute rated bottle) with approximately 4500 PSI in the bottle. The candidate shall breathe from the SCBA for this event. A proctor will follow the candidate through the entire course and time the candidate. Time starts when the candidate successfully picks up the hose in the first event and stops when the candidate has successfully completed all of the following events in numerical order. The candidate has eight (8:00) minutes to complete this portion of the test. The proctor shall

notify the candidate of the time elapsed in 2 minute intervals. There is no running allowed between events. Running is only allowed during the hose drag event. On stair and ladder climbs the candidate must hit every step going up and down. He/she may walk quickly but safely. At any time during the test if the proctor thinks you are performing unsafely, the candidate may be disqualified.

1. Hose drag - the candidate shall drag on a flat surface 100 feet of charged 1 ½" hose, including a nozzle, a distance of 150 feet to a predetermined line then turn around and drag it back 150 feet to the starting point. The candidate may run during this event.

**Physician's approval initials** \_\_\_\_\_

2. Ladder Removal, Carry, Raise, Climb - the candidate shall remove a 16 foot metal roof ladder from hooks positioned approximately 6 feet 6 inches from the floor, carry the ladder approximately 50 feet to a predetermined point on the building, raise the ladder against a building, climb the ladder and touch the top edge of the roof, then climb down to the ground.

**Physician's approval initials** \_\_\_\_\_

3. Simulated Ventilation/Forcible Entry - the candidate shall use an 8 pound sledge hammer to hit the end of a railroad tie twenty (20) times. The sledge hammer must be raised to at least shoulder height for each swing. The proctor will count out loud for each successful swing.

**Physician's approval initials** \_\_\_\_\_

4. Return the ladder positioned on the building from Step 2 to its original position on the hooks.

**Physician's approval initials** \_\_\_\_\_

5. Beam walk - the candidate, given a beam stabilized on a flat floor and measuring approximately 20 feet long by 3 to 4 inches wide, and given a length of fire hose weighing at least forty (40) pounds, shall walk the length of a beam carrying the hose without falling or stepping off the beam. The hose roll must be placed on the ground past the line at the end of the beam. If the candidate falls off the beam or the hose bundle touches the ground, the candidate must return to the beginning of the beam walk and start this event over.

**Physician's approval initials** \_\_\_\_\_

6. Window simulation - the candidate shall climb through a simulated window. The base of the window opening shall be approximately 4 feet 6 inches in height. (Walk to the bottom of the hose tower.)

**Physician's approval initials** \_\_\_\_\_

7. Hose carry - from a predetermined position at the bottom of the hose tower stairway, the candidate shall carry the following up 6 flights of stairs (3 stories),

100 feet of 1 ½" hose with nozzle, and 2 ½" adapter, to be placed at a predetermined position at the top of the stairs.

**Physician's approval initials** \_\_\_\_\_

8. Hose raise - the candidate shall raise 1 ½" hose roll weighing approximately 20 pounds from the basement floor of the hose tower to the top landing and over the railing. The raise must be completed without letting the working rope touch the railing.

**Physician's approval initials** \_\_\_\_\_

9. The candidate shall carry the 100 feet of 1 ½" hose from event 7 down to its original position at the base of the hose tower.

**Physician's approval initials** \_\_\_\_\_

10. Simulated Basement Rescue with Dummy - the candidate shall enter the basement door at the bottom of the hose tower stairs and shall crawl through a darkened room using a left handed search pattern until a 115 to 125 pound rescue dummy is found by the rear exit door of the basement. The candidate shall then open the outside exit door of the basement and carry or drag the dummy (without the use of the handle on the back) up the outside stairwell (3 flights) and position the dummy on the ground across the finish line. The proctor will stop the time when the dummy and the candidate are completely across the line and the dummy is on the ground.

**Physician's approval initials** \_\_\_\_\_

**Section II** - Aerial Ladder Climb

Within ten (10) minutes of completing the Section I, the candidate shall continuously climb to the top of a 100 foot aerial ladder and return to the ground. The ladder shall be unsupported, extended to 100 feet, and at an approximate 65 degree angle. This event is not timed and shall be done in a controlled and safe manner. The candidate shall wear all of the equipment that was worn in Section I except the face mask. The candidate will not be breathing from the SCBA bottle for this event. This section is pass/fail.

**Physician's approval initials** \_\_\_\_\_

**[ATTACH PHYSICIAN "Prescription Pad" Approval HERE]**