Bloomfield Township

APPLICATION FOR EMPLOYMENT

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.

Bloomfield Township is an equal opportunity employer. Bloomfield Township does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone Number _____
(Number) (Street) (City) (Zip)

Email Address _____ Social Security No. XXX-XX-_____

Are you authorized to work in the United States? Yes _____ No _____ Are you 18 years or older? Yes _____ No _____

Have you been previously employed here? Yes _____ No _____ If yes, date(s) _____

Supervisor Name(s) _____

List any friends or relatives working here: _____

EMPLOYMENT DESIRED:

Position applied for: _____

Employment Type: Full time _____ Part time _____ Other _____

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

Salary/Hourly Rate Desired: _____ Date available to begin work : _____

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a 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 _____

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

1	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
2	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
3	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	
4	Employer	Dates From To	Work Performed
	Address		
	Job Title	Hourly Rate/Salary Starting Final	
	Reason for leaving		
	Supervisor	Supervisor Phone #	

EDUCATION

	Name/Location	Years Completed	Diploma Degree	Courses Of Study
Elementary				
High School				
College				
Graduate				
Vocational/Training				

Any other educational training: _____

CRIMINAL RECORD

Have you ever been convicted of or have pleaded "no contest", "nolo contendere", or "guilty" to a crime (a felony or misdemeanor) that has not been judicially ordered sealed or expunged or statutorily eradicated. You may exclude minor traffic offenses, such as, for example, traffic tickets.

Yes ☐ No ☐

If yes, state: when, where, nature of offense, location of court, and sentence:

A conviction will not automatically bar you from employment. Each conviction will be evaluated on its own merits with respect to the offense, the date of the conviction, and the sentence imposed. All circumstances will be considered, including your age at the time of hte offense, the date of the offense, the seriousness of the offense, and the job for which you are applying.

Are there any felony charges currently pending against you?

Yes ☐ No ☐

REFERENCES (Please include former supervisors or professional colleagues.)

	Name	Company/Title	Phone Number	Years Acquainted
1				
2				
3				

ADDITIONAL INFORMATION

Do you have a valid driver's license? Yes _____ No _____ License No. _____ State _____

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

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

AUTHORIZATION AND UNDERSTANDING

Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand the you may verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my pervious disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I understand that no verification of my credit history or request for a "consumer report" under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on me, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE ELECTED TOWNSHIP SUPERVISOR, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE TOWNSHIP SUPERVISOR. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of of employment of the Township as they are from time to time changed and that no additional obligations can be imposed by me on the Township except those which have been acknowledged, in writing, by the director or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) 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 disability employees and applicants may request an accommodation of their disability by notifying the Township in writing ofthe 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 employer failed to accommodate the disabled person under Michigan Law.

_____ _____

Signature Date

Application can not be submitted directly from here. You must save it to a local drive, then either email it or print it to be submitted.

AUTHORIZATION TO RELEASE INFORMATION

We appreciate your interest in employment opportunities with Bloomfield Township. As part of our normal procedure during the recruitment 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, law enforcement record, medical or educational records, including, but not limited to, academic, achievement, attendance, criminal, personal history and disciplinary records. I hereby direct you to release such information upon request of the Employer or its authorized representative. I hereby release the Employer and any authorized representative, as the 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.

DATED: _____

_____
Full Name - Signature

_____
Full Name – Print or Type

_____
Current Address – Print or Type

_____
Driver's License Number

_____
State of Issue

XXX-XX-_____
Social Security Number

_____
Telephone Number

Have you been known by any other names? _____

AUTOBIOGRAPHY

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

AFFIDAVIT

Applicant must sign before a Notary Public.

Applicant Signature_____

On this _____ day of_____, 20_____, before me personally appeared _____, who, being duly sworn, deposes 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 _____

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".

Personal Appearance Policy

I have received, from Bloomfield Township Fire Department, a document entitled "Bloomfield Township Personal Appearance Policy".

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***

Bloomfield Township Fire Department Standard Operating Procedure

202

Title: Personal Appearance

Date Issued: March 10, 2021
Date Last Revised: March 10, 2021
Revision Number: 1
Total Pages: 5

PURPOSE:

The purpose of this policy is to provide regulation and procedures as it applies to an individual's appearance. 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. 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 the Bloomfield Township Fire Department to maintain personnel 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. Visible tattoos and body art worn by personnel, while on duty, can compromise public trust, respect and can easily be misinterpreted by the general public. Therefore, all personnel, while on duty, are prohibited from having any:

1. Visible tattoos or body art on the head, scalp, face, neck or hands.

2. Any visible tattoos or body art that is offensive, extremist, indecent, racist, or sexist. (See Definitions)

3. Tattoos, which are not immediately recognizable or discernible as tattoos that are used for cosmetic purposes, are exempt from this policy. (i.e. tattooed eyebrows, eyeliner and a ring tattoo on the ring finger of the left hand.)

4. Prior approval of the Fire Chief for new visible tattoo artwork is required.

II. Definitions:

A. **Offensive tattoos and body art –** Any tattoo or body art depicting words, pictures or symbols, which in the discretion of the command officers, can be interpreted to advocate, promote, or support racial, gender or ethnic hatred or intolerance. This shall also include any tattoos or body art that advocate, promote or support discrimination towards any race, national origin, gender, ethnicity, religion or sexual orientation.

B. **Extremist tattoos and body art-** Any tattoo or body art affiliated with, depicting or symbolizing extremist's philosophies, organizations, or activities. Extremist philosophies are those which, in the discretion of command officers, can be interpreted to advocate, promote, and support hatred and/or violence toward any person or group of persons based on race, national origin, gender, ethnicity, religion or sexual orientation.

C. **Indecent tattoos or body art** – Any tattoo or body art that, in the discretion of command officers, can be interpreted as grossly indecent, lewd or sexual that shocks the moral sense because of their crude, vulgar, filthy or disgusting nature or would be inappropriate to be viewed by any minor child.

D. **Racist tattoos or body art** – Any tattoos or body art that, in the discretion of command officers, can be interpreted to advocate, promote or support degrading, demeaning or insulting any person or group of persons based on race, ethnicity or national origin.

E. **Sexist tattoo or body art** – Any tattoos or body art that, in the discretion of command officers, can be interpreted to advocate, promote or support degrading, demeaning or insulting any persons based upon gender, but that may not meet the same definition of "indecent tattoos or body art."

F. **Body art** - shall include the following:

1. Tongue splitting or bifurcation.

2. Complete or trans-dermal implantation of any objects other than hair replacement.

3. Abnormal shaping of ears, eyes or nose.

4. Unnatural contact lens colors or color variations that detract from professional appearance.

5. Gauging or gradually increasing the radius of a surgically induced opening in the flesh in areas such as the earlobes or lips.

6. Branding or scarification.

7. Abnormal filing of teeth

III. Non-Compliant Tattoo(s) or body art

A. If the Fire Chief or any Fire Department Officer feels a tattoo(s) or body art does not comply with the limits set forth in this policy, the department member will be ordered to cover the area containing the tattoo(s) or body art in question, as soon as practical. The area will remain covered, while on duty, during any review process.

B. Any complaint from the public will result in the department member covering the area containing the tattoo(s) or body art in question, as soon as practical. The area will remain covered, at all times while on duty, during the review process.

C. Regardless of how long an employee has had the exposed tattoo(s) or body art, the Department will maintain the rights to have the employee cover the area. The area will remain covered, at all times while on duty, during any review process.

IV. Appeal Policy

A. Should the employee object to whether the tattoo(s) or body art is in violation of this policy, they may submit a letter along with a photo of the tattoo(s) or body art requesting reconsideration through the chain of command to the Fire Chief.

B. The Fire Chief upon receipt of the letter and photo(s) will call a tattoo/body art review committee.

1. This committee will consist of the Assistant Chief, on-duty Battalion Chief and an on-duty Union representative. There will be no cost to the Township.

2. The person requesting the review will have to attend on his or her own time/off-duty.

3. The Committee will make a recommendation of the majority vote to the Fire Chief.

4. The Fire Chief will make the final determination if the tattoo(s) and/or body art is acceptable or prohibited under this policy.

5. If the tattoo is deemed unacceptable, the tattoo will remain covered AT ALL TIMES with a Department approved long sleeve shirt.

V. Jewelry

A. Personnel are permitted to wear a single wedding band/engagement ring.

B. The wearing of earrings and ear gauges or bushings is prohibited while on duty or representing the department in any official capacity.

C. Tongue piercings are prohibited while on duty or representing the Department in any official capacity.

D. Neck chains are permitted but must be worn tucked inside the uniform shirt and t-shirt and not visible to the public.

E. Dental ornamentation is prohibited.

VI. 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, hoods 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.

D. The wearing of a wig or hairpiece will conform to the standard haircut criteria, as defined.

E. Males

1. Hair will not extend over the shirt or coat collar when the member is standing with the head in a normal posture. Hair will not interfere with the normal wearing of departmental headgear, including helmets, SCBA masks, hoods and Class A dress hats.

2. Braids, ponytails, buns, flips, mohawk and/or dreadlocks style haircuts are not allowed.

3. 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.

4. Hair shall not fall over the ears, but may extend to the top edge, if worn in a neat well-groomed manner.

5. Personal Grooming:

a. All personnel must be clean-shaven upon reporting to work. This includes ear and nose hair.

b. Mustaches may be worn, if neatly trimmed.

i. The extent of growth shall be limited to one-half inch (1/2") below or beyond the line of the corner of the mouth.

ii. The thickness shall, not appear bushy, and not cover the lips.

iii. The ends may not be waxed or twisted

iv. Full beards, goatees, or other growth of hair below the lower lip, on the chin, or lower jawbone are prohibited.

v. Eyebrows must be neatly trimmed.

F. Females

1. A bun, twist, ponytails or braid will be permitted on the top or back of the head, provided it is worn in a neat manner.

2. 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.

3. Hair will not interfere with the normal wearing of departmental headgear, including helmets, SCBA masks, hoods and Class A dress hats.

VII. Cosmetics

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

VIII. Chief's Discretion

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

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

Bloomfield Township Fire Department
Fire Administration
1155 Exeter Road
Bloomfield Twp., Michigan 48302
www.btfdfire.org
Office hours: Monday-Thursday 7 am – 5:30 pm
248-433-7745