



# Application Check List



**Instructions:** Use this form to verify that all the required documents listed below are included with the application. Please submit only COPIES of requested documents. Include estimated completion date of certificates not completed. Do not include non-requested documents or certificates.

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

**Completed application**

**Current completion certificates for both the written exam 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 \_\_\_\_\_)**

**State of Michigan EMT license**

**High school and college diploma/s**

**High school and college transcripts (equivalency credits: (15) FF-2, (30) Paramedic)**

**Valid State of Michigan driver's license**

**Birth Certificate**

**Social Security card**

**Current Credit Report (one full copy from 1 of the 3 credit companies)  
Visit [www.annualcreditreport.com](http://www.annualcreditreport.com) for free report.**

**Tax Returns – Last 2 years**

**Military service – DD214 (If applicable)**

**Completed Application Check 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

[www.btfdfire.org](http://www.btfdfire.org)

Office hours: Monday-Thursday 7 am – 5:30 pm  
248-433-7745

**BLOOMFIELD TOWNSHIP FIRE DEPT.**

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: \_\_\_\_\_

**Complete online (preferred) or  
PRINT legibly in INK.**

**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 yes, 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.

**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: \_\_\_\_\_

**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: \_\_\_\_\_

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

<b>1</b>	<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>

<b>2</b>	<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>

<b>3</b>	<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>

***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>

**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>				

**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>
1				
2				
3				
4				

**ADDITIONAL INFORMATION**

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

If yes, where, when and nature of offense:

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

If yes, where, when and nature of offense:

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**Do you have a valid driver's 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, disability, age, or genetic information:

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

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**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

\_\_\_\_\_  
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.

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*Signature of Applicant*

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*Date*

## **DEFINED CONTRIBUTION PLAN**

### **Section 2 – Defined Contribution Plan (see Attachment F)**

Employees hired on or after June 17, 2008 shall only be eligible to participate in the Township Defined Contribution Retirement Plan, including the Duty Disability Benefit pursuant to the amendment adopted by the Bloomfield Township Board of Trustees, a copy of which is attached, Attachment “F “and hereby incorporated by reference, 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.
2. Employer contribution of 14% of base pay per year.
3. Employee contribution of 1%-3.5% of base pay per year. Mandatory contribution equal to defined benefit plan employee contribution and a maximum contribution of 3.5%.
4. For employees hired between June 17, 2008 and March 31, 2020, employer contributions are 100% vested after 3 years from hire date.
5. For employees hired on April 1, 2020 or after, the following vesting schedule applies for Employer contributions:
  - i. 3 years of service 25%
  - ii. 5 years of service 50%
  - iii. 7 years of service 100%
6. Immediate vesting in employee contributions.
7. Employee ownership of assets in individual portfolio after vesting.
8. Employee directed investments with education, counseling and advice from independent third-party plan consultants, at no direct cost to employee.
9. Employee’s portfolio is completely portable in Employer contributions upon separation of employment from the Township if vested at time of separation.
10. Firefighters who participate in the Defined Contribution Plan will be eligible, if 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.
11. A union member shall be provided with a copy of the Defined Contribution Plan upon written request.
12. “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 were 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 formulas 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.

13. No loans or hardship withdrawals from the Defined Contribution Plan.
14. Default (failure to make fund election) - target date funds.

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

Retiree Healthcare for employees hired after May 1, 2011 provided through a Retirement Health Savings Plan (RHS) program whereby: (see Attachment D.)

1. The Employer's annual contribution to each individual account shall be:
  - a. 0-5 years - \$3,000
  - b. 5-15 years - \$4,500
  - c. 15 years or more - \$6,000
  - d. All active employees' prior years of service will count toward future contribution amounts; there will be no retroactive contributions.
2. Employee makes annual contribution of 3% of gross earnings while employed by the Township.
3. Immediate vesting of Employee contributions.
4. Employer contributions for all employees hired on or after April 1, 2020 will be vested according to the following schedule:
  - i. 3 years – 25%
  - ii. 5 years – 50%
  - iii. 7 years – 100%
5. RHS is portable and employees and dependents are eligible to utilize account upon separation of employment from the Township either through termination, resignation, retirement or death prior to retirement.

***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.
- 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.

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**Signature**

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**Date**

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**Print Name**