

**Charter Township of Brownstown**  
**Fire Fighter/Medic**  
**Recruit Information**  
**General Information**

Thank you for your interest in the Firefighter/Medic position with the Charter Township of Brownstown. The application process consists of three steps: application, written exam, and interview.

**The Firefighter/Medic Application** must be completed in its entirety.  
(NOTE: This is a different application than the general Township application)

**The application must be either mailed via US Postal Service or hand-delivered to:**  
**Clerk's Department**  
**Charter Township of Brownstown**  
**21313 Telegraph Road**  
**Brownstown, MI 48183**

***E-mailed or faxed applications will not be accepted.***

**You must receive a passing score (70% or higher) on the tests in order to continue in the process.**

# The Process

- 1 APPLICATION:** The Charter Township of Brownstown Application form must be completed in its entirety. **Any section in which information is omitted or incomplete will result in rejection of your application.** The applications will be screened for completeness and information.
- 2 TESTING:** Candidates must pass a written examination. The written examination that we use is the Conference of Western Wayne FireFighter Testing Program. A written test score of 70% or better is required to be eligible for consideration to continue to the oral interview process.
  - A. **Written Examination:** Conference of Western Wayne Firefighter Testing Program through School Craft College. <https://www.c-w-w.org/firefighter-certification/>
  - B. **Physical Agility Testing:** A passing CPAT Physical Ability Test is required to be eligible for consideration to continue to the oral interview process.
- 3 INTERVIEW:** Those candidates with the required passing score on the CWW written test will be contacted via mail or phone as to the date & time of the interview.

## Additional Information

- Candidate must be 18 or older prior to taking the written test.
- Candidates meet one of the following:
  - Be State certified Firefighter I and II with Haz Mat Operations at the time of application
  - Be State Licensed as a Paramedic
  - Provide passing certificates for both the written and physical agility testing program through Conference of Western Wayne Firefighter testing Program prior to being selected for the interview portion of the process.
- If you have questions about certification reciprocity with other states, information is available at [http://michigan.gov/dleg/0,1607,7-154-28077\\_42271\\_42325---,00.html](http://michigan.gov/dleg/0,1607,7-154-28077_42271_42325---,00.html)
- Information about the Charter Township of Brownstown and the Brownstown Fire Department is available from the website. [www.brownstownfire-mi.org](http://www.brownstownfire-mi.org) or [www.brownstown-mi.org](http://www.brownstown-mi.org)
- Additional testing and a background investigation are required prior to hiring. Background investigation will include examination of work history, prior drug usage, criminal activity, etc.

# BROWNSTOWN FIRE DEPARTMENT

## Firefighter/Medic Application

Official Use Only Date / Time Received:
Received by:

NO EMAIL APPLICATIONS WILL BE ACCEPTED

NAME (please type or print): \_\_\_\_\_  
Last First MI Email address

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_  I am over the age of 18

**RELATED EXPERIENCE:** In order to be eligible for testing you must meet one of the following:

I am currently Firefighter I & II with Hazmat Operations Level (Attach copy of certificates)

I am currently Licensed as a Paramedic for Michigan (Attach copy of State of Michigan License)

Other information you feel would be helpful in considering you for employment: \_\_\_\_\_

**EDUCATION:** Please circle highest grade completed. 12 13 14 15 16 16+

High School \_\_\_\_\_ City/State \_\_\_\_\_ GED or Diploma:  Yes  No

College/University \_\_\_\_\_ City/State \_\_\_\_\_ Degree & Major \_\_\_\_\_

**EMPLOYMENT HISTORY:** List your work history below. **Start with your present, or most recent, position and go backward through your experience at least 10 years or back through age 18 (whichever is shorter).** Include military service and volunteer work in your work history in chronological order. Identify by month and year any period of unemployment of six months or more. Also, explain the circumstances for any positions from which you have been fired or terminated. **This section MUST be complete.** Attach additional sheets if necessary.

**Current or Most Recent Employer**

\_\_\_\_\_ ( ) \_\_\_\_\_  
Company Name City/state Phone Number of Supervisor  
 Full Time  Part Time  
 Volunteer

From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed Job Title Supervisor Name

DUTIES: \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month) Reason For Leaving  
Or wanting to leave: \_\_\_\_\_

May we contact this employer?  Yes  No

**Second Most Recent Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_  
Company Name City/state ( ) \_\_\_\_\_  
Phone Number of Supervisor

From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed Job Title Supervisor Name

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month) Reason For Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

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**Third Most Recent Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_  
Company Name City/state ( ) \_\_\_\_\_  
Phone Number of Supervisor

From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed Job Title Supervisor Name

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month) Reason For Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

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**Fourth Most Recent Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_  
Company Name City/state ( ) \_\_\_\_\_  
Phone Number of Supervisor

From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed Job Title Supervisor Name

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month) Reason For Leaving \_\_\_\_\_

May we contact this employer?  Yes  No

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**Fifth Most Recent Employer**

Full Time  Part Time  
 Volunteer

\_\_\_\_\_  
Company Name City/state ( ) \_\_\_\_\_  
Phone Number of Supervisor

From \_\_\_\_\_ to \_\_\_\_\_  
Date Employed Job Title Supervisor Name

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ (Hour, Week, Month) Reason For Leaving \_\_\_\_\_

May we contact this employer?  Yes  No



**WORK REFERENCES:** Include only individuals familiar with your work ability. *Do not include relatives.*  
Name Phone # Address, City, State, Zip

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

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**Are you related to anyone currently employed by the Township of Brownstown? If yes, provide name and relationship.**

Name/s \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

## Screening Checklist for Firefighter/Medic Applicants

I, \_\_\_\_\_ (*print name*), am willing to undergo a comprehensive background investigation, including contacts with all references, employers, co-workers, close personal associates and family, and agree to allow a representative of the Brownstown Fire/Police Department to review my driving record, credit history, criminal records and history, and military records. I understand that I will submit to a pre-employment psychological evaluation, physical evaluations and a urinalysis drug test. I am aware that failure to fully submit to these listed reviews and evaluations will be grounds for disqualification from the selection process.

Signature \_\_\_\_\_

### AN IMPORTANT MESSAGE ABOUT TRUTHFULLNESS...

One of the fundamental requirements of working in fire service is the ability of an individual to adhere to and demonstrate the highest legal and ethical standards. The Brownstown Fire Department has an unwavering stand on untruthfulness and dishonesty that can result in the dismissal of an employee who engages in such misconduct.

The same standard applies in the hiring and selection process. Unfortunately, it is our experience that a number of applicants in each hiring process will fail due to such misconduct. **If you are untruthful, dishonest, knowingly omit, falsify, conceal or obscure required information, or engage in any similar misconduct or deception during any part of the application and hiring process, you may be permanently disqualified from being employed by the Brownstown Fire Department.** Information regarding a candidate's disqualification may also be made available to other fire service agencies with an authorized request.

Please circle the correct answer to the following questions. If you answer "yes" to any question you must provide additional information about the circumstances, including dates. Attach additional pages if necessary. A "Yes" answer may not automatically bar an applicant from employment, however, you must provide detailed information about each "Yes" response. Failure to provide the information requested will disqualify you from the process. The relationship of the conviction to the job, as well as the severity and the passage of time will all be considered.

Have you ever:

1. Been convicted by any court of a felony or entered a guilty or nolo contendere plea? Yes or No \_\_\_\_\_
2. Used any illegal drugs in the last 2 years? Yes or No \_\_\_\_\_
3. Used any hallucinogenic drugs? Yes or No \_\_\_\_\_
4. Used Heroin, PCP, steroids or methamphetamine? Yes or No \_\_\_\_\_
5. Been arrested for DWI or DUI ? Yes or No \_\_\_\_\_
7. Sold any illegal drug at any time in your life? Yes or No \_\_\_\_\_
8. Been convicted of, or entered a guilty plea to any assault in a domestic setting? Yes or No \_\_\_\_\_
9. Falsified any document, form, testimony, or pleading as an officer of the court or as a witness? Yes or No \_\_\_\_\_
10. Omitted, misstated or falsely stated any information, in writing or orally during an application process with any agency? Yes or No \_\_\_\_\_



# AFFIRMATIVE ACTION QUESTIONNAIRE

Completion of this form is voluntary

The following information is to help us comply with government record keeping and reporting in connection with our Affirmative Action responsibilities. **This form is CONFIDENTIAL and will be detached from your package and will have no bearing upon the process of considering you for employment.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

SEX:  Male  Female

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

JOB APPLYING FOR: FIREFIGHTER/MEDIC

**RACE** (Please check one)

- White - origins in Europe, North Africa or Middle East
- Asian - origins in Far East, Southeast Asia, India or Pacific Islands
- Black - origins in Africa
- Hispanic - origins in Mexico, Puerto Rico, Cuba, Central or South America
- American Indian - origins in North America, to include Alaska

**PHYSICAL CONDITION**

- Disabled
- Not Disabled

**VETERAN/U.S. MILITARY STATUS**

- Veteran
- Non-Veteran

**ACTIVE NATIONAL GUARD OR RESERVIST** (check one)

- Yes  No

**Where did you learn about this position?**

- Brownstown Human Resources Office  Other Governmental Agency (Please specify) \_\_\_\_\_
- Newspaper (Please specify) \_\_\_\_\_  Other publication (Please specify) \_\_\_\_\_
- Friend or Relative  Academy/School/College (Please specify)
- Internet Where? \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

***Information on this page will not be kept in your applicant file.***