

HIRING NOTICE

The Essexville Public Safety Department is accepting applications for the position of Public Safety Officer ("PSO"). PSO responsibilities include police, fire, and medical first response.

Applicants must be Michigan Commission On Law Enforcement Standards ("MCOLES") certified or certifiable. Firefighter certification and/or Medical First Responder certification preferred but not required.

An application packet may be obtained at the Essexville City Hall, 1107 Woodside Avenue Essexville, MI 48732 or obtained online at www.essexville.org.

Complete application packets must be submitted by mail or delivered in person to the Essexville Public Safety Department, 1107 Woodside Avenue Essexville, MI 48732. Online or fax submittals will not be accepted.

Applications will be accepted until 4 p.m. July 30, 2010.

SUMMARY JOB DESCRIPTION

The Essexville Public Safety Department is accepting applications for the position of Public Safety Officer.

A Public Safety Officer in Essexville is responsible for police, fire, and medical first response duties. A Public Safety Officer in Essexville will be M.C.O.L.E.S. Certified, Firefighter II Certified and certified as a Medical First Responder as a condition of employment.

A Public Safety Officer in Essexville will be assigned to one of three (3) shifts, will be expected to work weekends and holidays, and answer fire and medical calls while off duty.

A Public Safety Officer in Essexville will receive a full benefits package that includes wages, health care, vacation and personal days, as well as sick time benefits.

APPLICATION INSTRUCTIONS

The City of Essexville does not discriminate in employment against persons based on age, color, disability, gender, familial status, height, marital status, national origin, political persuasion, race, religion, sexual orientation, veteran status or weight.

1. This application must be filled out in detail.
2. Please print legibly or type required forms. All signatures must be in the applicant's own handwriting.
3. Submit
 - a. Application
 - b. Resume
 - c. Copy of Driver/Operator's license
 - d. Copy of birth certificate
 - e. If certified, M.C.O.L.E.S. certification to include number
 - f. If certifiable, M.C.O.L.E.S. training certificate
 - g. Copy of college degree(s), high school diploma and or GED
 - h. Signed Authorization for Release of Records form (in packet)
 - i. If veteran, copy of DD214 form

It is the applicant's responsibility to supply the above documents when returning the employment packet. The packet will not be accepted and/or processed unless copies of the above items are received.

Applications must be mailed to the Essexville City Hall or delivered in person. Faxed or electronic copies will not be accepted. Mail to City of Essexville, 1107 Woodside, Essexville, MI 48732.

Applications will not be accepted after 4 p.m. July 30, 2010.

CITY OF ESSEXVILLE
AUTHORIZATION FOR RELEASE OF RECORDS

Having made application for employment with the City of Essexville, Michigan, and desiring that they be informed as to my driving records, work records, personal character and criminal record or lack of criminal record, I hereby authorize the City of Essexville, Michigan, to investigate my history and to have access to any and all information which may relate to my driving records, work records, personal character and criminal record or lack of criminal records.

I further authorize any person, or entity possessing such information, to furnish such information to the City of Essexville, Michigan.

I also release the City of Essexville, Michigan, and any person or entity providing such information to the City of Essexville, Michigan, from any liability, for damages of any kind, that may result from the release of such information to the City of Essexville, Michigan.

A photostatic copy of this authorization shall have the same force as the original.

(please print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NO: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NO: _____ STATE OF ISSUE: _____

SIGNATURE

DATE

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER