



City of Oak Park

The Family City

Department of Public Safety
Steve Cooper, Director

Mayor
Marian McClellan
Mayor Pro Tem
Solomon Radner
Councilmen
Carolyn Burns
Ken Rich
Regina Weiss

To all Public Safety Officer I Applicants: *Print Your Name* _____

Thank you for expressing interest in the Oak Park Department of Public Safety. In order to evaluate your background, experience and training please complete the following application.

In all areas that do not apply to you, indicate “N/A” for not applicable. Do not leave any section blank. If you run out of room, indicate on a separate sheet the additional information, beginning with the number of the question the information relates to.

The department will need copies of the following documents from all candidates; Items marked with an asterisk (*) need to be certified copies and should be mailed directly to Lt. Shawn Tetler, Oak Park Public Safety 13800 Oak Park Blvd. Oak Park, MI 48237. If a delay is anticipated, bring unofficial transcripts with you.

- Birth Certificate, Certified Copy*
- High School Diploma
- College Diploma(s) and Transcripts*
- Service Discharge (DD-214) (if applicable)
- Valid Drivers License
- Proof of Citizenship (if applicable)
- Certificates from any MCOLES approved training (if applicable)
- First Aid Training cards/certificates
- EMT/Paramedic/First Responder State License (if applicable)
- Firefighter I&II Certificate (if applicable)

Certified candidates (those serving or have served as sworn officers) must also bring copies of the following;

- Academy Student Performance Record form TC-12 or TC-23
- Proof of MCOLES Certification
- A copy of their police I.D. (if still currently employed)

Certifiable candidates (those who have graduated from an MCOLES approved training academy, but not yet a sworn law enforcement officer) must also bring copies of the following;

- Academy Student Performance Record form TC-12 or TC-23
- MCOLES written test results
- MCOLES physical agility test results form TC-27

Non-Certified candidates must also provide copies of the following by the date of the interview;

- MCOLES written test results
- MCOLES physical agility test results form TC-27

After completing the application, read, initial, sign and date page 20 entitled “Appointment of Public Safety Officer I.” Also read and sign the “Public Safety Officer I Job Description” and have the “Release of Confidential Information” form notarized. Additionally, complete the “Oral Interview Data Sheet” then return the entire package including this page, by August 30th, 2019.

City of Oak Park Department of Public Safety

Public Safety Officer I Applicant Background Questionnaire

Personal

The following information is requested for verification and contact purposes:

Note: Complete all sections, if a section does not apply write N/A on line.

1. Name:

Last, First, Middle

Other names, including maiden and nicknames you have used or been known by:

2. Permanent Address:

_____/_____/_____
Number and Street /Apartment Number City State Zip+4

2a. School or Temporary Address:

_____/_____/_____
Number and Street /Apartment Number City State Zip+4

3. Telephone Numbers:

Home (_____) _____ - _____ Work (_____) _____ - _____
Best Time to Call _____ Best Time to Call _____

Cell (_____) _____ - _____ E-Mail _____
Best Time to Call _____

4. Date of Birth:

_____/_____/_____
Month Day Year (4 digit)

5. U.S. Citizenship is required for this position;

Proof of citizenship is required for this position

Can you provide documentation? Yes _____ No _____

6. Social Security Number

_____/_____/_____
_____/_____/_____
In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are maintained. The SSN will be required upon employment by the city.

7. For the purposes of identification, please provide the following;

_____/_____/_____/_____/_____
Height Weight Hair Color Eye Color Scars, Marks, Tattoos or Distinguishing Marks

_____/_____/_____
Drivers License Number State of Issue Expiration Date

Background Questionnaire

9. Relatives, References and Acquaintances: These persons may be contacted during a background investigation to comment on your suitability for this position.

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Father				
Mother				
Spouse				
Dependent Child				
Step-Father				
Step-Mother				
Brother/Sister/Other				

Background Questionnaire

9a. Relatives, References and Acquaintances: *continued...*
Other relatives with whom you have a close personal relationship.

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Name				

10. Excluding relatives, list those persons with whom you have resided with in the last 10 years.

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Name				

Background Questionnaire

11. References: Please list as references at least three individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and fellow employees. Do not list more than 1 former teacher.

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Name				

12. Friends and Social Acquaintances: Please list at least 3 individuals whom you have seen frequently during the past five years, exclude relatives, and former or current fellow employees already listed.

Name	Address, Street	City, State, Zip+4	Home Phone #	Work/Cell #
Name				

13. Education: Please complete the following three part section on education and training, attach additional pages if necessary.

I possess a high school diploma. _____

I possess a general education degree or G.E.D. _____

I have (circle #) 1 2 3 4 5 6 years of college education and _____ total credits.

Background Questionnaire

13a. Education: Continued...

Please list the schools you have attended beginning with high school.

<u>Dates Attended</u> <i>Month/Year From/to</i>	<u>Name of School</u>	<u>Address/City/State</u>	<u>Major (if one)</u>	<u>Diploma Rec./Degree or # of Credits</u>

13b. Please list any workshops and seminars you have attended or any specialized training you have received.

Date: Month/Year	Description of training:	What did you learn?

Background Questionnaire

13b. continued....

Date: Month/Year	Description of training:	What did you learn?

14. Employment and Experience; Beginning with your most current employment, please list all jobs you have held in the past 15 years. Also include part time, temporary, military, voluntary and self employment you have had. Periods of unemployment or reserve/military time should be completed for those periods where there is a gap in employment. Make additional copies of page 9 if necessary.

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor/Salary
From ____ / ____ to ____ / ____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
_____ Full Time _____ Part Time _____ Volunteer _____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

_____ **Military Service** _____ **Not Employed** From ____ / ____ to ____ / ____

Background Questionnaire

14. Continued...

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____/____ to ____/____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____/____ to ____/____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

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____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____/____ to ____/____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Background Questionnaire

14. Continued...

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____ to ____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

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____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

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From ____/____ to ____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____ to ____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Background Questionnaire

14. Continued...

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____ to ____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____ to ____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____ to ____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Dates of Employment	Employer Name/Address/Phone	Name of Supervisor
From ____/____ to ____/____ Month/Year Month/Year	Name: Address: State/Zip: Phone:	Supervisor: Salary: Start: _____ End: _____
____ Full Time ____ Part Time ____ Volunteer ____ Temporary	Job Title: Duties: <i>Reason for Leaving:</i>	Names of Co-Workers:

____ Military Service ____ Not Employed From ____ / ____ to ____ / ____

Background Questionnaire

15. Would any problem result if your present employer was contacted during the course of a background investigation? _____ Yes _____ No

If "No" is checked, when should such contact be made?

16. Have you ever had any extended work absences, other than earned vacations? _____ Yes _____ No

If "yes" then please explain.

17. Have you ever been the subject of disciplinary action at school or a job, including "counseling" suspensions or write-up. _____ Yes _____ No

If "yes" then please explain.

18. Have you ever been fired or asked to resign from any employment? _____ Yes _____ No

If "yes" then please explain.

19. Have you ever applied for a police, fire or public safety officer job before? _____ Yes _____ No

If "yes" then please explain.

20. Have you ever served in the Armed Forces of the United States? _____ Yes _____ No

If "yes" was your discharge honorable? _____ Yes _____ No

Are you currently in the Reserves or National Guard? _____ Yes _____ No
(A copy of your DD214 must be attached)

21. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, reserves or guard? _____ Yes _____ No

If "yes" then please explain.

22. Have you ever been required to register for the draft? _____ Yes _____ No
Did you register for the draft as required? _____ Yes _____ No

Background Questionnaire

23. Organizational Affiliation: Were you ever or are you now a member of any Civic, professional or social organization? _____ Yes _____ No
If “yes” then please list.

Name of Organization	Address, City, State, Zip+4	Dates from/to a member?	Type of Organization

Are you now, or have you ever been a member of The Communist Party USA, or any communist or fascist organization, any foreign or domestic terrorist organization, terrorist fund raising organization, association, movement, group of persons, or combinations of groups of persons which is totalitarian, fascist, communist, terrorist or subversive which has adopted or shows a policy of advocating or approving the commission of acts of force of violence to deny other persons their rights under the constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional or unlawful means?

_____ Yes _____ No

If “yes” then please explain.

Background Questionnaire

25. Additional Income: List any income other than that noted under current employment.

a. Second Job _____

b. Military Reserve _____

c. Alimony _____

d. Other (specify) _____

26. Legal: Please complete the following sections completely.

26a. Criminal Complaints: Excluding civil traffic contacts (speeding, etc.) list every contact you have ever had at any time in your life with any law enforcement agency, including contacts as a juvenile. Also list arrests, accusations of breaking the law, complaints made by school officials to law enforcement about you or any other contact.

Date/Year	Police Agency	Charge/Nature of Complaint	Disposition

26b. Civil/Administrative: List all incidents in which you were a complainant or witness in a criminal case or a witness in an administrative hearing, (except as listed above) or a witness in a grand jury.

Date/Year	Agency	Charge/Nature of Complaint	Disposition

Background Questionnaire

26c. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? _____ Yes _____ No

If “yes” then please explain.

26d. Have you ever applied to be bonded? _____ Yes _____ No

If “yes” then were you accepted and if not why?

27. **Motor Vehicle Operation:** Having a valid license or obtaining a license prior to appointment is a requirement for this position. Please complete the following sections regarding driving and licensure.

27a. Have you ever had a driver’s license in another state.
_____ Yes _____ No

If “yes” where and when? _____

27b. If you have ever had a license under any other name, what was that name? _____

27c. Please list all traffic violations received and motor vehicle accidents you have ever been involved in beginning with the most recent:

Date/Year	Agency	Charge/Nature of Complaint	Disposition

Background Questionnaire

27d. Has your license ever been suspended, revoked or placed on probation? _____ Yes _____ No

If “yes” then please explain.

27e. Do you currently have any unpaid parking or other tickets pending against you? _____ Yes _____ No

If “yes” then please explain.

27f. Have you ever had your motor vehicle registration revoked or has a 2nd offender temporary plate ever been issued to a vehicle you own? _____ Yes _____ No

If “yes” then please explain.

28. **Corporate Ownership:** List every license you hold, corporation or partnership of which you are an officer, director, or partner; either filed for, possessed, or acted as a sponsor for, voucher for, character witness for and including professional licenses you or another applied for whether received or not.

29. **Applications with other government agencies:** List every application you have made with a governmental or quasi-governmental agency or authority, i.e. another police agency sheriff’s department, federal security or law enforcement agency.

Date	Agency Name	Position	Status (tested, interviewed, on list etc.)	If rejected, reason ?

Background Questionnaire

30. Fingerprints: Please list every time any agency has ever taken your fingerprints.

Date	Location/Department Name	Reason

31. Alcohol Consumption: Please describe in your own words the frequency and extent of your alcohol consumption including the last time you were (if applicable) intoxicated.

32. Drug Use: Have you ever used Marijuana, tried it or experimented with it, at any time? _____ Yes _____ No

If “yes” then please explain.

32a. Have you ever used any controlled substance, prescription or otherwise that was not given to you by a physician?
 _____ Yes _____ No

If “yes” then please explain.

32b. Have you ever sold or given drugs or narcotics, including Marijuana to anyone? _____ Yes _____ No

If “yes” then please explain.

Background Questionnaire

- 33. Performance of Duties:** Do you have any religious or other beliefs which would prevent you from fully performing the duties of a public safety officer, including working at night, weekends, shift work, holidays etc.? _____ Yes _____ No

If “yes” then please explain.

- 34. Additional Information:** Do you have any additional information which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for the position applied for; including but not limited to knowledge or information concerning your character, physical or mental condition, temperance, habits, employment history, education, illegal or subversive activities, illegal associations, criminal record, traffic violations, residence or otherwise?

_____ Yes _____ No

If “yes” then please explain.

Background Questionnaire

35. Appointment of Public Safety Officer I: Read each paragraph, initial next to each and sign at the bottom.

I understand that all appointments are probationary, during which time the employee must demonstrate his/her fitness for continued employment by the City of Oak Park.

_____ Initial

I understand that any appointment tendered me will be contingent upon the result of a complete character and fitness investigation, I also understand and agree that information provided in this application will be relied upon by the City of Oak Park Department of Public Safety in considering me for employment and I hereby certify that all information is true and correct and I have not knowingly omitted any information. I further understand that any false or misleading statements or omissions made by me on this application or in other city records, at any time during my employment may subject me to disqualification from consideration in hiring and dismissal at any time during my employment.

_____ Initial

I hereby authorize the City of Oak Park Department of Public Safety to conduct a thorough investigation of my past employment and activities. I also authorize the City of Oak Park Department of Public Safety, prior or during my employment with the city to obtain an investigative consumer credit report. I agree to cooperate in such investigation and I release the City of Oak Park Department of Public Safety and any person, organization, employer or corporation supplying information to the City of Oak Park Department of Public Safety in such an investigation of and from liability in connection with furnishing or use of such information.

_____ Initial

I understand that as a condition of employment by the City of Oak Park Department of Public Safety, I must successfully pass a medical screening including a drug screening test. I further authorize the City of Oak Park Department of Public Safety to obtain medical information for employment purposes. I understand that this position shall subject me to ongoing and random drug and alcohol screening at the discretion of the employer.

_____ Initial

The law requires that a person with disabilities needing accommodations for employment must notify the employer, in writing, within 182 days after the need is known. If you need accommodations in order to take a test during the recruitment process, you must notify the personnel office, in writing, of the need for accommodations within 6 days of notice of the exam.

_____ Initial

I understand that if I am hired, that my employment is terminable, at will, and as such, I realize that I may be discharged with or without cause. I understand that no oral representations or written statements contained in personnel policies are intended to or may be interpreted as contradicting to the term of this "at will" employment contract.

Date _____ Signature _____

The City of Oak Park is an Equal Opportunity Employer

The city of Oak Park, upon reasonable advance notice, will provide support and make reasonable accommodations to assist people with disabilities to access facilities and participate in city services.

**Release of Confidential Information To
Oak Park Department of Public Safety**

Applicant's Name: _____
Date of Birth: _____
Social Security Number: _____

I respectfully request and authorize any person, company, organization, hospital, Doctor, or any employee of same; to furnish to the Oak Park Public Safety Department any and all information that you may possess or have knowledge of, concerning myself.

This information may concern my work record, school record, military record, reputation, financial or credit status, mental or physical fitness and abilities; or any other information you may possess that might be of use to the Oak Park Department of Public Safety in helping them to assess my suitability for employment. This information includes but is not limited to any and all medical, physical, hospital records or reports; including all information of a confidential or privileged nature and reproduction of same, if requested.

I HEREBY RELEASE YOU AND YOUR ORGANIZATION, AND ANY AND ALL OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED BY THE OAK PARK DEPARTMENT OF PUBLIC SAFETY.

Signed and sworn before me on this
_____ day of _____ 20_____.

NOTARY PUBLIC

County of _____
My Commission expires on _____

Signature of Applicant

Date

Background Questionnaire

OAK PARK DEPARTMENT OF PUBLIC SAFETY

ORAL INTERVIEW DATA SHEET

Print Name: _____ Date: _____

Answer each question by a check mark under the appropriate answer of 'YES', 'NO', or 'NA.' (Not Applicable); or with the approximate number or dollar amount. Be accurate in your answers, as you may be disqualified for falsification.

	<u>YES</u>	<u>NO</u>	<u>N.A.</u>
1. Is this your first application for Public Safety/Police work	_____	_____	_____
2. Have you been in the Armed Forces?	_____	_____	_____
3. What is your present military status?	_____		_____
4. Were you ever disqualified for Military service?	_____	_____	_____
5. Were you ever disciplined in the Military?	_____	_____	_____
6. Did you receive an honorable discharge from the military service?	_____	_____	_____
7. Were you ever discharged or asked to resign from any employment?	_____	_____	_____
8. Has any employer ever treated you unfairly?	_____	_____	_____
9. Estimate the amount of money that you pay out each month (bills, loans, etc.)	\$ _____		
10. What is your present take-home pay each month?	\$ _____		
11. What is the amount of your total indebtedness?	\$ _____		
12. How many jobs have you had since high school?	_____		
13. Have you ever had property repossessed?	_____	_____	_____
14. Have you ever been refused credit?	_____	_____	_____

Background Questionnaire

	<u>YES</u>	<u>NO</u>	<u>N.A.</u>
15. Have you ever declared bankruptcy?	_____	_____	_____
16. Do you have any experience working rotating shifts?	_____	_____	_____
17. Do you have any relatives or friends employed as police officers or firefighters?	_____	_____	_____
18. Do you understand that you must successfully complete all training, with a 15-month probationary period, if employed?	_____	_____	_____
19. Have you ever had any serious family problems?	_____	_____	_____
20. Were you ever arrested or detained for investigation by any police agency?	_____	_____	_____
21. Has any member of your family ever been arrested for any charge other than traffic violations.	_____	_____	_____
22. Has anyone ever sued you?	_____	_____	_____
23. Excluding parking violations, how many traffic violations have you had in the last 3 years?	_____	_____	_____
24. How many accidents have you had while driving a motor vehicle?	_____	_____	_____
25. Has your driving privilege ever been suspended or revoked?	_____	_____	_____
26. Has your car insurance ever been cancelled?	_____	_____	_____
27. Do you use narcotics, marijuana or other drugs habitually, or experimentally except as prescribed by a physician.	_____	_____	_____
28. Do you ever use alcoholic beverages excessively?	_____	_____	_____
29. Has the use of alcohol or drugs ever caused any problems in your work or personal life?	_____	_____	_____

JOB TITLE: PUBLIC SAFETY OFFICER I

SUMMARY OF FUNCTION

To protect life and property through the enforcement of laws and ordinances and the performance of general fire fighting work; to perform specialized duties under emergency conditions; to perform a variety of housekeeping and maintenance chores; and to perform work as required.

DESCRIPTION

ESSENTIAL TASKS: An employee in this class may be called upon to do any or all of the following (these examples do not include all of the tasks which the employee may be expected to perform):

Enforce the laws and ordinances of the City of Oak Park and the laws of the State of Michigan.

Operate motorized public safety equipment in assigned areas.

Stand in roadways and direct and control traffic.

Write violation tickets and conduct physical search and arrest of suspects.

Operate two-way radio equipment dispatching officers and emergency vehicles to the scene of crimes or accidents.

Receive requests for assistance and handle complaints made in person or by the telephone.

Investigate accidents, administer first-aid and arrange for transportation of injured persons.

May act as a school crossing guard as required.

Transport prisoners to courts or jail facilities.

Provide verbal testimony in court.

Operate all photographic equipment.

Prepare and maintain accurate written records and reports as required.

Investigate complaints and violations of the law.

Verbally interview suspects, prisoners, complainants and witnesses to obtain information and evidence.

Search for and preserve evidence at the scene of crimes.

Perform follow-up investigation as necessary.

Respond to fire alarms, lay and connect hose lines and perform related firefighting activities.

Drive fire apparatus to scene of fire and operate ladders, utilize axes, shovels, extinguishers and other pieces of firefighting equipment in controlling and extinguishing fires.

Pump water at the proper pressure; visually monitor operation of pump and motor to make necessary changes or adjustments.

Operate automatic emergency defibrillation as required.

Conduct fire prevention inspections.

Initial_____

JOB TITLE: PUBLIC SAFETY OFFICER I

SUPPLEMENTAL TASKS:

Take fingerprints.
Serve subpoenas and warrants.
Perform general maintenance work in the care and upkeep of firefighting equipment.
Respond to department call in case of emergency.
Perform related work as required.

KNOWLEDGE, SKILLS AND ABILITIES

- ❖ Must meet the employment standard for Michigan Law Enforcement Officers, published by the Michigan Commission on Law Enforcement Standards (MCOLES). Must pass fit testing/medical clearance exam per federal OSHA standard.
- ❖ Must have successfully completed 60 semester hours of college credit or 90 quarter hours, the equivalent of a beginning third year college student.
- ❖ Must have ability to successfully complete the basic fire training curriculum at a Michigan Firefighters Training Council approved school; and successfully attain Firefighters Level II certification.
- ❖ Must successfully complete an approved Medical First Responder course, pass the State Examination and attain licensure as a Medical First Responder from the Michigan Department of Consumer and Industry Services.
- ❖ Possess a valid Michigan Operator's License upon appointment. Driving record must be acceptable.

I have read, and understand, the above information.

Signature: _____ Date: _____