



Application for Appointment

**City of Sartell
Fire Department**

General Information

Name:

Last _____ First _____ MI _____

Current Residence Address:

Street _____ Apt. _____

City _____ Zip Code _____

Phone Contact Information:

Home _____ Work _____ Cell _____

Email Address(es) _____

Minimum Qualification & Information Verification

To be considered for appointment on the Sartell Fire Department you must meet the minimum qualifications. These qualifications are:

- Must have a minimum of a high school education or equivalency;
- Must be 18 years of age or older;
- Must have a valid Minnesota Drivers License;
- Must be able to pass a physical examination and a drug test;
- Must maintain normal daily residence within eight (8) minutes of the fire station; and
- Must obtain and maintain Firefighter I rating within one (1) year of hire and must obtain and maintain 1st Responder within two (2) years of date of hire. Failure to obtain or maintain these requirements may result in immediate dismissal.

I have read and understand these minimum requirements and attest that I currently meet or exceed all of them or will attain the Firefighter I and/or First Responder certification within the timeframes specified above.

By signing and dating below, you verify that all information within this application is correct, to the best of your knowledge. Any information found to be incorrect on this application or background packet will disqualify you as a candidate for employment.

Signature _____ Date _____

Proximity to Fire Station & Response Availability

Specify the actual hours of each day of the week (e.g. "7 am – 5 pm", "10 pm – 6am", "all 24 hours") that you are within 8 minutes of the main Fire Station and are generally always able to respond to calls without limitation or exception:

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____

Do you maintain your normal residence within 8 minutes of the City of Sartell's main fire hall? _____ Yes,
_____ No

Identify the name and address or location of your **primary** work location. "Primary" refers to where you typically spend the majority of your work day and hours.

Does your job routinely or occasionally take you out of town? _____ If yes, please explain _____

Do you have the City's signed work release form from your employer that allows you to leave work to respond to fire calls? _____ Yes (**signed copy must be included**) _____ No

Certifications, Training and Education

Did you graduate from high school or equivalency qualification? _____ Yes, _____ No

Do you have a valid MN Drivers License? _____ Yes: DL # _____, _____ No

Do you have a Commercial Drivers License with air brakes certification? _____ Yes, _____ No;
with tanker endorsement? _____ Yes, _____ No.

Do you have Firefighter I certification? _____ Yes (**copy must be included**) _____ No, but I agree to attain and maintain certification within one (1) year of date of appointment as a firefighter.

Do you have First Responder certification? _____ Yes (**copy must be included**) _____ No, but I agree to attain and maintain certification within two (2) years of date of appointment as a firefighter.

Please identify the date of completion for the following courses/trainings (copies of certificates must also be attached):

Firefighter II _____ EMT Course _____

HAZMAT Operations _____ Technical Rescue _____

Other fire service training or similar emergency response training (specify): _____

Please identify any other particular skill or aptitude you may have that you feel could be of use or benefit to the Sartell Fire Department (e.g. truck mechanic, computer applications):

Employment history

Current Employer(s) – if more than one, list all including any part-time or supplemental employment on an additional sheet

Employer _____ Years Employed _____

Address _____

Job Title _____

Duties _____

Immediate Supervisor _____ Phone _____

May we contact for Reference? _____

Next most recent employer if within 10 years

Employer _____ Years Employed _____

Address _____

Job Title _____

Duties _____

Immediate Supervisor _____ Phone _____

May we contact for Reference? _____

(Attach additional sheet if necessary)

Fire Department Emergency Response Experience

Describe in detail your years of service on a volunteer or paid fire department. Specify the name and location of the fire department, position(s) held, and dates of service including month and year.

Agency _____ Dates of Service _____

Address _____

Job Title _____

Duties _____

Immediate Supervisor _____ Phone _____

May we contact for Reference? _____

(Attach additional sheet if necessary)

Veterans Preference

Veterans Preference: Qualified veterans and spouses of disabled or deceased veterans may apply to have preference points awarded. If you intend to file a claim of Veterans Preference with the City of Sartell, a Veterans Preference claim form should be completed and a copy of your DD214 should be included with your application materials. The Veterans Preference claim form is enclosed as a separate form.

References

Please list the name and telephone number of three references

Name	Telephone	Relationship	Years Known

Background Check

Please complete the enclosed Background Check packet.

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to veterans and spouses of deceased or disabled veterans to add to their exam results for employment positions subject to veterans preference. Points are awarded subject to the provisions of Minnesota Statutes Section 43A.11. To be eligible for veterans preference points, you must:

1. be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien, or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veterans preference points. You are not required to supply this information, but we cannot award veterans points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

VETERANS PREFERENCE POINTS APPLICATION			
Veteran ____ Self ____ Spouse	If spouse, veteran's name:		
Branch of Service:	Period of active duty from: _____ to: _____		
Rank of Discharge:	Type of Discharge:	Date of Final Discharge:	Service No:
Are you receiving or eligible for a military pension?		Do you have a compensable service-related disability?	
Preference requested: _____ Veteran _____ Disabled Veteran _____ Spouse of Disabled Veteran _____ Spouse of Deceased Veteran			

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than the application deadline for the position in order to guarantee that points are awarded in a timely manner.

I hereby claim veterans preference for this position and swear that the information given on this document is true and correct. I also authorize the release of necessary information by the Veteran's Administration to the Sartell City Administrator's Office.

Signature

Date

FOR OFFICE USE ONLY
 _____ 10 points _____ 15 points

Data Practices Rights Advisory

As an applicant for the Sartell Fire Department for the city of Sartell, Minnesota, you are being asked to provide information about yourself which will be used in evaluating your suitability for membership with the department. The purpose of the request for information is to obtain information about you to permit the department to thoroughly analyze your qualifications and suitability for membership with us. You are being requested to sign this document and complete the application in order to permit this department to fully consider your suitability for membership with us. You are not legally required to supply any of the data requested or to sign this release and authorization form.

The data which you are being asked to provide is defined to be personal data under the Minnesota Data Practices Act. Under the Data Practices Act, some personal data is classified as public data and the remaining information as private data. Under the Government Data Practices Act, the following information which is personal data is defined to be public: Your name, actual gross salary, salary range, contract fees, actual gross pension, value and nature of employer paid fringe benefits, the basis for and amount of any compensation (including expenses reimbursement in addition to salary), job title, job description, education and training background, previous work experience, date of first and last employment, status of any complaints or charges against the employee (whether the charge results in any disciplinary action, and the final disposition of any disciplinary action and supporting documentation), work location work telephone number, honors and award received, payroll time sheets or other comparable data that are only used to account for employee's work time for payroll purposes (except to the extent release of time sheet data would reveal the employee's reason for use of sick or other medical leave or other non-public data), and city and county of residence. The remaining data which you provide would generally be considered to be private data which you would be entitled to have access to. A third party is entitled to access such data only with your consent, pursuant to court order or statutory provision.

The authorization for information which you sign and the data you provide may be conveyed to third parties. To the extent they reveal private information, they will be disclosed only to the extent that is necessary to do so to complete this membership investigation.

I have read and understand the above.

Signature

Date

Printed Name

Address

**CITY OF SARTELL
FIREFIGHTER APPLICATION**

**EMPLOYER AUTHORIZATION FOR RELEASE
FROM WORK FOR DAYTIME FIRE CALL RESPONSE**

_____ I authorize _____ to be released from work to respond to all daytime (M-F, 7 – 5 pm) fire calls for the Sartell Fire Department.

_____ I am not able to release _____ to respond to all daytime fire calls, but authorize the employee to be released from work when a second page is required for a significant or major emergency event.

Company Name: _____

Authorized Supervisor's Name & Title: _____

Authorized Supervisor's Signature: _____

Date: _____

Thank you for supporting the Sartell Fire Department by providing your employees with the opportunity to serve on the Department.

GENERAL AUTHORIZATION AND RELEASE

I, _____, hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the Sartell Police Department and/or its agents and/or representatives data classified as private, which concerns me and which may be in your possession.

The data which I authorize to be released consists of private data, as defined by MN Stat. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency.

I understand that I am not legally required to authorize the release of this data, **however, failure to do so is grounds for exclusion from the selection process.**

I also understand that the purpose of permitting the Sartell Police Department to have access to this information is to determine my suitability for employment with the fire department.

The information I provide may be shared with the staff and/or representatives of the Sartell Police Department who require this information to fulfill specifically related responsibilities of their positions.

I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the fire department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid during my background check and for the term of employment with the Sartell Fire Department.

Applicant's Signature

Date

Printed Name of Applicant

Firefighter Background Check Application Packet

SECTION 1: PERSONAL DATA

What is your full name?

(Last)

(First)

(Middle)

Date of birth: _____

Have you legally changed your name? ____Y ____N

If you answered yes, what was your name prior to the change?

(Last)

(First)

(Middle)

What was the reason for the change? _____

Home Telephone Number: _____

SECTION 2: MOTOR VEHICLE AND DRIVER'S LICENSE HISTORY

1. Do you now or have you ever possessed a Minnesota driver's license? ____Y ____N

If yes, complete the following:

Driver's license number: _____ Type of license: _____

2. Do you now or did you ever possess a driver's license issued by any state other than Minnesota? ____Y ____N If yes, provide the following information:

Name of state(s): _____

Type of license: _____ Period license was held: _____

3. List below the company that carries your auto insurance:

Name of company: _____

Address of company: _____

Phone number: _____

4. Have you ever been involved in a motor vehicle accident? ____Y ____N

If yes, state details giving date and location.

5. Has your auto insurance ever been revoked, cancelled or refused? ____Y ____N

If yes, give details: _____

6. As an adult or juvenile, have you **ever** received a ticket for violation of traffic laws in this or any other state (exclude parking violations)? ____Y ____N If yes, complete the information below.

Date	Violation	Location	Court Disposition	Police Agency

7. Was your driver's license or other vehicle operator's license ever revoked, suspended or cancelled?

____Y ____N

If you answered yes, which of the above occurred: _____

Which license: _____

When: _____ Where: _____

Why: _____

8. If you answered yes to question #7, was such license ever restored? ____Y ____N

If yes, then complete the following:

When:_____ Where:_____

Why:_____

9. Has any license or permit (excluding driver's license or learner's permit) issued by any city, State, or federal agency ever been denied, revoked, suspended or cancelled to you, or to any corporation or partnership of which you were an officer, director or partner? ____Y ____N If yes, give details:

10. Do you use or have you used narcotics, marijuana, barbiturates or any other type of controlled substance? ____Y ____N If yes, give details and amounts:_____

11. Do you use or have you ever used alcoholic beverages? ____Y ____N If yes, give extent and details:

SECTION 3: LITIGATION

12. As an adult or juvenile, have you ever been convicted for **any** violation of criminal law? This includes convictions and records which have been expunged or sealed. Minnesota Statutes 299c.13 and 364.09 allow law enforcement agencies to consider this information in the selection process.

____Y ____N If yes, complete the information below:

<u>Date</u>	<u>Violation</u>	<u>Location</u>	<u>Court Disposition</u>	<u>Police Agency</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. Were you ever a party to a civil action or proceeding in this state or elsewhere, or have you been named in a notice of claim that you may be a defendant in a civil action or proceeding? This would include bankruptcy, divorce, custodial hearings, etc.

____Y ____N Indicate below, every civil action or proceeding:

Date	Action or Proceeding	As Plaintiff, Defendant, Petitioner, Respondent	Court Disposition

14. Have you **ever** been arrested or named as a defendant in a criminal proceeding?

____Y ____N If yes, give details: _____

SECTION 4: RESIDENCES

15. List your home addresses (permanent or temporary) for the past 15 years, starting with your present address:

FROM MO/YR	TO MO/YR	STREET ADDRESS	CITY & STATE & ZIP CODE	FROM WHOM RENTED

The information I provided on the previous pages is complete to the best of my knowledge. Any discrepancies found in the information will be reviewed and a follow up contact by a background investigator may be necessary. I am also aware that any un-truths found in the information will be grounds for immediate disqualification in continuing further in the selection process.

Signature of Applicant: _____

Date: _____



The following named individual has made an application with the City of Sartell as a Firefighter.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full name) (please print): _____

Maiden, Alias, or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Sartell for the purpose of Employment with this agency.

The expiration of this authorization shall be good for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

STATE OF MINNESOTA

ss.

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,

20____, by _____
Applicant Name

Notary Public

EQUAL EMPLOYMENT OPPORTUNITY

The City of Sartell is an Equal Opportunity Employer. In order to gauge whether the City's hiring practices are resulting in the recruitment of protected status applicants and to comply with requirements of the Equal Employment Opportunity Commission, the City of Sartell collects the following information anonymously on all applicants for City employment. ***Your name is not included on this form so that this information will remain anonymous and will be retained separately from other job application materials. Those making the hiring decision will not see this information on any candidate.***

Please check only one:

Male

Female

Group

A. Caucasian (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

B. African American (not of Hispanic Origin): All persons having origins in any of the black racial groups of Africa.

C. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

D. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

E. Asian or Pacific Islanders: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example: China, Japan, Korea, the Philippine Islands, and Samoa.

Date:

Position Applied For:
