

# VOLUNTEER FIRE DEPARTMENT APPLICATION

(For Fire Dept. Use Only)

DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

If relevant, list other current registrations, licenses or certifications you have: \_\_\_\_\_

PD Approval \_\_\_\_\_ FD Approval \_\_\_\_\_ Council Approval \_\_\_\_\_

Will employer permit leaving during work to respond to calls? \_\_\_\_\_

**RETURN TO: FIRE CHIEF or CITY OF ARLINGTON, 204 Shamrock Drive, Arlington, MN 55307**

Dear Applicant:

The position you are applying for is a paid-on-call volunteer position. We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, marital status, sex, age or criminal convictions which are not related to this position you are applying for in all aspects of our Personnel Policies, programs, practices and operations. This policy applies to full, part-time, temporary and seasonal employment.

**MN Statutes 13.01 - 13.87 (1983) on data privacy require that you be informed that the following information which you are asked to provide is considered public and may be released on request: job history, education and training, and work availability. Your name will become public data when you are certified as eligible for appointment to a vacancy. All other data is considered private and is available only to you and city officials who have a bona fide need for it. Data may be released for the purpose of judicial or administrative rules pertaining to the conduct of legal actions or with a specific statute. You are not legally obligated to provide private data. However, failure to do so may result in rejection of your application.**

Please print in INK or use TYPEWRITER.

Name (Last)	(First)	(Middle Initial)	Cell Phone Number
Address		Home Phone Number	Work Phone Number
City	State	Zip Code	Are you under age 18?

If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal in accordance with the Immigration Reform and Control Act of 1986.

## EDUCATION/TRAINING

How many years of school have you had? 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Types of Schools	Name and Address of School	Degree/Certificate	Major
High School			
College or University			
College or University			
Graduate School			
Technical School			

Please review the Firefighter Job Description before answering the following: list any correspondence courses, special courses, seminars, workshops, and training programs you attended that might relate to this position. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any apprenticeship(s) served or trades learned that might relate to this position: \_\_\_\_\_  
\_\_\_\_\_

Capable of operating the following equipment that might relate to this position: \_\_\_\_\_  
\_\_\_\_\_

Have you been a member of a Fire Department elsewhere/length? \_\_\_\_\_

Name/location of Department: \_\_\_\_\_

First Aid Training: \_\_\_\_\_ Yes \_\_\_\_\_ No Date last certified: \_\_\_\_\_

C.P.R. Training: \_\_\_\_\_ Yes \_\_\_\_\_ No Date last certified: \_\_\_\_\_

E.M.T. Training: \_\_\_\_\_ Yes \_\_\_\_\_ No Date last certified: \_\_\_\_\_

First Responder Training: \_\_\_\_\_ Yes \_\_\_\_\_ No Date last certified: \_\_\_\_\_

Truck Driving Experience: \_\_\_\_\_ Yes \_\_\_\_\_ No Type of Vehicle(s): \_\_\_\_\_  
\_\_\_\_\_

Do you have any health (medical/physical) conditions that may hinder your performance as a firefighter: \_\_\_\_\_

Explain: \_\_\_\_\_

Does height affect you? \_\_\_\_\_ Are you claustrophobic? \_\_\_\_\_

Can you attend sessions and firefighter training programs once a week? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain: \_\_\_\_\_

What hours are you available to respond to (emergency) calls? \_\_\_\_\_

Why do you want to become a firefighter? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY - Please list past employers beginning with your most recent employment. If necessary, list other employers on back of application.**

Present or last employer		Phone #		May we contact Yes No	
Address		City		State Zip	
Your supervisor's name				Job Title	
Date Employed (mo/yr)		Ending Date (mo/yr)		Working Hours	
Reason for leaving					
Specific Duties					
Second last employer		Phone #		May we contact Yes No	
Address		City		State Zip	
Your supervisor's name				Job Title	
Date Employed (mo/yr)		Ending Date (mo/yr)		Working Hours	
Reason for leaving					
Specific Duties					
Third last employer		Phone #		May we contact Yes No	
Address		City		State Zip	
Your supervisor's name				Job Title	
Date Employed (mo/yr)		Ending Date (mo/yr)		Working Hours	
Reason for leaving					
Specific Duties					

UNSALARIED EXPERIENCE - If necessary, list other employers on back of application.

Volunteer Organization	Street	City	State
Position Held	Duties Performed:		
Immediate Supervisor	Phone No.		
Dates of Participation	Hours Per Week	Skills Learned:	

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To remain an Arlington Firefighter, you must maintain a 20% minimum attendance of paged calls (excluding skywarn) in a fiscal year and 60% minimum attendance of trainings/drills (11 out of 18) in a fiscal year. Please initial your understanding of this requirement. \_\_\_\_\_

I hereby certify that all the above questions are true and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment. I authorize the City of Arlington and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. In accordance with Minnesota Data Practices Act (M.S. 15.165) I have been informed of and understand my rights as a subject of data.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

The below space can be used to add any additional information or to complete previous questions.

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City of Arlington

APPLICANT TRACKING RECORD

Please Read Before Completing This Form

The information requested below is voluntary and will be used to assist the City of Arlington in monitoring Equal Employment Opportunity and Affirmative Action programs as required by law. Refusal to complete this questionnaire will not affect your opportunities for employment. The information on this questionnaire is confidential and is kept in a file separate from your employment application.

NAME: \_\_\_\_\_ SEX:  FEMALE  MALE

POSITION APPLIED FOR: \_\_\_\_\_

RACE/ETHNIC GROUP: (check one)

- WHITE  BLACK  HISPANIC  
 AMERICAN INDIAN OR ALASKAN NATIVE  ASIAN OR PACIFIC ISLANDER

DISABLED/HANDICAPPED: Disabled/handicapped means any person who has a physical or mental impairment that materially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

I consider myself to be disabled/handicapped:

- Yes  No



## TENNESSEN WARNING

In Accordance with the Minnesota Government Data Practices Act, the City of Arlington is required to inform you of your rights as they relate to the private information collected from you.

**A. The Purpose and Intended use of the information collected**

1. The information we collect about you is classified by law as either 'public' (anyone can see the information), or 'private' (only you can see the information), or 'confidential' (you cannot see the information).
2. The purpose and intended use of this is to aid the City of Arlington in determining your qualifications for the committee you have selected or as an election judges.

**B. May you refuse or are you legally required to Supply the Information we ask for? What are the Consequences of your Supplying or Refusing to Supply the Information?**

1. You have the right to refuse to supply the information requested and there is no legal requirement that you provide the information requested.
2. If you supply the information requested, it will aid the City of Arlington in determining your qualifications essential for appointment on a committee or as election judge.
3. If you refuse to supply the information, your application may be considered incomplete and may disqualify you from being appointed to a committee or election judge.

**C. Who has Access to the Private and Confidential Information we collect About You?**

1. Individuals within the City Administrator's Office of the City of Arlington and individuals within the Committee seeking to fill the position. The City Council of the City of Arlington will also have access to the information.
2. Individuals or agencies for which a state statute, federal law or the State Commission of Administration authorizes a new use or sharing of the information after you have been given this notice.

Unless otherwise authorized by state statute or federal law, government agencies with which we share private or confidential information may also treat the information they receive as private or confidential.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of Arlington may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

**I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

### VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 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 veteran's preference points. You are not required to supply this information, but we cannot award veteran's 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.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS     YES     NO

If you answered "yes," your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

#### VETERAN'S PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, veteran's name: _____						
Branch of Service: _____	Period of Active Duty From: _____ To: _____						
Rank at Discharge: _____	Type of Discharge: _____	Date of Final Discharge: _____	Service No.: _____				
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Preference Requested: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"> <input type="checkbox"/> Veteran                 </td> <td style="text-align: center; width: 50%;"> <input type="checkbox"/> Disabled Veteran                 </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Spouse of Disabled Veteran                 </td> <td style="text-align: center;"> <input type="checkbox"/> Spouse of Deceased Veteran                 </td> </tr> </table>				<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> Spouse of Deceased Veteran
<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran						
<input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> 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 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: \_\_\_\_\_ is \_\_\_\_\_ attached \_\_\_\_\_ will be submitted within 7 days of application deadline

#### FOR OFFICE USE ONLY

5 points    \_\_\_\_\_  
 10 points    \_\_\_\_\_