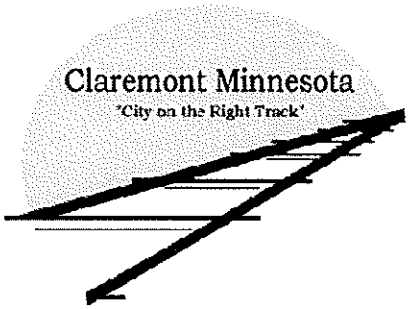

Volunteer Fire Department Member Application

Name: _____ _____ _____
Last First Middle

Address: _____ City: _____

_____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

1. Are you legally authorized to work in the U.S.? YES _____ NO _____
2. If hired, can you provide proof that you are at least 18 years of age? YES _____ NO _____
3. Do you have any physical or health limitations that could interfere with your performance on the job for which you are applying? YES _____ NO _____ (NOTE: Employment is contingent on applicant meeting minimum physical/mental demands of the position)
   If you answered yes, please explain: _____

_____

_____

4. Do you have any commitments or responsibilities that might prevent you from meeting job requirements?
   YES _____ NO _____ If yes, please explain: _____

_____

_____

5. Do you have any relatives on the Fire Department? YES _____ NO _____

   If yes, who? _____

6. Have you previously applied for this position? YES _____ NO _____ If you answered yes, when did you apply? _____

7. Have you ever worked for the City of Claremont? YES _____ NO _____ If you answered yes, when and in what department did you work for? _____

Education and Training

1. High School: _____ Did you graduate? YES _____ NO _____

   Number of Years Attended _____

2. College/Trade School: _____ Subject Major: _____

   Did you earn your degree? YES _____ NO _____

3. Please list any skills which you feel relate to this position: _____

   _____

   _____

4. Have you received EMT Training? YES _____ NO _____

   If yes, please provide date of training. _____

5. Have you received First Responder Training? YES _____ NO _____

   If yes, please provide date of last certified. _____

6. Please list types, with dates, of other first aid training you have received.

_____

_____

_____

_____

Background and Driving Record Check

NOTE: The existence of a criminal record will not automatically disqualify you from employment with the Claremont Fire Department,, though certain types of criminal convictions may prohibit you from working in certain positions.

1. Have you ever been convicted as an adult of a felony? YES_____ NO _____
   If yes, date and place: _____
   Nature of offense: _____
   Disposition: _____
2. Do you agree to a criminal record check (past convictions are not an absolute bar to employment)?
   YES_____ NO _____
3. Do you agree to a driver's license record check? YES _____ NO _____
   Driver's license number: _____ Social Security Number: _____

4. Do you have truck driving experience? YES _____ NO _____ Type of vehicle: _____

   Driver's license class – A, B, C: _____

   Endorsements: _____

Availability and Employment History

1. What hours are you available to respond to emergency calls? _____
   Approximate minutes from home to Fire Hall: _____
   Approximate minutes from work to Fire Hall: _____
2. Can you be available for meetings and training sessions? YES _____ NO _____
3. Can you attend a First Responder or EMT course? YES _____ NO _____

4. Present Employer: _____ Supervisor's Name: _____

   Address: _____ Phone: _____

   Job Title: _____ Date Employed: _____

   Total Years Employed: _____ Working Hours: _____

   May we contact your employer? Yes_____ NO _____

5. Any mechanical, electrical or other specialized work experience? YES _____ NO _____ if so, please explain: _____

   _____

5. References—please list three references that are not related to you.

   1. Name: _____ Address: _____

      Phone: _____

   2. Name: _____ Address: _____

      Phone: _____

   3. Name: _____ Address: _____

      Phone: _____

YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 15.01 through 15.87 (1985) on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address and Home Phone Number.

This means it is available only to you, the City of Claremont officials and their representatives who have a bona fide need for it. This data will be used to identify you within the application process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Claremont. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal from the Claremont Fire Department.
2. I authorize the City of Claremont and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make appointments for the position.
4. I hereby authorize all current and previous employers and schools to release to the City of Claremont data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 1502, Subd. 12 and has been or will be collected by the City of Claremont and/or its agents and/or representatives.

This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to applying for the First Responders. I fully understand that the purpose of permitting the City of Claremont to hove access to this information is to determine my suitability for the position of Firefighter. I release all parties from any and all liability and claims for damage whatsoever that may result there from.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Claremont. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

Name: _____

Signature: _____

Date: _____

Consent for Release of Employment and Applicant Records And Release of Liability

I, _____ hereby consent to the release of any and all personnel data, criminal information or other information about me or related to me or my employment or application for appointment with the **Claremont Fire Department,** including but not limited to: criminal history checks and driving record checks and all other information related to my employment, application for employment or other attempt(s) to secure employment. This information is needed for the purpose of determining eligibility.

In connection with this authorization for release of information, I hereby release all parties listed and all of its current and former employees, officers, Board members, agents or representatives from any and all manner of liability of whatever nature by reason of requesting or providing such information.

I understand that this authorization shall automatically expire one (1) year from the date on which this form was signed unless specific written revocation is received by the **City of Claremont** prior to that date.

Full Name: _____ Date of Birth: _____
(Last, First, Middle)

Drivers License Number: _____

Current Address: _____

_____

_____

Date: _____ Applicant's Signature: _____