



# SOUTH METRO FIRE DEPARTMENT

1650 Humboldt Avenue • West St. Paul MN 55118

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[www.smfdmn.org](http://www.smfdmn.org)

## APPLICATION FOR EMPLOYMENT

### NOTICE TO APPLICANTS - WELCOME

The South Metro Fire Department appreciates your interest in a position with the Department. Your application will be considered in competition with others for the position you have listed on this form. The Department is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, marital status, and disability status with regard to public assistance, political affiliation, sex or age.

Please be advised that in accordance with Minnesota Statute the following information is considered public data: veteran status; job history; education and training; and work availability. Applicants' names are considered private data except at such time that an applicant is considered as a finalist for public employment. Should you become an employee of the South Metro Fire Department, this application will become a part of Department personnel records and as such will be subject to all uses and restrictions consistent with the Minnesota Data Privacy Act.

### NOTICE TO APPLICANTS - INSTRUCTIONS FOR COMPLETING APPLICATION

1. Read the Job Announcement carefully to be sure you meet all minimum requirements.
2. Applications are accepted only for the job posted and **MUST BE RECEIVED (NOT POSTMARKED)** by the South Metro Fire Department by 4:00 p.m. on the closing date. The South Metro Fire Department cannot be responsible for failure of other agencies or postal services to forward applications by the deadline.
3. All material submitted in support of your application become the property of the South Metro Fire Department and cannot be returned. Work samples, letters of recommendation, etc., should not be submitted at the time of application.

### INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City State Zip Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_

**EDUCATION:**

Types of School	Name and Address of School	Major Area of Study	Did You Graduate?	Degree Obtained
High School				
Technical School				
College				
Graduate School				
Military				

- List applicable courses, seminars, workshops, training, and acquired skills:  
 \_\_\_\_\_  
 \_\_\_\_\_
- List applicable professional or technical organizations and level of participation:  
 \_\_\_\_\_  
 \_\_\_\_\_
- List applicable vehicles, equipment, and machinery you have experience operating:  
 \_\_\_\_\_  
 \_\_\_\_\_
- List current applicable licenses, registrations or certificates:  
 \_\_\_\_\_  
 \_\_\_\_\_
- If applying for a position which may require driving a department-owned vehicle, please indicate your driver's license type:  
 Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_ Class D \_\_\_\_\_  
 Please indicate endorsements: \_\_\_\_\_

**EMPLOYMENT HISTORY (PAST SEVEN (7) YEARS ONLY)**

Are you a U.S. Citizen, or otherwise legally eligible to work in the United States? \_\_\_ Yes \_\_\_ No

List complete employment history, beginning with most recent experience first. Attach additional sheets if necessary.

May we contact your present employer for verification and reference? \_\_\_ Yes \_\_\_ No

May we contact your former employers for verification and reference? \_\_\_ Yes \_\_\_ No

1. Company Name and Address

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Current/Final Salary \_\_\_\_\_

\_\_\_\_\_ Supervisor \_\_\_\_\_

Company Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Number and Positions Supervised \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Company Name and Address

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Current/Final Salary \_\_\_\_\_

\_\_\_\_\_ Supervisor \_\_\_\_\_

Company Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Number and Positions Supervised \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Company Name and Address

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Current/Final Salary \_\_\_\_\_

\_\_\_\_\_ Supervisor \_\_\_\_\_

Company Phone \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Number and Positions Supervised \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIRE SERVICE HISTORY**

1. Department Name and Address

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Supervisor \_\_\_\_\_

Department Phone \_\_\_\_\_

2. Department Name and Address

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Supervisor \_\_\_\_\_

Department Phone \_\_\_\_\_

**REFERENCES:**

Provide the following data for those persons whom we may contact for additional references

NAME	ADDRESS	TELEPHONE #

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**READ CAREFULLY AND SIGN**

The Department has the right to verify information provided in this application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39. I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the Department and myself.

In connection with this application for employment, I authorize the South Metro Fire Department 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 academics performance such as transcripts. Moreover, I hereby release the South Metro Fire Department and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

I hereby authorize persons, schools, my current employer, previous employers and organizations named in this application to provide any and all information regarding my employment, also any other information, whether personal or otherwise that may or may not be on record. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this information.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION**

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2). If you become employed by the Department, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Fire Chief by letter.

<u>Private Data</u>	<u>Why We Ask For It</u>	<u>Are you Legally Obligated To Provide It?</u>	<u>What May Happen If You Don't Provide It</u>
Social Sec. No.	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing, however, it will help to ensure that your records are not confused with others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (When requested on a separate application)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting a form.
Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Disability Status, Veteran Status (This information is requested on a separate form.)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or take affirmative action in our hiring.





### Firefighter/EMT Supplemental Questionnaire

1. **PLEASE ACKNOWLEDGE:** To receive proper credit, I acknowledge that I **WILL** attach all required documents/certifications where indicated. I understand that failure to provide the necessary documentation may affect my score.  
 Yes  
 No
  
2. **Note** the following when responding to questions: One-year full-time equals 2080 hours, or 40 hours per week. Part-time hours must be pro-rated. For instance, two years working 20 hours per week equals one year of full-time experience. Please select "Yes" below if you have read and understand this calculation instruction.  
 Yes  
 No
  
3. **Please read carefully before submitting your application.** To assist in evaluating your background qualifications for this position, complete the Education and Work Experience sections AND Supplemental Questions within this application. Please **DO NOT** write "see resume" as a response to any of the Education and Work Experience sections or supplemental questions. A resume is an additional requirement. I have read and understand these instructions.  
 Yes  
 No
  
4. Please select your level of education. **PLEASE ATTACH A COPY OF DIPLOMA, GED, OR COLLEGE TRANSCRIPT AS APPLICABLE.**  
 High School or GED  
 Some College Credits  
 Associate degree - Other  
 Associate degree in Fire Science Administration, Paramedic, Public Safety or related  
 Bachelor's Degree in Fire Science Administration, Paramedic, Public Safety or Related  
 Bachelor's Degree – Other  
  
Do you possess a current NREMT or MN EMT certification? **PLEASE ATTACH A COPY OF YOUR CERTIFICATION, IF APPLICABLE.**  
 Yes  
 No
  
5. Please select your highest-level of EMS experience.  
 ALS Transport  
 BLS Transport  
 BLS Non-Transport  
 First Responder  
 None
  
6. Please select the appropriate response as it pertains to licensure as a Firefighter. **ATTACH A COPY OF YOUR CERTIFICATION(S), IF APPLICABLE.**  
 I am **CURRENTLY** licensed as a Firefighter by the Minnesota Board of Firefighter Training and Education  
 I will be able to obtain licensure as a Firefighter as recognized by the Minnesota Board of Firefighter Training and Education within one year of my date of hire.



7. Please select your current certifications from the list below. **ATTACH COPIES OF CERTIFICATION(S), IF APPLICABLE.**

- IFSAC/PRO BOARD Firefighter I
- IFSAC/PRO BOARD Firefighter II
- Hazardous Materials Operations
- Fire Apparatus Operator
- Hazardous Materials Technician
- Local Hazard Zone Management OR Blue Card Incident Command
- Fire Officer I
- Fire Officer II
- Fire Instructor I
- Fire Instructor II
- Live Burn Instructor
- None of the above

8. Please select your years of FULL TIME (or equivalent) experience as an EMT. (Full Time = 2080+ hours annually)

- None
- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- 9-10 years
- 10+ years

9. Please select your years of FULL TIME (or equivalent) FIREFIGHTER experience. (Full Time = 2080+ hours annually)

- None
- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- 9-10 years
- 10+ years

10. Please select your years of experience as a part-time/Paid On-Call/Volunteer FIREFIGHTER--Greater than 500 hours per year.

- None
- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- 9+ years

11. Please select your years of experience as a part-time/Paid On-Call/Volunteer FIREFIGHTER--Less than 500 hours per year.

- None
- 1-2 years
- 3-4 years
- 5-6 years
- 7-8 years
- 9+ years