



SOUTH METRO FIRE DEPARTMENT

1650 Humboldt Avenue • West St. Paul MN 55118

Phone: (651) 552-4176 • FAX: (651) 552-4195

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 3:30 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: _____
_____ Work Phone: _____
City State Zip

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 #

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.



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ADDENDUM TO APPLICATION VETERAN'S PREFERENCE

You must submit a photocopy of your DD214 or other military documents to substantiate the service information requested on this form. Claims not accompanied by proper documentation will not be processed. 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.

The South Metro Fire Department awards preference points 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 veteran's 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 veterans' 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.

COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN AND CLAIMING VETERAN'S PREFERENCE:

Name (Last) (First) (Middle) Position Title

Address Phone No.

Are you a U. S. Citizen Yes No

Active Duty Information: (Note: a photocopy of your DD214 form must accompany this claim sheet).

- Have you (or your disabled or deceased spouse) served on active military duty without interruption for 181 days or more?
 Yes No
- Are you receiving or are you eligible to receive a monthly veteran's pension based exclusively on length of military service?
 Yes No

For Disabled Veterans: (Letter from VA as proof of disability must be submitted to receive points):

- Permanent Yes No Currently existing Yes No

For Spouses of Disabled Veterans:

- Spouses present occupation _____

(NOTE: Letter from VA in proof of disability must be submitted to receive points.)

AFFIDAVIT I hereby claim veteran's preference for this vacancy and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veterans Administration to release information necessary to process this application to the South Metro Fire Department Personnel Department.

Signature

Date

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