



# Excelsior Fire District Application/Hiring Process



*October, 2017*

**APPLICATION FOR EMPLOYMENT**



**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

# Application for Employment

— If you have a resume, please provide us with a copy.

Position applied for: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Number and Street City State Zip Code

E-mail Address: \_\_\_\_\_

Driver's License (number and state): voluntary \_\_\_\_\_

Social Security number: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone Number: (     ) \_\_\_\_\_

Work Phone: (     ) \_\_\_\_\_ May we contact you at work?  Yes  No

Station Preference:  Station One  Station Two  None Why: \_\_\_\_\_

- Have you ever filed an application with us before?  Yes  No - If yes, date: \_\_\_\_\_
- Are you currently authorized to work for all employers in the United States, or only for your current employer?

• Are you over the age of 18?  Yes  No

• Have you ever been convicted of or pled no contest or guilty to a felony? If yes please explain:  Yes  No

• Do you have any friends or relatives currently working for us? If so, please indicate name.  Yes  No

• Do you have any previous firefighting experience? If so, please describe.  Yes  No

• Do you have any related training?  CPR  First Aid  First Responder  EMT  Hazardous Materials  Firefighting  Other

• Describe any specialized training or job related skills acquired from employment or other experience.

Education	Name of School, City and State	Diploma/Degree	Major/Course Certification
High School		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
College		Degree? <input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No Last Year Completed _____	
Other		Degree? <input type="checkbox"/> Yes Type _____ <input type="checkbox"/> No Last Year Completed _____	

**Employment Record** — Please start with your most recent employer, including military service and include all jobs you have held. If you need more space, please use an additional sheet of paper. If you are currently employed, may we contact your present employer?  Yes  No

Name of Employer: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Title and Duties: \_\_\_\_\_  
\_\_\_\_\_ Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Title and Duties: \_\_\_\_\_  
\_\_\_\_\_ Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Your Title and Duties: \_\_\_\_\_  
\_\_\_\_\_ Salary Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Please identify and explain any gap in continuous employment over the last ten years. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_

**Please Read Carefully Before Signing:**

I understand that completion of this application does not obligate the Excelsior Fire District to hire me or offer me a job.

The information I have provided in this application is true and complete. I understand that if hired, my employment may be terminated due to any misrepresentation, omission or inaccuracy of the statements contained in this Application for Employment. I authorize the Excelsior Fire District to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience. If hired, I agree to conform to the rules and regulations of the Excelsior Fire District.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

**EXCELSIOR FIRE DISTRICT  
ADDENDUM TO APPLICATION**

**VETERANS 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 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.

**ARE YOU APPLYING FOR VETERANS BONUS POINTS?**     YES     NO

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

**VETERANS PREFERENCE POINTS APPLICATION**

Veteran \_\_\_\_\_ If spouse, veteran's name: \_\_\_\_\_

Self     Spouse

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?    Do you have a compensable service-related  
 YES     NO    disability?     YES     NO

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 seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

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