

APPLICATION FOR EMPLOYMENT



Name _____ **Date** _____

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

Fire Chief

Position applied for: _____

Name: _____
Last First Middle

Address: _____
Number and Street City State Zip Code

E-Mail Address: _____ Driver's License (number and state): _____

Home Phone: () _____

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

Cell Phone Number: () _____

Station Preference: Station One Station Two None Why: N/A

- 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

Pursuant to Minn. Stat. § 197.455, preference points may be awarded to the competitive open examination rating of a qualified veteran or the spouse of a deceased or disabled veteran. Preference points are awarded subject to the provisions of Minn. Stat. § 197.455 and will be applied to the applicant's rating on his or her application.

A veteran or the surviving spouse of a deceased veteran may be eligible to receive a veterans preference of ten (10) points on the rating of their application. A veteran is a citizen of the United States or resident alien who has been 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, or who has or met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a, or who has active military service certified under section 401, Public Law 95-202.

A disabled veteran or a spouse of a disabled veteran who because of his or her disability is unable to qualify for the position may receive a veterans preference of fifteen (15) points on the rating of his or her application. A disabled veteran is a veteran who has a compensable service-connected disability as adjudicated by the United States Veterans Administration, or by the retirement board of one of the branches of the armed forces of the United States.

To be eligible to receive veterans preference points, the applicant must:

1. Complete the veterans preference application and request a veterans preference.
2. Provide the documentation identified below with the application or within 7 days after the application deadline for the position.
 - a. Veterans must provide "Member Copy 4" of their DD214 or DD215.
 - b. Disabled veterans must provide (1) "Member Copy 4" their DD214 or DD215 and (2) a letter from the United States Department of Veterans Affairs (the "USDVA") verifying their disability.
 - c. Spouses of deceased veterans must provide a copy of (1) the veteran's "Member Copy 4" of his or her DD214 or DD215, (2) a marriage certificate to the veteran, and (3) proof of the veteran's death.
 - d. Spouses of disabled veteran must submit a copy of (1) the veteran's "Member Copy 4" of his or her DD214 or DD215, (2) their marriage certificate to the veteran, and (3) a letter from the USDVA verifying the veteran's disability.
3. Meet all minimum job requirements for the position and obtain a passing score on the rating of their application without the addition of veterans preference points.

VETERANS PREFERENCE APPLICATION

Are you requesting a veterans preference? YES NO

Preference Requested: Veteran Disabled Veteran
 Spouse of Deceased Veteran Spouse of Disabled Veteran

Applicant's Full Name: _____

If Spouse, Veteran's Full Name: _____

Period of Veteran's Active Duty: From: _____ To: _____

Type of Discharge: _____ Date of Discharge: _____

Does Veteran have a compensable service related disability? YES NO If yes, Percentage of disability: _____ %

To receive a veterans preference, the following documentation must be submitted with this application or within seven (7) days of the application deadline:

- **Veterans** must submit "Member Copy 4" of their DD214 or DD215.
- **Disabled veterans** must submit (1) the "Member Copy 4" of their DD214 or DD215 and (2) a letter from the USDVA verifying their disability.
- **Spouses of deceased veterans** must submit (1) the veteran's "Member Copy 4" of the DD214 or DD215, (2) their marriage certificate to the veteran, and (3) proof of death of the veteran's death.
- **Spouses of disabled veteran** must submit (1) the veteran's "Member Copy 4" of the DD214 or DD215, (2) their marriage certificate to the veteran, and (3) a letter from the USDVA verifying the veteran's disability.

The Required Documentation: is attached will be submitted within 7 days after application deadline.

A request for veterans preference points will not be processed if proper documentation is not submitted with the application or within seven (7) days of the application deadline.

AFFIRMATION: I hereby affirm that the information given is true, complete, and correct to the best of my knowledge. I acknowledge that I am required to provide the required documentation to the Excelsior Fire District with this application or within seven (7) days of the application deadline.

Signature

Date