

# CHISAGO CITY FIRE DEPARTMENT



## APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

The information contained in this application will be considered personal, confidential and private to be used only in conjunction with your possible employment. Private data is that information which is available to you but not available to the public. This application for the Chisago City Fire Department contains private information as defined by Minnesota State Statute 15.1692, Subd. 1-5. Please furnish us with complete information. Failure to completely fill out this application may disqualify your application from consideration. You are encouraged to attach a resume or any other additional information that you believe qualifies you for the position.

**Chisago City Fire Department is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.**

**Personal Information**

Name: \_\_\_\_\_

Last

First

Middle

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

Street

City

State

Zip

Business Telephone: ( ) \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Optional

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied to this fire department before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you ever worked for a fire department before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Who referred you to the fire department? \_\_\_\_\_

**Education**

School Level	Name and Location of School	# of years Attended	Degree, Major or Type of Course
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High School

College

Graduate School

Trade, Business or Correspondence School (Include fire service training)

**Military Experience**

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Separation: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Briefly Describe your Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Employment**

Name and Address of Current Employer: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Month

Year

Name and Title of Supervisor: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**Past Employment**

Name and Address of Current Employer: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Month

Year

Month

Year

Name and Title of Supervisor: \_\_\_\_\_

Description of Work: \_\_\_\_\_

**Availability**

Do you work within the city limits 8-hours per day, or live within the fire district?  
Yes \_\_\_\_\_ No \_\_\_\_\_

What are your hours of availability to the fire department per week? \_\_\_\_\_

If someone employs you, will your employer allow you leave work for fire or emergency calls? \_\_\_\_\_

If you are self-employed, are you able to leave your business for fire or emergency calls? Yes \_\_\_\_\_ No \_\_\_\_\_

What times are you most available for fire calls? Please circle one:

Daytime (6 a.m. to 6 p.m.)                      or                      Nighttime (6 p.m. to 6 a.m.)

**Physical Record**

All firefighters are required to take a physical exam.

In case of emergencies, please call: \_\_\_\_\_

**References**

List below the names of three persons not related to you, whom you have known for at least one year.

Name	Address	Telephone Number
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**CHISAGO CITY FIRE DEPARTMENT  
APPLICANT SCREENING**

Each applicant who successfully passes the physical agility portion and oral interview of the Recruit Selection Process shall authorize the Chisago City Fire Department to conduct driving records and criminal record background checks.

Each applicant must have the following:

- A. A driving record clean, for the preceding three years, of convictions for driving under the influences of alcohol or a controlled substance, of driver's license revocations under the implied consent law, convictions for reckless or careless driving, or any convictions for other traffic offenses which, in the decision of the Chief, shows a disregard for the traffic laws of Minnesota.
- B. A criminal record clear of convictions of crimes or anticipatory crimes as defined in Minnesota Statutes, sections 609.17 and 609.175, for:
  - 1. Homicide or aiding suicide under Minnesota Statutes, sections 609.185 through 609.215;
  - 2. Crimes against persons under Minnesota Statutes, sections 609.221 through 609.224 and 609.228 through 609.265;
  - 3. Sex crimes under Minnesota Statutes, sections 609.321 through 609.324, 609.342 through 609.3451, and 609.352;
  - 4. Crimes against the family under Minnesota Statutes, sections 609.465, 609.377 through 609.378;
  - 5. Interference with privacy crimes under Minnesota Statutes, sections 609.746 and 609.79;
  - 6. Obscenity and obscenity involving children under Minnesota Statutes, sections 617.23 through 617.247 and 617.293;
  - 7. Prohibited drug crimes under Minnesota Statutes, sections 152.021 through 152.025 and 152.0261.
- C. If an applicant has a conviction for any offense listed above, the applicant must present competent evidence showing sufficient rehabilitation as outlined by Minnesota Statute 364.01 through 364.10.

I authorize the Chisago City Fire Department Membership Committee to make the above checks.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date

Witness

**AUTHORIZATION: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY**

I certify that information contained in this application and accompanying resume, if any, is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize the schools, references and my prior employers listed to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any liability or claims for damage whatsoever that may result therefrom.

I understand that no management official other than the membership committee of the City has the authority to make oral or written agreements for employment for a specified time or for any agreement for employment for a specified period of time or specified conditions of my employment must be reduced to writing and signed by me and the Fire Chief.

I agree to abide by and conform to the Chicago City Fire Department rules and regulations.

I have read and understand the above conditions and will abide by them.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

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Date

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Signature