

CHISAGO CITY FIRE DEPARTMENT



APPLICATION

Name: _____ Date: _____

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, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Rank at Separation: _____ Type of Discharge: _____

Briefly Describe your Duties:

Employment:

Name and address of current employer:

_____ Telephone () _____

Starting Date: _____
Month Year

Job Title _____

Name and Title of Supervisor: _____

Description of Work: _____

Past Employment:

Name and address of past employer:

_____ Telephone () _____

Starting Date: _____ End Date: _____
Month Year Month Year

Job Title _____

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? _____

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

If someone employs you, will your employer let 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? _____

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: The firefighter is required to take a physical exam.

Do you have any physical or mental limitations (claustrophobia, acrophobia, nyctophobin, bad back, bad knees, etc.) That precludes you from performing the duties of a firefighter? If so please explain _____

In case of emergencies please call: _____

References: Give below the names of three persons not related to you whom you have known for at least one year.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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:

- A. Have a driving record clear, 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. Have 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.

_____ Signature	_____ Printed Name
_____ Date	_____ Witness

AUTHORIZATION (PLEASE READ THE FOLLOWING STATEMENTS 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 and all liability or claims for damage whatsoever that may result therefrom.

I understand that no management official other than the membership committee of the City as 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 Fire Department rules and regulations.

I have read and understand the above conditions and will abide to 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.

Date_____ Signature_____

WAIVER OF CLAIMS

I, the undersigned, am an applicant for the position of Fire Fighter with the Chisago City Fire Department. I understand that as a participant in this selection process I will voluntarily participate in a physical agility test.

I, hereby agree to hold harmless the Chisago City Fire Department, the City of Chisago City and the Chisago Lakes Area Schools for any injury or damage, which I might sustain as a participation in this physical agility test.

I, hereby am stating I have no known injuries or health conditions which would prevent me from voluntarily participating in a physical agility test.

Participant's Signature: _____

Participant's Printed Name: _____

Witness: _____ Date: _____