

Established 1951



# Volunteer Fire Department Daytime Rescue Application

Established 1951



The position you are applying for is Daytime Rescue

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Between hours of \_\_\_\_\_ and \_\_\_\_\_

Telephone: \_\_\_\_\_ Between hours of \_\_\_\_\_ and \_\_\_\_\_

Email: \_\_\_\_\_

1. Are you legally authorized to work in the U.S.?            Yes    No
2. If hired, can you provide proof that you are at least 18 years of age?    Yes            No
3. Do you have any physical or health limitations that could interfere with your performance on the job for which you are applying?    Yes    No    (Note: Employment is contingent on applicant meeting minimum physical/mental demands of the position)

If you answered yes, please explain:

4. Do you have any commitments or responsibilities that might prevent you from meeting job requirements?  
          Yes            No

If yes, please explain:

5. Do you have any relatives on the Fire Department?            Yes            No

If yes, who?

6. Have you previously applied for this position?      Yes      No

If you answered yes, when did you apply? \_\_\_\_\_

7. Have you ever worked for the City of Eagle Lake?      Yes      No

If you answered yes, when and in what department did you work for?

\_\_\_\_\_

### Education and Training

Educational Institution	Name and Address of Institution	Course (Major/Minor)	Level of Education	Did you Graduate? Y/N	List Diploma or Degree Awarded
High School					
College					
Other (Specify)					

1. Please list any skills which you feel relate to this position:

2. Have you received EMT Training?      Yes      No

If yes, please provide date of training. \_\_\_\_\_

3. Have you received First Responder training?      Yes      No

If yes, please provide date of last certification \_\_\_\_\_

4. Have you received first aid training in the past?      Yes      No

Type of first aid training: \_\_\_\_\_ Date last certified: \_\_\_\_\_

5. Please list types, with dates, of other first aid training you have received.

## Background and Driving Record Check

Note: The existence of a criminal record will not automatically disqualify you from employment with the City, though certain types of criminal convictions may prohibit you from working in certain positions.

1. Have you ever been convicted as an adult of a felony?            Yes            No  
  
If yes, date and place: \_\_\_\_\_  
  
Nature of offense: \_\_\_\_\_  
  
Disposition: \_\_\_\_\_
2. Do you agree to a criminal record check (past convictions are not an absolute bar to employment)?  
  
Yes            No
3. Do you agree to a driver's license record check?            Yes            No  
  
Driver's license number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
4. Do you have truck driving experience?            Yes            No            Type of vehicle: \_\_\_\_\_  
  
Driver's license class – A, B, C: \_\_\_\_\_  
  
Endorsements: \_\_\_\_\_

## Availability and Employment History

1. What hours are you available to respond to emergency calls? \_\_\_\_\_  
  
Approximate minutes from home to Fire Station: \_\_\_\_\_  
  
Approximate minutes from work to Fire Station: \_\_\_\_\_
2. Can you be available for the following meetings and training sessions?  
  
Fourth Tuesday of the month, 7:00-10:00 p.m. (as required/scheduled)            Yes            No
3. Can you attend a First Responder or EMT course?            Yes            No

4. Present or Most Recent Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Total Years Employed: \_\_\_\_\_ Working Hours: \_\_\_\_\_

Specific Duties:

Does business take you out of town?      Yes      No

If yes, please explain normally what hours are you out of town:

May we contact your employer?      Yes      No

5. Please list your Military Service if applicable: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Reserve Status: \_\_\_\_\_

Attendance requirements if in the Reserve or Guard: \_\_\_\_\_

6. Any mechanical, electrical or other specialized work experience?      Yes      No If so, please

explain: \_\_\_\_\_

7. References—please list three references that are not related to you.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

## YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 13.02, Subd. 12 on data privacy require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: Name, Home Address and Home Phone Number.

This means it is available only to you, the City of Eagle Lake officials and their representatives who have a bona fide need for it. This data will be used to identify you within the hiring process. Refusal to supply requested information may mean your application will not be considered.

Your name is considered private until you become a finalist for employment with the City of Eagle Lake. You are considered a finalist when and if you are selected to come to the final selection interview prior to selection.

## EMPLOYEE CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

1. I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information or omitting information could result in rejection of my application or dismissal if I am hired.
2. I authorize the City of Eagle Lake and its agents and/or representatives to verify this information to determine whether or not I am qualified for the position for which I am applying.
3. I understand that only the City Council has the authority to make employment agreements.
4. I hereby authorize all current and previous employers and schools to release to the City of Eagle Lake data classified as private. The data which I authorize to be released consists of private data as defined by M.S. 13.02, Subd. 12 and has been or will be collected by the City of Eagle Lake and/or its agents and/or representatives.

This information includes all data which has been collected, created, received, retained or disseminated in whatever form which is in any way related to employment. I fully understand that the purpose of permitting the City of Eagle Lake to have access to this information is to determine my suitability for employment for the position of Volunteer Firefighter. I release all parties from any and all liability and claims for damage whatsoever that may result there from.

This authorization shall be valid for one year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Council of the City of Eagle Lake. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that a photocopy shall be considered as valid as the original.

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

Signature: \_\_\_\_\_

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



## **Eagle Lake Fire and Rescue Day Time Rescue S.O.G.'s**

Purpose: To assist the fire department in providing day time medical and rescue coverage for the city of Eagle Lake

1. Daytime rescue shall consist of no more than a five-person team.
2. Personnel must maintain at least a current first responder or E.M.T. certification.
3. Response time will be from 7:00 am through 5:00 pm Monday through Friday. Response for any other time of day will be considered voluntary.
4. Daytime personnel will be paid per call, based upon the City of Eagle Lake City Council recommendations.
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6. Daytime rescue will consist of one Captain, which will report to the Fire Department Officers.
7. Quarterly training/meetings will be required.
8. All personnel will be required to be signed off before driving department vehicles.
9. All personnel will be required to obtain a current physical upon becoming an active member.
10. Pagers will be provided.
11. First aid bags will be provided.
12. All members must live within five (5) minutes or work within five (3) minutes of the fire station.
13. Active Fire Department officers will act as incident command at all scenes.
14. Minimum of two (2) personnel must be available before the rescue truck can leave the station.

## Veteran's 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 veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.
3. **You must supply a copy of your DD-214. Disabled veterans must also supply form FL-802 or an equivalent from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the veteran's DD-214 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 VETERAN'S BONUS POINTS?**                      Yes                      No

If you answered "Yes", your DD-214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

### VETERAN'S PREFERENCE POINTS APPLICATION

Veteran (If spouse, Veteran's name): \_\_\_\_\_

Is the above named                      Self                      Spouse

Branch of Service: \_\_\_\_\_ Period of Active Duty: \_\_\_\_\_ to \_\_\_\_\_

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

Service Number/Social Security Number: \_\_\_\_\_

Are you receiving or eligible for a Military pension?                      Yes                      No

Do you have a compensable service-related disability?                      Yes                      No

Preference Requested (check one):

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

Supporting documentation (check one):                      is attached                      will be submitted within 7 days of application deadline.