



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

1. High School: \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_  
Number of Years Attended \_\_\_\_\_
2. College/Trade School: \_\_\_\_\_ Subject Major: \_\_\_\_\_  
Did you earn your degree? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Please list any skills which you feel relate to this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you received Firefighter training in the past? YES \_\_\_\_\_ NO \_\_\_\_\_  
Type of Firefighter training: \_\_\_\_\_ Date: \_\_\_\_\_
5. Have you received first aid training in the past? YES \_\_\_\_\_ NO \_\_\_\_\_  
Type of first aid training: \_\_\_\_\_ Date last certified: \_\_\_\_\_

## 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?

Second Tuesday of the month, 7:00-10:00 p.m. (active members only) YES \_\_\_\_\_ NO \_\_\_\_\_

Fourth Tuesday of the month, 7:00-10:00 p.m. (active and reserve members) YES \_\_\_\_\_ NO \_\_\_\_\_

3. Can you attend a NFPA 1403 Basic (Essential) Training Program? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Can you attend a First Responder or EMT course? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Present 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 \_\_\_\_\_

6. Please list your Military Service if applicable:

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

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

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

\_\_\_\_\_

7. Any mechanical, electrical or other specialized work experience? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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

## YOUR RIGHTS AS A SUBJECT OF DATA

Minnesota Statutes 15.01 through 15.87 (1985) 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: \_\_\_\_\_

**Consent for Release of  
Employment and Applicant Records  
And Release of Liability**

I, \_\_\_\_\_ hereby authorize and grant by informed consent to permit the Eagle Lake Police Department and/or its agents and/or representatives the right and authority to collect data classified as private which concerns myself as defined by Minnesota Statute 13.02, Subd. 12. The release of any and all personnel data, criminal information or other information about me or related to me or my employment or application for employment with the **Eagle Lake Fire Department**, including but not limited to: criminal history checks and driving record checks and all other information related to my employment, application for employment or other attempt(s) to secure employment. This information is needed for the purpose of determining eligibility.

In connection with this authorization for release of information, I hereby release all parties listed and all of its current and former employees, officers, Board members, agents or representatives from any and all manner of liability of whatever nature by reason of requesting or providing such information.

I understand that this authorization shall automatically expire one (1) year from the date on which this form was signed unless specific written revocation is received by the **Eagle Lake Fire Department** prior to that date.

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, Middle)

Drivers License Number: \_\_\_\_\_

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

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

Applicant's Signature: \_\_\_\_\_

## Volunteer Fire Department Acknowledged Requirements

I acknowledge and understand that application to become a firefighter with the Eagle Lake Volunteer Fire Department requires the following commitment:

1. Pass physical examination
2. Pass physical work performance test

Selected applicants will be subject to a 12-month probationary period with review after six (6) months. The following must be completed or accomplished during the 12-month probationary period:

1. Attend monthly meetings (Second Tuesday of each month) - Attend monthly drills (Fourth Tuesday of each month)
2. Must be clean shaven (NO BEARDS)
3. Attend functions of Fire Department

There will be additional training required after becoming an active member of the Fire Department. Firefighters will be required to:

1. Start NPPA 1403 Basic (Essentials) course within first two (2) years and complete within four (4) years. (Tuition paid by Fire Department)
2. Complete First Responder or EMT training within 2 years
3. Attend Hazardous Material training - Attend Regional and Sectional Schools
4. Attend training as prescribed in the Fire Department Bylaws and Standard Operating Procedures
- 5.

Being a firefighter is an emotionally challenging job and provides you with self-respect and self-satisfaction. Firefighting requires training and demands team effort and respect from each individual firefighter in the Department.

**I have read these requirements and agree to them.**

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

### To be Signed by Applicant's Employer

I \_\_\_\_\_, the Employer of \_\_\_\_\_ agree to release said individual during work hours to respond to emergency calls with the Eagle Lake Fire Department.

List any restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Employer Signature Employer Name

# **VOLUNTEER FIRE DEPARTMENT TRAINING & EXPERIENCE WORK PERFORMANCE TEST**

## **1. SCBA USE**

Familiarize with self-contained breathing apparatus

## **2. VICTIM RESCUE**

Carry or drag 100 pound rescue dummy 100 feet

## **3. STAIRWAY CLIMB**

Carry a 50 foot section of 3 inch hose to the top floor of Fire Station and return to the same starting point

## **4. LADDER**

Climb up and down a 35 foot ladder

## **5. HOSE OPERATION**

Advance a charged 1 3/4" line 150 feet and operate nozzle in full turnout gear

## 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 name SELF \_\_\_\_\_ or 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 \_\_\_\_\_, or will be submitted within 7 days of application deadline. \_\_\_\_\_

