



Employment Application

St. Michael Fire Department
 Return to:
 11800 Town Center Drive
 St. Michael, MN 55376
 Phone: 763-497-6054 Fax: 763-497-6058
 Email: lizg@stmichaelmn.gov



We welcome your application for employment. Please provide us with complete information so that we may give you full consideration of your application. Depending on the position, you may be asked to complete an additional questionnaire or supply us with further information.

The St. Michael Fire Department is an Affirmative Action Employer. It is our policy to provide equal employment opportunities to all who apply or who are employed at the Fire Department. The St. Michael Fire Department does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, disability, age, marital status, or status with regard to public assistance. Individuals are evaluated and selected on the basis of merit.

PERSONAL INFORMATION				
Last Name	First Name	Middle		
Present Address:	Street	City	State	Zip Code
Permanent Address (if different):	Street	City	State	Zip Code
Phone Numbers:	Home	Work	Other	
Email:				
Are you a United States Citizen or legally eligible to work in the U. S.? Yes <input type="checkbox"/> No <input type="checkbox"/>				
(If hired, you will be required to provide further documentation to prove you are eligible to work in the U.S.)				
WORK PREFERENCE				
What position are you applying for or in which area would you like to work?				
Position: RESERVE FIREFIGHTER			Department: FIRE DEPARTMENT	
Status:		Date Available for work:		
INTERNAL USE ONLY				
Date Received	Action		Notification	

EDUCATION AND TRAINING

Please circle the highest grade you have completed:

High School
9 10 11 12College
13 14 15 16Graduate School
1 2 MA PhD JD

Name and Location of High School (most recent):

Did you graduate: Yes No **SCHOOLS**

TYPE	NAME & LOCATION	DEGREE RECEIVED?	MAJOR/MINOR
College			
College			
Graduate			
Vocational			

ADDITIONAL TRAINING RECEIVED

Please summarize any or all related course work or training you have received which may be relevant to this position (you may attach a separate page or summary):

PROFESSIONAL LICENSES OR CERTIFICATIONS

What trade or professional licenses or certificates do you currently hold? (Please attach a copy of each relevant license, if required for the position).

RELATED ACTIVITIES AND PROFESSIONAL MEMBERSHIPS

Please describe any relevant memberships in professional, civic, social organizations or trade associations (past or present) in which you have been involved. Include any responsibilities or achievements/awards, along with any offices you have held or received. Exclude the name of the organization, which may indicate age, race, creed, religion, color, gender, sexual orientation, national origin, marital status, political affiliation, membership or activity in a local human rights committee, or disability in their name or character.

COMPLETE ENTIRE APPLICATION – DO NOT WRITE “SEE RESUME”

EMPLOYMENT HISTORY – List most current employer first

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Employer (Name)		Address	
Your Job Title		Telephone Number	
Dates Employed From To	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>		
Supervisor's Name and Title		Phone Number of Supervisor	
Describe the duties you perform (be as specific as possible):			

NEXT EMPLOYER

Employer		Address	
Supervisor Name and Title		Telephone Number	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>
Your Job Title	Dates Employed From To		
Duties Performed			
Reason for Leaving:			

NEXT EMPLOYER

Employer			
Supervisor Name and Title		Telephone Number	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other <input type="checkbox"/>
Your Job Title	Dates Employed From To		
Duties Performed			
Reason for Leaving:			

ADDITIONAL WORK EXPERIENCE

Please list any other employment experience or volunteer work you performed that you think is relevant to the position in which you are applying and will assist us in making a determination based on your qualifications.

GENERAL INFORMATION

What hours and/or days are you available to respond to calls?

Are you over the age of 18?

Yes No

Available to start?

VALID DRIVER'S LICENSE

Do you possess a valid driver's license?

Yes No State: _____

PLEASE ANSWER ONLY IF RELEVANT TO THE POSITION IN WHICH YOU ARE APPLYING

What other equipment do you operate that would relate to the position? (Attach a separate list if necessary.)

What other information about your skills, training, or education can you provide which would be helpful for us to know when considering your application? (Please list only those items which are relevant to the position.)

References

Name	Relationship to You	Occupation	Phone Number

VETERAN'S PREFERENCE

ELIGIBILITY REQUIREMENTS: To qualify for preference on a **Competitive Examination**, you must have been separated, under honorable conditions, from any branch of the armed forces of the United States after having served 181 consecutive days or by reason of disability incurred while on active duty and be a United States Citizen or resident alien. One may also be the spouse of a qualified, deceased veteran or the spouse of a disabled veteran where the veteran, because of a service-related disability, is unable to perform the job for which the spouse is applying.

NAME OF VETERAN (Last, First, Middle):	Veteran's Social Security Number:
TYPE OF SEPARATION: <input type="checkbox"/> Honorable <input type="checkbox"/> Medical <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you serve on active military duty for 181 consecutive days or more in any branch of the U.S. Armed Forces?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you met the minimum active duty requirement as defined by 38 C.F.R. 3.12a?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have active military service that is certified by the United States Secretary of Defense as active military service and a discharge under honorable conditions? (Reference: 38 U.S.C. 401)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have a service-connected disability? Percentage of service-connected disability: _____% (Please submit USDVA letter of disability rating which includes the percentage)
FOR SPOUSE OF DECEASED VETERAN	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you the spouse of a veteran on the date of the veteran's death? (Please submit DD214, copy of marriage certificate, spouse's death certificate and proof that veteran died on or as a result of active duty). <i>You are ineligible to receive points if you have remarried or were divorced from the veteran.</i>
FOR SPOUSE OF DISABLED VETERAN	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse unable to perform the job for which you are applying because of a service- related disability? (Please submit DD214, copy of marriage certificate, and USDVA letter of disability rating which includes the percentage)
SIGNATURE AND DATE	
I hereby claim Veteran's Preference for this examination and swear/affirm that the information given on this document is true and correct.	
Signature	Printed Name
Date	

You must submit a photocopy of your DD214 which indicates type of separation with your application.

DATA PRIVACY NOTICE

The information you supply on this employment application will be used to assess your qualifications for the position for which you are applying. You are not legally required to provide the information, but we will not be able to consider your application without it. The information is requested to distinguish you from other applicants; to identify you in our employment files; to determine if you meet the minimum qualifications of the position for which you are applying; and to contact you for the employment interviews.

The following information on this application will be considered private data on individuals pursuant to the Minnesota Government Data Practices Act: your name, home address, home phone number, and Social Security number. If you are certified as eligible for an employment vacancy, your name will become public data. If you are hired by the St. Michael Fire Department, all information you supply on this application will become public data, except your home street address, home phone number, and Social Security number.

The information you voluntarily provide on the separate form "Confidential Equal Employment Opportunity Information" will be at all times considered private data. It can only be accessed by you or a city official who has a bona fide need for it to comply with affirmative action and equal opportunity mandates.

If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the Fire Department.

If you are selected for employment with the Fire Department, the following additional information about you will be public: your name; actual gross salary range; contract fees; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary; your job title; the dates of your first and last employment with the city; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken against you, specific reasons for it, and all supporting documentation about your case; terms of any agreement setting administrative or judicial proceedings; your work location and work telephone number, honors/awards received; payroll time sheets; your city and county of residence. Anything not listed above which is placed in your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law. For further information refer to Minnesota Statute Chapter 13.

DRUG AND ALCOHOL TESTING

The St. Michael Fire Department has adopted a drug and alcohol testing policy. As a job applicant for this position, you are subject to testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the Fire Department's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test, verifying that result, must be performed

You may have the right to explain a confirmatory test's positive result within three working days after receiving notice. You have the right to request and pay for a confirmatory retest of the original sample within five working days after receiving notice. If the confirmatory test does not confirm the original positive test result, no adverse personnel action based on the confirmatory test may be taken against you. A job applicant who receives a positive test result, fails or refuses a confirmatory test, does not request in writing a confirmatory test within five working days after notice, may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal within the City of St. Michael

The full Drug and Alcohol testing personnel policy is available for review in the City Administrator's office at City Hall, 11800 Town Center Drive NE, St. Michael, MN 55376, during normal office hours. A job applicant receiving a conditional offer of employment will be given a full policy prior to testing.

AUXILIARY AIDS AND ASSISTANCE

If you have a job-related disability and require a reasonable accommodation to compete in the application process, please contact the City Administrator's office at City Hall, 11800 Town Center Drive NE, St. Michael, MN 55376, during normal office hours, or phone (763) 497-2041.

AUTHORIZATION AND RELEASE

I hereby authorize the entities and persons listed above to release to the St. Michael Fire Department, and any agent acting on its behalf, data, classified as private. The data which I authorize to be released consists of private data, as defined by Minnesota Statute Ch. 13.02. subd. 12. and has been or will be collected by the St. Michael Fire Department and/or its agent and/or its representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained or disseminated in whatever form, which in any way is related to employment. I fully understand the purpose of permitting the St. Michael Fire Department to have access to this information is to determine my suitability for employment.

This authorization shall be valid for one (1) year, but I reserve the right to, at any time prior to expiration, cancel this authorization by providing written notice to the City Administrator. I also acknowledge that a photocopy of this authorization may be used instead of the original and that photocopy shall be considered as valid as the original.

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief.

I understand that any false information on or omission of information from this application, or failure to present the required proofs, upon discovery will be cause for rejection or dismissal if employed. The St. Michael Fire Department has the right to verify all information provided in this application.

I release all parties from any and all liability and claims for damages, whatsoever, that may result there from.

Applicant's Signature

Date

It is the St. Michael Fire Department's policy and intent to provide equality of opportunity in employment of all persons. The St. Michael Fire Department does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services.

Please return completed application and resume to:

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11800 Town Center Drive
St. Michael, MN 55376

Or email to: lizg@stmichaelmn.gov