

HOLDINGFORD FIRE DEPARTMENT

P. O. BOX 60, HOLDINGFORD MN 56340
 PHONE: 320-746-2244 . . . FAX: 320-746-3297

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: _____

Date available for work: _____ **Date of Application:** _____

Last Name	First Name	Middle Name	
Home Phone No.		Work Phone No.	County
Street Address	City	State	Zip Code

Do you have relatives working for the Holdingford Fire Department? YES NO

If yes, relationship _____ Department: _____

Employment condition desired (check one) Has the Holdingford Fire Department previously employed you?

- Regular YES NO
 Full-time If yes, date _____
 Temporary
 Part-time Position _____

If position involves driving, give driver's license number: _____ ST _____
 Class _____

Education: Did you graduate from high school or receive a GED? YES NO

School: _____ Years of education: 7 8 9 10 II 12 13 14 15 16 17 18 19 20

Colleges, Universities, Technical schools attended	Graduated	Certificate/ degree	Course of Study
	Yes No		
	Yes No		
	Yes No		
	Yes No		
	Yes No		

Employment History:

Experience and training ratings are determined by this information - please be complete. List your present or most recent experience first. (Attach additional sheets if necessary.)

EMPLOYMENT FIRM		ADDRESS		PHONE NO.	YOUR TITLE	
SUPERVISOR		SUPERVISOR'S TITLE		NO. & TYPE OF POSITIONS YOU SUPERVISED		
LENGTH OF EMPLOYMENT	MONTH & YEAR EMPLOYMENT STARTED	MONTH & YEAR EMPLOYMENT ENDED	HOURS PER WEEK	LAST SALARY	REASON FOR LEAVING	
May we contact your present employer? YES NO If NO, explain:						

EMPLOYMENT FIRM		ADDRESS		PHONE NO.	YOUR TITLE	
SUPERVISOR		SUPERVISOR'S TITLE		NO. & TYPE OF POSITIONS YOU SUPERVISED		
LENGTH OF EMPLOYMENT	MONTH & YEAR EMPLOYMENT STARTED	MONTH & YEAR EMPLOYMENT ENDED	HOURS PER WEEK	LAST SALARY	REASON FOR LEAVING	

EMPLOYMENT FIRM		ADDRESS		PHONE NO.	YOUR TITLE	
SUPERVISOR		SUPERVISOR'S TITLE		NO. & TYPE OF POSITIONS YOU SUPERVISED		
LENGTH OF EMPLOYMENT	MONTH & YEAR EMPLOYMENT STARTED	MONTH & YEAR EMPLOYMENT ENDED	HOURS PER WEEK	LAST SALARY	REASON FOR LEAVING	

Relevant current professional memberships, registrations, or licenses. (Include date when first issued.)

Job-relevant volunteer and unpaid work experience

Kind of volunteer activity (Do not specify organization)	Major responsibilities	No. of hours per month	Years of service performed

Describe any additional experience or training that qualifies you for this position:

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? NO YES If yes, complete Addendum to Application Form.

If yes, are you a permanent resident of the State of Minnesota? NO YES

Describe duties and any special training:

List four people, other than relatives, who can be contacted regarding your qualifications, work habits, and character.

NAME	PRESENT ADDRESS	PHONE NO.	Position & Relation to you Job:

The Holdingford Fire Department has the right to verify information provided in the application. I may be discharged if there are any misrepresentations on this application, my resume, or made by me in an interview that may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty of Minn. Stat. Sec 43A.39.

In connection with this application for employment, I authorize the Holdingford Fire Department, and any agent acting on its behalf: to conduct any inquiry into any job-related information contained in this application, including but not limited to, my records maintained by an educational institution relating to academic performance, such as transcripts. Moreover, I hereby release the Holdingford Fire Department and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

YES

YES, but not present employer until job is offered.

NO (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information below.

DATE: _____ SIGNATURE (Do not print) _____

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

The Holdingford Fire Department does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its programs or activities. It is the policy of the Holdingford Fire Department to provide reasonable accommodations to the known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

If you are hired for this position, you may be required to undergo a physical examination at the Holdingford Fire Department's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

In accordance with the Immigration Reform and Control Act of 1986, the Holdingford Fire Department hires only U.S. citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation would result in dismissal.

Minn. Stat. Section 518.611, Subd. 8, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation would result in dismissal.

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be release only to you or to agencies where you may be considered for employment (to comply with Minn. Stat. 13.43, Subd 2). If you become an employee of the Holdingford Fire Department, the data will be available to the Department of Finance, the Internal Revenue Service, and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Director of Personnel by letter.

HOLDINGFORD FIRE DEPARTMENT ADDENDUM TO APPLICATION FORM

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 veteran's preference points, you must:

1. be separated under honorable conditions from any branch of the armed forces of the U.S. 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 U.S. 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.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 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 DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

VETERAN:	<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE	IF SPOUSE, VETERAN'S NAME:	
BRANCH OF SERVICE:	PERIOD OF ACTIVE DUTY FROM: _____ TO: _____		
RANK AT DISCHARGE:	TYPE OF DISCHARGE:	DATE OF FINAL DISCHARGE:	SERVICE NUMBER:
ARE YOU RECEIVING OR ELIGIBLE FOR A MILITARY PENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE A COMPENSABLE SERVICE-RELATED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PREFERENCE REQUESTED:	<input type="checkbox"/> VETERAN	<input type="checkbox"/> SPOUSE OF DISABLED VETERAN	
	<input type="checkbox"/> DISABLED VETERAN	<input type="checkbox"/> 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 seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

SUPPORTING DOCUMENTATION:

- IS ATTACHED
- WILL BE SUBMITTED WITHIN 7 DAYS OF APPLICATION DEADLINE

THE HOLDINGFORD FIRE DEPARTMENT IS AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER

FOR OFFICE USE ONLY:

- 5 points
- 10 points

PHYSICAL AGILITY TESTS

(Please read carefully and if agreeable sign at the bottom)

It is expressly agreed, that physical agility testing in conjunction with your candidacy for a position as firefighter with the City of Holdingford and Holdingford Fire Department, is willingly and voluntarily by you at your own risk, and that the Holdingford Fire Department shall not be liable for any claim(s), demands, injuries, damages, actions or causes of actions, whatsoever to you or your property arising out of or connected with the physical agility testing for your candidacy.

You, your spouse, heirs and assigns further expressly discharge the City of Holdingford and the Holdingford Fire Department and any of their servants, agents, or employees from all such claims, demands, injuries, actions, or causes of actions.

This release does not apply to any willful, wanton or intentional misconduct on the part of the City of Holdingford and the Holdingford Fire Department, and any of its servants, agents, elected officials, or employees.

HOLDINGFORD FIRE DEPARTMENT P.O. BOX 60 HOLDINGFORD, MN 56340

I, the undersigned, hereby acknowledge as an applicant for the position of fire fighter in the Holdingford Fire Department, that the physical test is strenuous and that there is a potential for physical injury. The undersigned hereby agrees to waive any claims against the Holdingford Fire Department and City of Holdingford for injuries occurring during or as a result of the agility test.

Print Name _____

Date _____

Signature _____