

VOLUNTEER FIREFIGHTER
CITY OF BALDWIN
30239 – 128th Street NW
Baldwin, MN 55371

APPLICATION FOR EMPLOYMENT

Position Being Applied For _____

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION

In accordance with the Minnesota Government Data Practices Act, the City of Baldwin is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you but not available to the public. This application for the City of Baldwin contains private information as defined by Minnesota State Statutes 15.1692, Subd. 1-5.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to become an employee of the City of Baldwin. You are not required to provide the information requested on the application form; however, this information is vital to determine your eligibility to become an employee of the City of Baldwin. Failure to provide this information could result in you not being considered for employment with the City of Baldwin.

The dissemination and use of the private data we collect is limited to that necessary to determine your eligibility to become an employee of the City of Baldwin. Persons with whom this information may be shared include:

1. The Sherburne County Sheriff's personnel administering to records collection and dissemination.
2. The Bureau of Criminal Apprehension.
3. The National Crime Information Center.
4. Any other agency, authorized by you, that may be able to provide information about your eligibility to become an employee of the City of Baldwin.

Unless otherwise authorized by State Statute or Federal law, other government agencies utilizing the reported private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Date

Signature of Applicant

Date Received: _____

CITY OF BALDWIN
APPLICATION FOR EMPLOYMENT

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We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equal opportunity employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership, or activity in a local commission, disability, or age in all aspects of our personnel policies, programs, practices, and operations. This policy applies to full-time, part time, temporary, and seasonal employment.

The information contained in this application will be considered personal and confidential and used only in conjunction with your possible employment. Please furnish us with complete information. You are encouraged to attach any additional information which you believe qualifies you for the position.

Please use **INK OR TYPEWRITER**.

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1. Title or kind of work applied for: _____

_____ Permanent _____ Part-time _____ Seasonal
_____ Temporary _____ Date Available

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PERSONAL INFORMATION

2. Name (Last) _____ (First) _____ (Middle) _____

3. Present Address: _____
City _____ State _____ Zip _____

Do you live within a 15-minute drive of the City: Yes _____ No _____?
If not, are you willing to relocate within a 15-minute drive: Yes _____ No _____

Prior addresses for past 10 years: _____

4. Home Phone No. _____ Work Phone No. _____

5. Email address: _____

6. Date of birth: _____ / _____ / _____ 7. Social Security Number: _____ - _____ - _____
MM/DD/YYYY

8. Drivers License No. _____ Class _____ State _____

EDUCATIONAL INFORMATION

10. Circle the highest Grade completed

Grade School	High School	College	Post Graduate
1 2 3 4 5 6 7 8	9 10 11 12 GED	13 14 15 16	MA PhD Lib

Type of School	Name and Address	Degree
High School		
College		
Graduate		

List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position. Please review the job description before answering this question.

List any current licenses, registrations, or certificates that you possess.

TO BE COMPLETED BY APPLICANTS FOR CLERICAL, AND FISCAL POSITIONS ONLY

Typing Ability: Yes _____ No _____ WPM _____

Business Machines and Experiences: _____

Bookkeeping Experience: _____

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TO BE COMPLETED BY APPLICANTS FOR LABOR AND SKILLED TRADE POSITIONS ONLY

Apprenticeship(s) served, or trades learned: _____

Capable of operating the following equipment: _____

EMPLOYMENT HISTORY

Please list past employers beginning with your most recent employment; if necessary, list other employers on additional sheet

May we contact your present employer? Yes _____ No _____ If no, please explain:

Employers Name _____ Phone _____

Address _____ Zip _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Reason for Leaving _____

Employers Name _____ Phone _____

Address _____ Zip _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Reason for Leaving _____

Employers Name _____ Phone _____

Address _____ Zip _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

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Employers Name _____ Phone _____

Address _____ Zip _____

Position Held _____ Duties Performed _____

Full-time _____ Part-time _____ Immediate Supervisor _____

Employment Dates: From _____ To _____ Last Salary _____

Reason for Leaving _____

MILITARY SERVICE RECORD

Are you a Veteran: Yes _____ No _____ If yes, what Branch? _____

*See attached sheet – Veterans Preference Points Application /Instructions

Are you a Disabled Veteran? Yes _____ No _____

Are you a widow/widower of a Veteran? Yes _____ No _____

Are you a spouse/widower of a Disabled Veteran? Yes _____ No _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

PERSONAL REFERENCES

Give name, address, phone number, and occupation of 3 references who are not related to you and are not former employers.

1. _____

2. _____

3. _____

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application may cause rejection of this application or termination of employment. I authorize that a transcript may be requested where necessary to verify any educational record.

Date

Signature of Applicant

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to evaluation points. 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 United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on action 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 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 DEATH CERTIFICATE.

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 the final day the position you are applying for is officially closed.

Veteran's Preference Points Application

Veteran: Self _____ Spouse _____ If spouse, veterans name _____

Branch of Service _____ Period of Active Duty _____

Rank at Discharge _____ Type of Discharge _____

Date of Final Discharge _____ No. _____

Are you receiving or eligible for a military pension? Yes _____ No _____

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

Preference Requested: Veteran _____ Disabled Veteran _____
Spouse of Disabled Veteran _____ Spouse of Deceased Veteran _____

Name of Applicant _____ Date _____

Supporting Documentation Attached: Yes _____ No _____

City of Baldwin

No. _____

Baldwin Fire Department Minimum Expectations

Becoming a member of a paid or on-call fire department is one of the biggest public services a citizen can offer for his/her community. Along with providing this service for the community comes some minimum time requirements that are needed to keep each firefighter properly trained and compliant with NFPA standards.

Baldwin Fire Department has the following requirements in order to stay in good standing with the fire department. We understand that you are making a big commitment and offering a lot of time to the community by becoming a member. The following is a list of time commitments. We ask that you look over the time commitments with your family and then decide on whether you will be able to make the commitment. The following are the minimum requirements. "Many firefighters choose to put in additional time to volunteer for other community projects sponsored by the fire department (department open house, firefighter dance, fire prevention week visits to schools/daycares etc....)

Department Training

- A. Department trainings are held on the first and third Tuesdays of the month. Training times are as follows: Morning training is held from 9:00 a.m. to 12:00 p.m. and evening training is held from 6:30 p.m. to 9:30 p.m. 75% attendance per quarter is required to stay in good standing. Once per quarter we may have additional training on the 5th Tuesday of the month. This is not required and can be used as make-up training. Occasionally additional training may be added for specialty training (house burns, specialty rescue, etc.) some of which may be scheduled on weekends.
- B. An all-department business meeting is held on the 2nd Tuesday of even months. Dinner is usually served at 6:00 p.m. followed by a business meeting at 7:00 p.m. Meetings generally run from 9 p.m.-10 p.m. Although not mandatory, you are encouraged to attend these meetings as different department operations are discussed.

Call Percentage

- A. Upon being accepted as a probationary member, you will be issued a pager. Once you are issued a pager you will be expected to respond to 30% of all calls to remain in good standing.

EMR/FF1/FF11 Certification

- A. If after your first quarter, you have remained in good standing (maintained a 30% or better call percentage and 75% training attendance or better) Baldwin Fire department will then put you through First Responder training. EMR training is 40 hours and is typically held two to three days per week. While attending training you will be excused from calls or training that are on the same night.
- B. If, after completion and passing of First Responder training, good standing with the fire department through your second quarter, Baldwin Fire department will place you in Fire Fighter 1 class. FF1 is 120 hours of firefighting training. Classes are typically held 2 nights per week.
- C. If, after one year from your date of hire, you have passed EMR, FF1 and FF11 maintained good standing in the fire department for all quarters, you will be put on as a full-fledged firefighter.

Date

Signature of Applicant

City of Baldwin

No. _____

[illegible]