



City of
TWIN VALLEY

Application for Employment

Volunteer Firefighter / Rescue Squad

Position(s) Applying for		Today's Date		Date Available for Work	
PERSONAL INFORMATION					
Name (Last, First, Middle I)					
Home/Cell Phone			Work Phone		
Street Address			Mailing Address		
City		State		Zip	
Are you a United States Citizen or legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, you will be required to provide documentation that you are eligible to work in the United States.					
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any relatives, other than a spouse, working for the City of Twin Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is his/her relationship to you?					
Are you currently, or have you previously been employed with the City of Twin Valley? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and/or position held:					
Please list your driver's license number, the state issued in, and the class Number: _____ State: _____ Class: _____					
EDUCATION					
Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How many years of schooling have you completed (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
TYPE OF SCHOOL	NAME AND LOCATION	# YEARS COMPLETED	MAJOR AREA OF STUDY	DEGREE/DIPLOMA RECEIVED	
Please list any first aid and/or CPR training and certifications you currently hold, including the date issued.					
Please list relevant professional memberships, registrations, certifications or licenses, including the date issued.					

WORK EXPERIENCE		
List any CURRENT employment and/or any fire/rescue related experience. Paid or unpaid.		
Employer		LENGTH OF EMPLOYMENT
Address		From (MM/YY)
Phone Number	Your Title	To (MM/YY)
Principal Responsibilities		Hours Worked Per Week
Employer		LENGTH OF EMPLOYMENT
Address		From (MM/YY)
Phone Number	Your Title	To (MM/YY)
Principal Responsibilities		Hours Worked Per Week
MILITARY SERVICE		
Date of Duty	Branch of Service	
Current Draft of Reserve Status		Ending Rank
VETERAN'S PREFERENCE		
<p>Veterans Preference Statutes provide a five-point preference (ten points if a disabled veteran with a disabled rated at 50% or more) to those individuals who attained a passing score and who have received an Honorable Discharge or separation after serving more than 180 consecutive days in the military services for purpose other than training. If this applies to your particular situation and you wish to exercise your Veterans Preference at this time, please indicate so below. Any Veteran, who is receiving or is eligible to receive, a monthly veteran's pension benefit based on length of service may not claim Veteran's Preference.</p>		
Do you wish to claim veteran's preference at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, you will be required to supply the City with a copy of you Form DD-214		
Date of Entry for Active Duty		Place of Entry (City/State)
Do NOT include short training periods of active duty with reserve unit. You must have served with a unit that was on active duty, not on reserve status.		
Branch of Service		Date of Separation/Discharge from Active Duty
Type of Separation or discharge (Honorable, General, etc.)		
Service Connected Disability (Type/Percent)		

REFERENCES

List three references that you have known at least one year, who can attest to your work qualities.

Name	Relationship to You	Address	Telephone Number

AUTHORIZATION

As an applicant for a position with the City of Twin Valley, I hereby expressly authorize the collection, use and release of any and all information concerning me, including information of a confidential or privileged nature, which relates to my employment. I hereby release the City of Twin Valley, with which I am seeking employment, from any liability, which may result from releasing information requested. I also expressly authorize the release by my present and past employers, including its agents/employees, of any and all information concerning my employment with them, in any form, oral or written, and I agree to hold harmless the above stated prior employer(s) from any liability whatsoever arising out of its release. I understand that this Authorization may be revoked in writing by me at any time, and in no event, will be valid for more than one year from its stated date.

Applicants Full Printed Name

Applicants Signature

Auxiliary Aids and Assistance

If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in selection process, please notify the City Clerk.

SIGNATURE

To the best of my knowledge, the information included in the application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause for dismissal whenever discovered.

Signature

Date

TENNESSEN WARNING NOTICE

Information requested on your application is defined by State Statute as public and may be released on request and include job history, education and training and work availability. Your name is private except when you are certified as eligible for appointment to a vacancy. Certain other information requested on your application is private and only to you or to governmental entities authorized access by law (MS15.165, Subd 2.) Private data contained above:

- NAME/SOCIAL SECURITY NUMBER (SSN): Used to identify you in relation to other applicants. You are legally required to provide your name but not you're SSN. Failure to provide this information may result in a delay in processing or rejection of your application.
- LOCAL/PERMANENT ADDRESS/HOME TELEPHONE: Used to contact you regarding your application's status. You are not legally required to provide this information. Failure to provide this information may result in a delay in processing or notifying you of your application's status.
- LICENSE INFORMATION: Used to certify applicants for positions where State law requires appropriate license. You are legally required to provide this information. Failure to provide this information may result in your rejection as an applicant for these positions.
- CITIZENSHIP STATUS: Used to certify applicants for work in the United States as determined by laws of the United States Department of Labor and the State of Minnesota. Failure to provide this information may result in rejection of your application.

JOB APPLICANT DATA AUTHORIZATION / RELEASE FORM

I, _____, am an applicant for a position with the City of Twin Valley.

I hereby authorize the Twin Valley Police Department and/or their designee to procure all information, oral and written that may be required in connection with my employment application. I fully understand that the information required may include, but not be limited to, data reflected on or related to my education, employment, military, financial, arrest/conviction records, and any video and audio recordings concerning me. I further authorize the City and/or their designee to conduct a background investigation into my personal history.

I fully understand that the above-referenced background investigation may entail solicitation of information from, and may include contact with the Social Security Administration, all former and current employers, academic institutions, military agencies, financial institutions, law enforcement agencies, friends, relatives, and former and current neighbors.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the City of Twin Valley and/or their designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or State statutory provisions to the extent I am authorized to do so.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of Twin Valley and/or their designee of data that concerns me and is in your possession.

In giving my consent, I understand that the data gathered shall be used for the limited purpose of evaluating my application with the City of Twin Valley. Upon collection, the data shall be subject to classification under the Minnesota Data Practices Act, and if classified as public, may be subject to release by the City of Twin Valley without my consent.

The City of Twin Valley requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

The original or copy of this authorization reflecting my signature is valid for a period of one year from the date below. I reserve the right to cancel this authorization prior to expiration by providing written notice to the City of Twin Valley, where I have applied.

Applicants Printed Full Name

Date of Birth

Applicants Signature

Date

Applicant Flow Survey

All applicants for a position with the City of Twin Valley are requested to complete this form. Completion **is voluntary**. This form will remain separate from your employment application and will not be used in any way during the interviewing or hiring process. It will be used by the Human Resources Department to compile summary data for the purpose of completing necessary government reports relative to equal opportunity employment and for the City's use in monitoring its recruitment process. This form should be returned under separate cover.

Name

Date

Position Applied For

City

County

State

Race/Ethnic Category (Check One)

- White (Not of Hispanic Origin)
- Black (Not of Hispanic Origin)
- Asian or Pacific Islander
- Hispanic
- American Indian or Alaskan Native

Gender

- Male
- Female
- Decline to answer