

Application for Employment: Rescue Squad

City of Eden Valley
171 Cossairt Ave. W. – PO Box 25
Eden Valley, MN 55329

320-453-5251 / 320-453-5871 FAX / canderson@edenvalleymn.city email

Please Print clearly

DATE _____

APPLICANT'S NAME _____

ADDRESS _____

PHONE: _____ EMAIL: _____

ARE YOU A UNITED STATES CITIZEN OR LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES ___ NO ___
(If hired, you will be required to provide documentation that you are eligible to work in the United States)

DRIVER'S LICENSE NUMBER _____

CLASS _____ EXP DATE: _____ STATE ISSUED: _____

ARE YOU OVER 18 YEARS OLD? YES _____ NO _____

WHAT WOULD YOUR RESPONSE TIME BE TO THE FIRE HALL?

DAY _____ NIGHT _____

1. Are you available to attend an initial training of a minimum 48 hours of training, above and beyond the monthly meetings?

2. Explain any previous Fire/Rescue/First Aid training you have had: _____

3. Are you able to complete the necessary training and attend meetings on the third Monday of every month? If NO, explain.

4. Explain any special training or skills which you possess that would be applicable to this position:

5. Rescue Squad members are required to respond to emergencies when the Fire Department is called out, do you have any conflicts with this?

During Day _____

During Night _____

Have you worked for any other Fire or Rescue Squad?

If yes, please provide Dept. name and number:

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

Name	Relationship to You	Address	Telephone Number

Authorization to Collect, Use and Release Information:

As an applicant for a position with the City of Eden 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 Eden 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 (PLEASE LIST THOSE WE MAY CONTACT):

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 state 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.

 (Applicant's Full Printed name)

 (Applicant's 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 at (320) 453-5251.

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 _____

Tennesen Warning

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 your 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 Eden Valley.

I hereby authorize the Eden 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 Eden 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 Eden 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 Eden 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 Eden Valley without my consent.

The City of Eden 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 Eden Valley, where I have applied.

Applicant's Printed Full Name

Birth Date

Applicant's Signature

Dated

Date of Death: _____

Have you remarried?

Yes

No

SPOUSE OF DISABLED VETERAN (15 points):

("Member Copy 4" of DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Eden Valley by the required application deadline.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.477, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions. ("DD214 "Member-1" copy will not be accepted.)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per Minn. Stat. §§ 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Eden Valley. Please contact our office at (320) 453-5251 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

299F.035 Informed Consent
City of Eden Valley
171 Cossairt Ave W
Eden Valley, MN 55329
320.453.5251

The following named individual has made application with this agency for employment.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex** (M or F): _____ **Social Security Number:** _____
(Month/Day/Year) (Optional)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information pursuant to Minnesota State Statutes §299F.035 to Eden Valley Fire & Rescue Department for the purpose of employment with this agency.

Signature of Applicant: _____ **Date:** _____

This release is valid for one year from the date of my signature.

1. Records obtained under the Minnesota State Statutes §299F.035 may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints may be used to check the criminal history records of the FBI.
3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34)