

Application for Employment: Volunteer Firefighter

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

What to expect during hiring process-

Step 1:

Complete application for employment and turn in to City Hall:

- All pages of application
- Veterans Preference if applicable
- Computerized Criminal History (CCH) and Predatory Offender Registry (POR) Informed Consent
- Background check informed consent
- Copy of driver's license will be made when application is dropped off.

Step 2:

If approved from step 1:

- Background checks will be completed.
- Driving record will be reviewed.

Step 3:

If approved in Step 2:

- Call city hall to make an appointment with Cindy, City Clerk, to finalize all employment paperwork:
 - W-4 Employee Withholding Certification
 - I-9 Employment Eligibility Verification
 - Direct Deposit Form

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DATE _____

For Office Use Only:
Start Date: _____

APPLICANT'S NAME _____

ADDRESS _____

EMAIL ADDRESS: _____ PHONE: _____

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)

MN DRIVER'S LICENSE NUMBER AND TYPE _____
(copy of current/updated driver's license will be kept with personnel at city hall)

ARE YOU OVER 18 YEARS OLD? (Circle one) YES NO

MUST LIVE OR WORK WITHIN EDEN VALLEY FIRE DISTRICT:

WHAT WOULD YOUR RESPONSE TIME BE TO THE FIRE HALL?

- DAY: Address where live/work and approximate response time:

- Are you able to respond to emergencies during the day? (Circle One) YES NO
- NIGHT: Address where live/work and approximate response time:

- Are you able to respond to emergencies during the night? (Circle One) YES NO

1. Conditions that prevent a good facial seal with a SCBA are beards, sideburns, eyeglasses, the absence of dentures or facial features. Firefighters are required to wear SCBA's. Do you have any condition that would prevent you from meeting this requirement?

2. Are you available to attend a minimum 160 hours of training, above and beyond the monthly meetings, within the first two years? (Circle One) YES NO

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

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

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

Veterans' Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE NOTE: COPY OF "MEMBER COPY 4" VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by Minn. Stat. § 197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your "member Copy 4" of your DD214, contact your County Veterans' Service Office.

the full period called or ordered for federal, active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

The City of Eden Valley operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active-duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only for the first promotion after securing employment with the City of Eden Valley.

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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 active duty, or after having served

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the "Member Copy 4" DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

| | | | | |
|------------------|---------|---------|------------------------|--|
| Name (Last) | (First) | (MI) | Social Security Number | Position for Which You Applied |
| Address (Street) | | | Phone Number | Closing Date: Are you a US Citizen or Resident Alien? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | (City) | (State) | (Zip) | |

VETERAN (10 points):

("Member Copy 4" of DD214 or DD215 must be submitted to receive points)

Honorably discharged veteran Yes No

DISABLED VETERAN (15 points):

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

Percent of Disability: _____%

Have you ever been promoted within the City of _____ employment? Yes No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

("Member Copy 4" of DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

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.

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Eden Valley. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Eden Valley, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;

- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city to monitor protected class employment and meet federal, state and local reporting requirements. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of Eden Valley City Clerk’s Office at 171 Cossairt Avenue West, Eden Valley, MN 55329. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

CCH and POR 299F.035 INFORMED CONSENT

City of Eden Valley
171 Cossairt Ave W
Eden Valley, MN 56329
320-453-5251

Last Name: _____ First Name: _____ Middle Name: _____
Maiden or Former Name (s): _____
Date of Birth: _____ Sex (M or F): _____
Social Security Number (optional): _____
Driver's License Number: _____ Issuing State: _____
Current Address: _____
City, State, Zip Code: _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to *City of Eden Valley* any information contained about me in the **Minnesota Computerized Criminal History** pursuant to Minnesota State Statute 299F.035 for the purpose of *Volunteer Firefighting* with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the *City of Eden Valley* from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

1. Records obtained under the Minnesota State Statute 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).

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to *City of Eden Valley* any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile pursuant to Minnesota State Statute 299f.035 for the purpose of *Volunteer Firefighting* with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the *City of Eden Valley* from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

299F.035 Informed Consent
City of Eden Valley
171 Cossairt Ave
Eden Valley, MN 55329
Cindy Anderson
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 Name (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 City of Eden Valley for the purpose of employment with this agency.

Signature of Applicant: _____ **Date:** _____
To be signed in front of notary

Notary:
STATE OF MN
COUNTY OF _____

Notary

My Commission Expires:
_____/_____/_____

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