

LAKE JOHANNA FIRE DEPARTMENT

5545 Lexington Ave. No. • Shoreview, MN 55126 Office 651-415-2100 • Fax 651-486-8826 www.ljfd.org www.facebook.com/LakeJoFD Serving • Arden Hills • North Oaks • Shoreview • Since 1943

APPLICATION

PERSONAL INFORMATION								
Last Name:		First Name:			Middle Name:			
								1
Present Address:		H	ow long:	City:				Zip:
		0	wn or Rent?					
Date of Birth:	Age:	Home P	hone:			Social Security N	umber	:
Work/Pager Phone:		Mobile Phone:			Email Address:			
In emergency notify:		Phone:		Relationship:				
Are you a United States citi	zen? 🗆 Yes	□ No						
Do you have a valid Minnes	ota Driver's Lic	cense?	🗆 Yes 🗆 No)				
D/L #:		Expires:		State	: Class:		s:	
Have you had your driver's license suspended or revoked? 🛛 Yes 🗌 No								
If Yes, give details:								
Any driver license endorser	nents? 🛛 Ye	es 🗆 No	0					
If Yes, give details:								
Do you have any physical c If Yes, give details:	ondition(s) whi	ch might l	limit you in perfo	rming the d	uties e	expected of a firefig	hter?	🗆 Yes 🗆 No

FIRE DEPARTMENT SER	RVICE	
Have you ever been a member of any U.S. Fire Department? Yes	No If Yes, list below	/:
Department name and location:	From:	To:
Positions held:	•	
Name of Fire Chief: Phon	ie:	
Attach separate sheets if needed.		

MILITARY SERVICE			
Have you ever been a member of the military? \Box Yes \Box No	If Yes, lis	t below:	
Branch of service:		From:	To:
Type of discharge:		Rank at discharge	9:
Present military obligations:		·	

	EDUCATION			
SCHOOL NAME AND LOCATION	Name of School	Year (s)	Degree or Certificate Earned	DEGREE, DIPLOMA, MAJOR/MINOR
High School				
College or University				
Technical				

Т	RAINING / EXPERIENCE (Attack	h copies of cert	ificates)	
Fire or EMS Training Or Experience	Name of School	Year (s)	Job Experience	DEGREE, DIPLOMA, MAJOR/MINOR
Fire				
EMS				
Other				

EMPLOYMENT HISTORY – Minimum of 10	years (make additional copies as needed)
Current Employer:	
Address:	
Supervisor Name:	Phone:
Job Title:	Employment dates:
Reason for leaving:	
Summarize your job duties:	
Previous Employer:	
Address:	
Supervisor Name:	Phone:
Job Title:	Employment dates:
Reason for leaving:	
Summarize your job duties:	
Previous Employer:	
Address:	
Supervisor Name:	Phone:
Job Title:	Employment dates:
Reason for leaving:	
Summarize your job duties:	

	REFERENCES	
List three Professional references who are far	niliar with your qualifications:	
Name	Address	Phone
List three <i>Personal</i> references who are familia	l ar with your qualifications: (No family members)	
Name	Address	Phone

All finalists considered for employment as a firefighter are subject to a criminal background investigation.
Have you ever been convicted of a felony, gross misdemeanor or misdemeanor? $\ \square$ Yes $\ \square$ No
If yes, please briefly describe the circumstances of your conviction indicating date, nature and place of the offense and disposition of the case. Your answer is looked upon as only one of the factors considered in the decision and is evaluated in terms of nature, severity and date of the offense.

Please explain why you believe you would be an asset to our organization.

I certify that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand that my statements are subject to verification. I also understand that falsification on this application will disqualify me from acceptance or could result in subsequent dismissal. I understand that it is my responsibility to submit any changes in my availability or phone and address in writing.

Signed:

Date:

If accepted for probationary membership you will have to pass a physical prior to starting any fire department duties. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin.