

## Hamel Volunteer Fire Department Employment Application

### ***Applicant Name and Address***

Last	First	Middle	Date Application Completed
Street Address			Social Security Number
City	State	Zip	Email Address
Daytime Phone		Evening Phone	

### ***Equal Opportunity Statement***

The Hamel Volunteer Fire Department is an Equal Opportunity Employer. Qualified applicants will be considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, citizenship or disability.

### ***Education***

Please list name, location and degrees/certificates awarded for each institution attended.

School	Location	Degree/Certificate

Total Years of Education (H.S. Graduate = 12)- 12 13 14 15 16 17 18 19 20+

Please list any honors, awards or publications. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience**

Please list employer, position title and description for all positions held within the last five years.

Employer	Position Title	Position Description/Duties.	Employed From
Employer Address	Supervisor		Employed To
Employer	Position Title	Position Description/Duties.	Employed From
Employer Address	Supervisor		Employed To
Employer	Position Title	Position Description/Duties.	Employed From
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Employer Address	Supervisor		Employed To

May we contact your current employer? \_\_\_\_\_

**Personal Information**

Excluding moving violations have you had any criminal convictions? If so, please list. _____ _____ _____	Yes _____ No _____
Have you had any moving violations within the last five (5) years? If so, please list. _____ _____ _____	Yes _____ No _____
Do you have or are you capable of obtaining a valid Minnesota Driver's license.	Yes _____ No _____
Are You a US citizen?	Yes _____ No _____
If you are not a US citizen are you capable of obtaining a valid work permit?	Yes _____ No _____
Do you have any previous firefighting, hazardous materials or emergency medicine work experience? If so, please list. _____ _____ _____	Yes _____ No _____
Are you licensed as a First Responder, Emergency Medical Technician or Paramedic with the State of Minnesota? If so, please provide your MN Dept of Health registration number.	Yes _____ No _____ MDH # _____
Area you a certified firefighter in the State of Minnesota? If so, please list your certification level and number.	Yes _____ No _____ Cert. Level _____ Cert. No. _____
What hours would you normally be available for responding to calls? Response periods are categorized as Monday through Friday, Day (6:00 am to 6:00 pm) or Night (6:00 pm to 6:00 am).	Day _____ Night _____ Other _____ _____ _____
Do you have any previous truck driving experience? If so, please list. _____ _____ _____	

**Medical**

In an emergency notify: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No \_\_\_\_\_

**Statements of Understanding and Information Release Authorization**

I understand that a series of inquiries may be made which will include applicable information concerning my present and past employment. I authorize the release of information concerning my previous employment and any pertinent information, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing this information.

I understand that a criminal background check will be conducted. This background check will include, but is not limited to, a criminal history check and a driving record review. I authorize the release of information concerning my driving record and any pertinent information, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing this information.

I understand and agree that, if hired, my employment is at will (i.e. for no definite period) and regardless of the date of payment of wages, I may be terminated at any time with or without prior notice or cause.

I understand that any untrue statement in this application will be just cause for dismissal. I understand that this application will be considered current for 90 days. A new application must be completed for further consideration after 90 days.

**I have read and fully understand the foregoing statements.**

Signature of Applicant X \_\_\_\_\_

For Department Use Only

Employed Yes \_\_\_\_\_ No \_\_\_\_\_

Approved By \_\_\_\_\_

Rejected By \_\_\_\_\_

Reason for Rejection \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Revision Record

Date

6-Oct-05

9-Dec-2008

Reason for Change

Add field for email address

Minor formatting change in footer (page n of 4)