

# FIREFIGHTER/EMT EMPLOYMENT APPLICATION



We welcome you as an applicant for employment for the City of Oakdale. Your application will be considered for the position you specify. Qualified applicants are considered for positions without regard to race, color, natural origin, sex, sexual orientation, age, religion, marital status, disability, or public assistance status.

## APPLICATION GUIDELINES

To ensure that your application will be accurately processed:

1. Complete a separate application form for each position for which you are applying.
2. Make certain that all applications are completed in their entirety. Incomplete applications may lose credit or be removed from further consideration. Attach resume or additional information for consideration.
3. Applications received after deadline on the closing date cannot be accepted, unless otherwise stated in the position announcement.

Date	
Name (first, middle, last)	
Present Address	
Permanent Address	
Telephone Number	
Email Address	
Are you 18 years or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position applied for	
Circle One:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
If part-time, indicate hours you are available	
Date you can start employment with city	
Salary requirements	
Have you been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date	
How did you hear about the position opening?	<input type="checkbox"/> Newspaper <input type="checkbox"/> League of MN Cities website <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: <input type="checkbox"/> City's web page/Facebook

Are you employed at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, may we contact your employer? Employer Contact Information		

## EDUCATION

Name and Location	# of Years Attended	Diploma/Degree
High School:		
College/Trade:		
Other:		

## SPECIAL SKILLS AND QUALIFICATIONS

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## LICENSES RELEVANT TO EMPLOYMENT

Type	Number	Class	Expiration Date

## EMPLOYMENT EXPERIENCE

Please list last three employers, present/most recent employer first

Employer #1		
Address		
Telephone Number		
Job Title		
Dates Employed	From:	To:
Supervisor's Title		
Description of Duties		
Hourly rate	From:	to:
Reason for leaving		

<b>Employer #2</b>	
Address	
Telephone Number	
Job Title	
Dates Employed	From: To:
Supervisor's Title	
Description of Duties	
Hourly rate	From: to:
Reason for leaving	
<b>Employer #3</b>	
Address	
Telephone Number	
Job Title	
Dates Employed	From: To:
Supervisor's Title	
Description of Duties	
Hourly rate	From: to:
Reason for leaving	

## PERSONAL REFERENCES

Please list three people you have known for at least one year, that are not related to you

Name	Address	Telephone Number	# of years acquainted

I authorize investigation of all statements contained in this application for employment as may be necessary to determine eligibility for employment. I certify that answers given herein are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I understand, and agree that, if hired, my employment is at will. My employment will be for no definite period and may be terminated at any time and for any or no reason.

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Signature of Applicant

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Date

# TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Oakdale is required to inform you of your rights as they relate to the private or confidential information collected from you. Private or confidential data is information that is available to you, but not to the public.

The private or confidential data supplied by you will be used to determine your eligibility for employment with the City of Oakdale. If you are hired, it will be placed in your personnel file and used for payroll and other record-keeping purposes. Furnishing your social security number, date of birth (unless, one of the requirements of the position is that the applicant be of a minimum age), sex, age group, marital status, race, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

The private data supplied by you is available only to you, to city employees and officials whose job duties require review of the data, and other individuals and agencies as provided by state and federal law who have a bonafide need for the data.

Except for race, sex, age, marital status, and disability data, the information you provide to us about yourself is needed to identify you and to assist the City of Oakdale in determining your suitability for the position for which you are applying. Race, sex, age, marital status, and disability data are used in summary form by the City to monitor protected class employment and to meet federal, state, and local reporting requirements.

**I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.**

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Applicant's Signature

# **NOTICE REGARDING CRIMINAL HISTORY AND BACKGROUND CHECKS**

The City of Oakdale conducts criminal history background checks on all regular full-time and part-time employees. For sworn police positions, felony convictions (and certain other convictions mandated by the state licensing board for police) will automatically disqualify you from further consideration. For non-police positions, the city will look at the type of conviction and whether it is directly related to the job for which you are applying.

Candidates for positions working with children will not be selected if they have been convicted of any crime listed in the Child Protections Worker Act (Minnesota Statutes §§ 299C.61 and 299C.62). Generally, this includes child abuse crimes, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, and prostitution-related crimes.

Before any applicant (other than applicants for positions within the police or fire department or for emergency medical services positions) is rejected on the basis of criminal conviction, he or she will be notified in writing and will be given any rights afforded by Minnesota Statutes Chapter 364. This includes the right to show evidence of rehabilitation.

**I declare that I have read and understand the information given above regarding criminal history and background checks.**

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Applicant's Signature

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DATE

# RELEASE AUTHORIZATION

City of Oakdale  
1584 Hadley Avenue North  
Oakdale, MN 55128  
651-739-5086

I (please print name) \_\_\_\_\_ hereby authorize investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of \_\_\_\_\_ as may be needed to arrive at an employment decision. I authorize any or all educational institutions and prior employers listed in the Application for Employment to provide transcripts, personnel files, and any other personnel or educational data that they may have concerning me so that the City of Oakdale may consider my application for the above named position. I release those parties from any such and all liability or claims for damage that may result from such. This release authorization shall remain in effect for ninety days after it is signed. A faxed copy of this release authorization shall have the same effect as the signed original.

**I declare that I have read and understand the information given above regarding the release of information.**

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

DATE

# VETERAN'S PREFERENCE POINTS APPLICATION

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

1. be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's preference points without the information.

**YOU MUST SUPPLY A COPY OF YOUR DD214.** DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE BONUS POINTS?     Yes     No

If you answered "yes", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse	If spouse, name of spouse:	
Branch of Service		
Period of Active Duty	From:	To:
Rank at Discharge		
Type of Discharge		
Date of Final Discharge		
Service No:		
Are you receiving or eligible for a military pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a compensable service-related disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preference Requested:	<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Deceased Veteran

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner. Supporting documentation:    is attached or  will be submitted within 7 days of application deadline.

FOR OFFICE USE ONLY:    \_\_\_\_\_ 5 points



# FIREFIGHTER SUPPLEMENTAL QUESTIONNAIRE

\*1.BE AS COMPLETE AS POSSIBLE. The following supplemental questions are used as a scored evaluation of your knowledge, skills and experience for this position. By completing this supplemental evaluation you are attesting that the information you have provided is accurate. Be certain that the answers you provide correspond to the information you provided on your application and in your resume. Any mis-statements or falsification of information may eliminate you from consideration or may result in dismissal. "See resume" is not an acceptable answer to the supplemental questions.

Do you agree with this statement?

- Yes, I understand and agree with this statement
- No, I do not agree with this statement

\*2.Hours for this position will vary and you will be required to work a varied schedule up to 216 hours during each 28-day work period.

Do you understand this requirement?

- Yes, I understand the varied work schedule
- No, I do not understand the varied work schedule

\*3.Are you able to work a varied schedule up to 216 hours during each 28-day work period?

- Yes, I am able to work the varied schedule
- No, I am not able to work the varied schedule

\*4.This position requires a high school diploma or equivalent. Do you meet this requirement?

- Yes, I meet this requirement
- No, I do not meet this requirement

\*5.Which option best describes your highest level of education?

- HS Diploma or equivalent
- Associate's Degree
- Bachelor's Degree
- Master's Degree

\*6.In what field is your degree? Please type "NA" if you do not have a degree.

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\*7.This position requires Firefighter II (NFPA 1001) Certification and/or a current Minnesota Firefighter License. Do you meet this requirement?

- Yes, I meet this requirement
- No, I do not meet this requirement

\*8.This position requires Hazardous Materials Responder – Operational Level certification (NFPA 472) or equivalent training and experience. Do you meet this requirement?

- Yes, I meet this requirement
- No, I do not meet this requirement

\*9.Please describe your experience equivalent to the Hazardous Materials Responder – Operational Level certification. Be thorough and include details regarding where and when you obtained this experience. If you do not have this experience, or if you have completed the Hazardous Materials Responder – Operational Level certification, please type "NA".

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\*10.This position requires as a minimum a current National Registry Emergency Medical Technician, EMT certification.

Do you meet this requirement?

- Yes, I meet this requirement
- No, I do not meet this requirement

\*11.Please describe your level of National Registry Certification.

- EMT
- A-EMT
- PARAMEDIC

\*12.This position requires Fire Apparatus Operator certification or equivalent training and experience. Do you meet this requirement?

- Yes, I meet this requirement
- No, I do not meet this requirement

\*13.Please describe your experience equivalent to the Fire Apparatus Operator certification. Be thorough and include details regarding where and when you obtained this experience. If you do not have this experience, or if you have completed the Fire Apparatus Operator certification, please type "NA".

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\*14.Please attach copies of all required certifications to your application: Firefighter II certification (NFPA 1001), Hazardous Materials Responder – Operational Level certification (NFPA 472), National Registry Emergency Medical certification, Fire Apparatus Operator Certification, Minnesota Firefighter License.

Did you attached copies of all required certifications?

- Yes, copies of all required certifications are attached
- No, I have not attached copies of all required certifications

\*15.How many years of experience do you have as a firefighter?

- I do not have any experience
- Less than two years of experience
- More than two years, but less then four years of experience
- More than four years, but less than six year of experience
- More than six years of experience

\*16.How many years of experience do you have as an EMT responder with an ambulance service?

- I do not have any experience
- Less than two years of experience
- More than two years, but less than four years of experience
- More than four years, but less than six year of experience
- More than six years of experience

\*17.This position requires a valid and current minimum, Class D Minnesota Driver's License. Do you meet this requirement?

- Yes, I meet this requirement
- No, I do not meet this requirement
- I currently have a Class A or B Commercial Driver's License

\*18. Do you have "Local Hazard Zone Management" Certification or a current "Blue Card" Certification?

- Yes
- No

\*19.Are you proficient in a language other than English?

- Yes
- No

\*20.If you answered yes to the question above, please indicate the language(s) that you are proficient in. If you are not proficient in a language other than English, please type NA

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\*21.If you indicated proficiency in a language other than English, are you fluent in the following for that language? Select all that apply.

- Reading
- Writing
- Speaking
- Listening Comprehension
- Reading Comprehension
- None of the Above

\*22. Do you have knowledge of fire codes?

Yes  
No

\*23. Please describe your experience and training with fire codes. Be thorough and include details regarding where and when you obtained this experience and training. If you do not have this experience, please type "NA".

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\*24. Do you have experience with conducting fire inspections?

Yes  
No

\*25. Please describe your experience and training fire inspections. Be thorough and include details regarding where and when you obtained this experience and training. If you do not have this experience, please type "NA".

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\*26. Which option best describes your veteran status? Please select one.

- I am not a veteran.
- I am a veteran or a spouse of a deceased veteran.
- I am a disabled veteran or a spouse of a disabled veteran.

Applicant Name: (Please Print) \_\_\_\_\_

(Signature) \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_

\* Required Question