

Looking for a challenging and rewarding way to serve your community.

Albert Lea Fire Rescue is looking to hire paid -on-call firefighters. The department is rich in history but progressive in our response and tactics, with the latest training and equipment to serve our community.

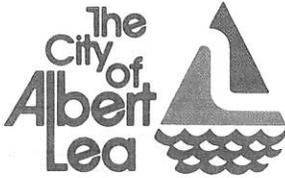
What's involved? Being a paid on call firefighter requires attendance at training and drills two plus evenings per month and responding to a wide range of emergency calls. Firefighters are required to maintain a 30% attendance record for emergency calls and 96+ hours of training each year. The selection process includes an oral interview, physical agility testing, a background check, medical and drug testing.

How to apply? Firefighters must be at least 18 years of age and possess a high school diploma or G.E.D and a valid driver's license. For more on the essential duties, physical demands and working conditions or a firefighter see the complete job description.

How to Apply? Application materials are available at City of Albert Fire & Rescue located on the first floor of the City Center- 221 E Clark St. or at www.cityofalbertlea.org

Application deadline is December 2nd, 2016.

Equal Opportunity Employers



Paid on Call Fire Fighter Application for Employment

We welcome you as an applicant for employment with the City of Albert Lea. It is the City's policy to provide equal opportunity in employment. The City of Albert Lea will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The City of Albert Lea accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Human Resources at 507-377-4333.

PERSONAL INFORMATION

Position Applied For: Paid on Call Firefighter			Date of Application:	
Last Name		First Name		Middle Name
Address		City		State Zip
Home Phone Number		Cell Phone Number		E-Mail Address

EDUCATION

School Name & City/State	Elementary	High School	College/University
Years Completed (Circle Highest)	5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9 10 11 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Diploma/Degree			
Honors	Volunteer Work		

List any other experience or education relevant to the position you are applying for:
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other legally protected status)

--

REFERENCES

Give <u>name</u> , <u>address</u> , and <u>telephone number</u> of three work-related references <u>who are not related to you.</u> 1. _____ 2. _____ 3. _____
--

EMPLOYMENT EXPERIENCE Start with present or most recent position. Please fill out all sections.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Job Title	Supervisor	Beginning Salary	Final Salary	
Reason for Leaving				
Employer				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Job Title	Supervisor	Beginning Salary	Final Salary	
Reason for Leaving				
Employer				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone				
Job Title	Supervisor	Beginning Salary	Final Salary	
Reason for Leaving				
Employer				

SUPPLEMENT INFORMATION

Have you worked for the City before? Yes No

If yes, date & last position: _____

Are you legally able to be employed in the U.S.? Yes No

Do you have a valid driver's license? Yes No

May we contact your present employer? Yes No

Are you available to attend fire calls between 8:00 a.m. and 3:00 p.m., Monday through Friday? Yes No

Are you able to make the time commitment to meet a 30% or greater call response/attendance requirement? Yes No

Are you able to regularly attend monthly meetings, typically held from 6-9 p.m.? Yes No

Do you have experience in fire-fighting activities? Yes No

If YES, list your experience which relates to this position. _____

Have you successfully completed a firefighter course (or equivalent)? Yes No

Name of course and College: _____

Have you successfully completed a 40-hour First Responder course? Yes No Is your certification current? Yes No

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Albert Lea is "at will," and that employment may be terminated by either the City of Albert Lea or me at any time, with or without notice.

With my signature below, I am providing the City of Albert Lea authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?" contact with my current employer will not be made without my specific authorization.

I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Albert Lea in writing of any changes to information reported in this application for employment

Signature of Applicant _____

Date ____ / ____ / ____

**Please return completed application to City of Albert Lea Fire & Rescue, 221 E. Clark St., Albert Lea, MN 56007
507-377-4320/www.cityofalbertlea.org**



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 Albert Lea. 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.

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

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 Albert Lea Human Resources Department at 221 E. Clark Street, Albert Lea, MN 56007. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**



Equal Employment Opportunity Information

The City of Albert Lea is an Equal Opportunity Employer. As required by law, we must record and report certain information on employees in accordance with applicable state and federal regulations. In order to provide accurate information we invite employees to voluntarily self-identify their race/ethnicity, gender and disability status.

Name: _____ Date: _____

Position: _____ Department: _____

Gender: Male Female

Please mark the one box that describes the Race/Ethnicity category with which you primarily identify.

- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian:** All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black or African American:** All persons having origins in any of the Black racial groups of Africa.
- White:** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All Races):** All persons of Mexican, Puerto Rican, Cuban, Chicano, Central or South American, or other Spanish culture or origin, regardless of race.
- I do not wish to self-identify:** If you choose not to self-identify at this time, the city is required to determine this information by visual survey and/or available information.

Individual with Disabilities: Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s). Do you claim disability status? Yes No

Signature: _____