



## 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

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

### EDUCATION

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

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 <b><u>who are not related to you.</u></b> 1. _____ 2. _____ 3. _____
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**EMPLOYMENT EXPERIENCE      Start with present or most recent position. Please fill out all sections.**

<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address</b>		<b>From</b>	<b>To</b>	
<b>Telephone</b>				
<b>Job Title</b>		<b>Supervisor</b>		
<b>Reason for Leaving</b>				
<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address</b>		<b>From</b>	<b>To</b>	
<b>Telephone</b>				
<b>Job Title</b>		<b>Supervisor</b>		
<b>Reason for Leaving</b>				
<b>Employer</b>		<b>Dates Employed</b>		<b>Work Performed</b>
<b>Address</b>		<b>From</b>	<b>To</b>	
<b>Telephone</b>				
<b>Job Title</b>		<b>Supervisor</b>		
<b>Reason for Leaving</b>				

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**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 able to make the time commitment to meet a 50% or greater call response/attendance requirement?  Yes  No

Are you able to attend training, held 2 or more times per month from 9-1am and 6-10 p.m.?  Yes  No

Are you able to complete training 1 Saturday every 6 weeks?  Yes  No

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

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

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Have you completed a firefighter course and currently Certified FFI & II with Minnesota or other State?  Yes  No

State Certified in and are you current: \_\_\_\_\_

If no are you able to attend Training 2-3 nights a week from December-April?  Yes  No

Are you licensed Emergency Medical Responder (EMR) or greater?  Yes  No

If yes is your certification current?  Yes  No

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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 information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is **VOLUNTARY and CONFIDENTIAL**. This information is **NOT A PART** of the application file and is **REMOVED** from the application when received by our office. The City of Albert Lea appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Name:

Date:

Position(s) for which you are applying:

Gender:  Male  Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such impairment.

Do you claim disability status?  Yes  No

**REFERRAL SOURCE:** *How were you made aware of this employment opportunity?*

- City Website
- City Twitter Account
- City Facebook Page
- Albert Lea Tribune
- Freeborn County Shopper
- Walk-In
- Radio
- Employee
- Other \_\_\_\_\_