

FIREFIGHTER APPLICATION FOR EMPLOYMENT

RETURN TO: CITY OF ST. CLOUD HUMAN RESOURCES 1201 7TH ST. SO. ST. CLOUD, MN 56301	PHONE: (320) 255-7217 FAX: (320) 255-7261 WEBSITE: www.ci.stcloud.mn.us EMAIL: hr@ci.stcloud.mn.us	OFFICE USE ONLY
DATE RECEIVED:		TIME:

We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability and genetic information (including family medical history) or criminal convictions which are not related to the position you are applying for. This policy applies to all full, part-time, temporary and seasonal employment.

ADA: If you require assistance in the application or selection process, please contact the Human Resources Employment Office. Reasonable accommodations may be made to enable individuals with a disability to participate in applications and testing.

VETERANS PREFERENCE: If you are claiming status as a Veteran, you will be required to bring proof (DD-214) to any testing procedures you may be scheduled for. To expedite that process, you may submit copies of your documents with this application.

Last Name _____	First Name _____	Middle _____
Street Address _____		
City _____	State _____	Zip _____ Phone No _____
Email Address _____ <i>(If provided, this will be the primary source of communication.)</i>		

Are you over 18 years old? Yes No

If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal in accordance with the Immigration Reform and Control Act of 1986.

FORMAL EDUCATION					
Do you have a high school diploma or GED equivalency?		Yes	No		
College, University or Professional School <small>(List All Undergraduate and Graduate Work)</small>	Total Months Attended	Total Credits Earned	Degree		Major Field(s)
			Type AA, BS, MBA, etc.	Date Received or Anticipated	
Name and Location					
1					
2					
3					

Business, Correspondence, Trade, Technical or Vocational School	Total Months Attended	Certificate Received? Yes or No	% of Coursework Completed	Program Title
1				
2				
3				

WORK EXPERIENCE

Provide a complete description of all qualifying experiences, paid and/or volunteer, starting with the most recent position held.

ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW.

Organization: _____		Address: _____	
Supervisor Name and Title: _____		Phone: _____	
Position Title: _____		May we Contact? Yes No	
Machines/equipment you used: _____		Dates Employed	
Number & Title(s) of people you supervised: _____		From: _____ To: _____	
Reason for Leaving: _____		Month/Year _____ Month/Year _____	
Major Activities/Duties Performed:		Hours/Week: _____	
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Organization: _____		Address: _____	
Supervisor Name and Title: _____		Phone: _____	
Position Title: _____		May we Contact? Yes No	
Machines/equipment you used: _____		Dates Employed	
Number & Title(s) of people you supervised: _____		From: _____ To: _____	
Reason for Leaving: _____		Month/Year _____ Month/Year _____	
Major Activities/Duties Performed:		Hours/Week: _____	
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Organization: _____	Address: _____
Supervisor Name and Title: _____	Phone: _____
Position Title: _____	May we Contact? Yes No Dates Employed
Machines/equipment you used: _____	From: To:
Number & Title(s) of people you supervised: _____	Month/Year Month/Year
Reason for Leaving: _____	Hours/Week: _____
Major Activities/Duties Performed:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

Organization: _____	Address: _____
Supervisor Name and Title: _____	Phone: _____
Position Title: _____	May we Contact? Yes No Dates Employed
Machines/equipment you used: _____	From: To:
Number & Title(s) of people you supervised: _____	Month/Year Month/Year
Reason for Leaving: _____	Hours/Week: _____
Major Activities/Duties Performed:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

Please describe your work history related to the fire service.

Please describe your customer service work experience or any volunteer experience you had.

UNSALARIED EXPERIENCE

Volunteer Organization _____	Address _____
Position Held _____	Duties _____
Immediate Supervisor _____	Phone No _____ Hrs/Week _____
Dates of Participation _____	Skills Learned _____

UNSALARIED EXPERIENCE

Volunteer Organization _____	Address _____
Position Held _____	Duties _____
Immediate Supervisor _____	Phone No _____ Hrs/Week _____
Dates of Participation _____	Skills Learned _____

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Position Held _____	Duties _____
Immediate Supervisor _____	Phone No _____ Hrs/Week _____
Dates of Participation _____	Skills Learned _____

This space can be used to add any additional information or to complete previous questions.

CONVICTION INFORMATION

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

IMPORTANT FACTS CONCERNING INFORMATION ON YOUR APPLICATION

Minnesota Law affects you as an applicant with the City of St. Cloud. The following data is public information and is accessible to anyone: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identifiable information is considered private, including but not limited to, your name, home address and phone number.

If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the City of St. Cloud.

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the City of St. Cloud, the following additional information about you will be public: your name; actual gross salary and salary range; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary, your job title; job description; training background; previous work experience, the dates of your first and last employment with the City of St. Cloud; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken

against you, and all supporting documentation about your case; your badge number, if any; your city and county of residence; your work location and work telephone number; honors and awards; payroll timesheets and comparable data.

Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law. For further information, refer to Minnesota Statute, Chapter 13.

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the City of St. Cloud deems necessary to determine my fitness and eligibility, and I release and forever discharge the City of St. Cloud, its officers and employees from any and all claims for any damage or injury that I might sustain in said testing process.

Tennessee Warning: The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the position for which you are applying. You may legally refuse to give the information. If you refuse to give the information, your application for employment may not be considered. Other persons or entities authorized to receive the information you supply, include but are not limited to: Staff of St. Cloud Police Department, Bureau of Criminal Apprehension, Drivers License Section, Auditors for the City of St. Cloud, and other governmental agencies necessary to process your application.

APPLICANT'S STATEMENT

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application (including failure to present the required proofs and any additional information required for Public Safety applicants) may cause rejection of this application or termination of employment. I authorize the City of St. Cloud and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. In accordance with Minnesota Data Practices Act (M.S. 15.165) I have been informed of and understand my rights as a subject of data.

Signature of Applicant

Date

VETERANS' PREFERENCE

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE
 NOTE: COPY OF VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by MN Statue 197.447)

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651) 430-6895.

The City of St. Cloud operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, or after having served the full period called or ordered for federal active duty

and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing City employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST)	(FIRST)	(MI)	PHONE NUMBER	POSITION APPLYING FOR
ADDRESS (STREET)				(CITY)
			(STATE)	(ZIP)
Closing Date:				ARE YOU A US CITIZEN OR RESIDENT ALIEN?
				YES NO

VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran..... YES NO

DISABLED VETERAN (15 points):

(DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____%

Have you ever been promoted in City of St. Cloud employment?..... YES NO

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

(DD 214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried?..... YES NO

SPOUSE OF DISABLED VETERAN (15 points):

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does the Veteran's disability prevent performance of a stated job "requirement". Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the Veterans' preference verification documents and submit them to the City of St. Cloud by the required application deadline date.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by MN Statute 197.477, and to certain spouses of deceased or disabled veterans subject to the provisions of MN Statute 197.477 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1.) Attach a copy of the DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
(DD214 "Member-1" copy will not be accepted)
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as an result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statutes 197.455 and 197.447.
- 3.) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, USDVA verification that the veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of St. Cloud. Please contact our office at (320) 255-7217 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.

NOTICE TO JOB CANDIDATES – THIS INFORMATION IS VOLUNTARY

Civil Service Rule V allows for “expanded certification” of women and/or racial minorities under certain circumstances. This means that, in addition to the top three candidates historically considered for a vacancy, the Board may include up to two eligible candidates from each protected group that a disparity exists. To be considered, the candidate must score in the top 2/3 of those successfully completing the examination.

If you would like to claim protected class status as a female or racial minority, please indicate below and sign this form. The information is confidential and will be separated from your employment application, but will be used for record keeping purposes in the event you are eligible for the expanded certification allowance.

Protected Class:

Female

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples 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.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Name: _____
(Please Print Name)

Position Applied For: _____

Signature: _____ **Date:** _____

ST. CLOUD FIRE DEPARTMENT



101 10th Avenue North
St. Cloud, Minnesota 56303
320.650.3500 · www.ci.stcloud.mn.us



Firefighter Supplemental Questionnaire

The following supplemental information may be used as a scored evaluation of your knowledge, skills and experience. Be certain that the choices you make correspond to the information you have provided in your application and resume. You must be honest and accurate in answering the supplemental questions and do not type "see resume". You may also be asked to demonstrate your knowledge and skills in a work sample or during an interview for this position. By completing this supplemental questionnaire, you are attesting that the information you have provided is true and accurate and providing the City consent to confirm the information provided. Information provided may be reviewed by the hiring manager. Any misstatements or falsification of information may eliminate you from consideration or may result in dismissal. By signing below, you understand and agree to these conditions.

Name: _____
Printed Signature Date

Minimum Qualifications

1. Do you have a high school diploma or GED equivalent? Yes No
2. Are you at least 18 years old? Yes No

Education

Questions 3, 4 and 5 relate specifically to the curriculum/education you have completed, not the certification or licensure received.

3. Have you successfully completed a recognized Firefighter I course fulfilling the requirements of the National Fire Protection Association (NFPA) Standard 1001? This must have been in a classroom and practical skills format. (Example: Fire Academy, Technical College, private firefighting course, etc.) **Please attach a photocopy of your Firefighter I course completion certificate or transcript.**
Note: A Minnesota Fire Service Certification Board Certificate does not meet this requirement.
 Yes, enter the course completion date: _____ No
4. Have you successfully completed a recognized Firefighter II course fulfilling the requirements of the National Fire Protection Association (NFPA) Standard 1001? This must have been in a classroom and practical skills format. (Example: Fire Academy, Technical College, private firefighting course, etc.) **Please attach a photocopy of your Firefighter II course completion certificate or transcript.**
Note: A Minnesota Fire Service Certification Board Certificate does not meet this requirement.
 Yes, enter the course completion date: _____ No
5. Do you hold a college degree? Yes No

If yes, **please attach a photocopy of each degree certificate** and list degrees to include level of degree, institution, and field of study.

Certification

Question 6 and 7 relate specifically to the certification you currently hold.

6. Do you hold a current International Fire Service Accreditation Congress (IFSAC) Firefighter II Certification? Yes, expiration date: _____ No
Please attach a photocopy of the front and back of your MN Fire Service Certification Board Card.
7. Do you hold an active Minnesota Emergency Medical Services Regulatory Board (EMSRB) Emergency Medical Responder (EMR) or higher certification?
 Yes, attach a photocopy of the current card and enter certification level: _____ No

Experience

8. Which of the following best describes your experience as a Firefighter:
(Please indicate all areas that apply.)
- | | | | | |
|--|---|---------------------------------------|---------------------------------------|--------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> 1-Year or less | <input type="checkbox"/> 2 to 3 Years | <input type="checkbox"/> Over 3 Years | Dates: _____ |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> 1-Year or less | <input type="checkbox"/> 2 to 3 Years | <input type="checkbox"/> Over 3 Years | Dates: _____ |
| <input type="checkbox"/> Paid-on-Call | <input type="checkbox"/> 1-Year or less | <input type="checkbox"/> 2 to 3 Years | <input type="checkbox"/> Over 3 Years | Dates: _____ |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> 1-Year or less | <input type="checkbox"/> 2 to 3 Years | <input type="checkbox"/> Over 3 Years | Dates: _____ |
| <input type="checkbox"/> No Firefighter Experience | | | | |
9. Which of the following best describes your experience as an Emergency Medical Service (EMS) provider: (Please indicate all areas that apply.)
- | | | | | |
|--|---|---------------------------------------|---------------------------------------|--------------|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> 1-Year or less | <input type="checkbox"/> 2 to 3 Years | <input type="checkbox"/> Over 3 Years | Dates: _____ |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> 1-Year or less | <input type="checkbox"/> 2 to 3 Years | <input type="checkbox"/> Over 3 Years | Dates: _____ |
| <input type="checkbox"/> Paid-on-Call | <input type="checkbox"/> 1-Year or less | <input type="checkbox"/> 2 to 3 Years | <input type="checkbox"/> Over 3 Years | Dates: _____ |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> 1-Year or less | <input type="checkbox"/> 2 to 3 Years | <input type="checkbox"/> Over 3 Years | Dates: _____ |
| <input type="checkbox"/> No EMS Experience | | | | |
10. Describe your public contact/face-to-face customer service-related experience, outside of firefighting and emergency medical work, since 2012?

Please provide contact information for who can validate this work.

11. Do you have experience operating vehicles larger than a passenger vehicle (car or pickup style truck)? Yes No

If Yes, please provide a description of this experience.

Please provide contact information for who can validate this experience.

12. Do you have experience operating vehicles larger than a combination vehicle (Example: Truck and trailer)? Yes No

If Yes, please provide a description of this experience.

Please provide contact information for who can validate this experience.

Additional Information

13. Are you fluent in any languages other than English? Yes No

If Yes, please provide a description.

Please provide contact information for who can validate this.

14. Please describe what makes you the best candidate to be a St. Cloud Firefighter.
Response should be between 400 and 700 words.