

STEWARTVILLE FIRE DEPARTMENT VOLUNTEER FIREFIGHTER APPLICATION

Minimum Qualifications

- U.S. Citizen
- High School Graduate or G.E.D. Certificate
- Eighteen (18) Years of Age
- Ability to Complete Firefighter I Curriculum within Two (2) Years
- Possess or be Eligible to Obtain a Valid Class B, Air Brakes, Tanker Endorsement, Minnesota Driver's License Within Six (6) Months of Original Appointment
- Free From Any Physical/Psychological Condition Which Might Adversely Affect the Individual's Performance of the Duties of Firefighter.

Nature of Work

Work involves extinguishing and preventing fires, the safeguarding of lives, the performance of rescue work, the protection of property from damage. I also understand that I am a volunteer twenty-four (24) hours a day and will do my best to answer all emergencies.

Scope of Examinations

Written Examination: This examination will consist of an objective multiple choice written examination covering general intelligence and mechanical abilities required to learn firefighting methods.

Physical Agility Examination: This examination will demonstrate the candidate's strength, agility, and endurance. The Physical Agility Test consists of the following six events:

- Hose Drag
- Opening A Hydrant
- Ladder Carry
- 35' Three-Section Ladder Raise
- Air Pack Crawl
- Dummy Drag

Candidates are given Eight (8) minutes in which to complete all events. However, each event must be successfully completed before proceeding to the next event.

Oral Interview: The oral interview consists of a series of questions presented to the applicant by an interview board. The responses are scored by the interview panel. Sixty (60) points of the average score is considered in computing the final total score.

The Oral Interview Panel consists of the Executive Board.

Entrance Examinations

Each qualified applicant for the position of Firefighter shall complete the following examinations:

1. Application	Pass/Fail	
2. Preliminary Background Investigation	Pass/Fail	
3. Written Test	Pass/Fail	10 Pts
4. Physical Agility Test	Pass/Fail	30 Pts
5. Oral Interview	Pass/Fail	60 Pts

All candidates who successfully pass all portions of the Entrance Examination A: 1-5 (as outlined above) shall be placed on a list in rank order and certified by the Executive Board.

Each candidate for the position of firefighter who is certified as eligible for appointment shall successfully pass the following additional examinations after being appointed and prior to commencing employments:

1. Re-evaluated with a oral interview	Pass/Fail
2. Medical Examination (each candidate may be required to undergo a drug screening)	Pass/Fail

If a certified candidate fails any of the above examinations, the next candidate in the rank order shall be so examined and this procedure shall be followed until there is a candidate to be admitted who has passed each examination.

Miscellaneous

Persons must be able to respond within 5 minutes from home residence in a safe manner.

Applications will be kept on file for a period of two years.

GENERAL INFORMATION

Last Name:	First Name:			MI	Social Security Number
Street Address:	City	State	Zip:	Home Phone No.	Cell No.

Are you under 18 years of age? Yes No

Are you willing to work overtime if required: Yes No

Are you a United States Citizen OR, if not, do you have permission to work in this country? Yes No

Education /Training

How many years of education have you had? 1-12 13 14 15 16 17
18+

School Name & Address	Diploma, Degree, Certificate of Credits Earned	Major
High School/GED		
College or University		
Graduate School		
Technical		

Firefighter I Curriculum Completed: _____
Date

Please attach a copy of certificate(s) of completion to application.

Driver's License Information

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

Driver's License No: _____

State of Issuance: _____ Class: _____ Expiration: _____

Have you had any moving violations in the last five (5) years? Yes No

If yes, please explain: _____

Occupation _____

Place of Employment _____

I, the employer of the above named person, hereby give my consent to allow the employee to take time off from work for fire related emergencies.

Signature of Employer

Tennessee Warning/Data Practices Notice to All Applicants

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the City of Stewartville during the application process or during employment. Any information about yourself that you provide will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the City, it may mean your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public; veteran status, relevant test scores, rank on our eligible list; job history; education and training; work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Stewartville. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the City staff who need it to process the application, update your personnel record, evaluate your work performance and if you are handicapped, provide the necessary accommodations.

It may be shared with the following: persons authorized to have access to the information under State or Federal law; persons authorized by Court Order to have access to the information; and persons to whom you consent in writing to have access to the information.

With the exception of racial and ethnic data, the data you give us about yourself is needed to identify you and to assist in determining your suitability for the position for which you are applying. Racial and ethnic data is used in summary form by the City's Affirmative Action Program to monitor protected class employment and to meet Federal, State and Local reporting requirement. Furnishing racial and ethnic data about yourself, as well as your social security number, is voluntary.

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the Application for Employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended, to be a contract for employment.

In the event of employment, I understand that false or misleading information given in my application, or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Stewartville Fire Dept and the City of Stewartville.

I certify that I have read the "Notice to Application" regarding the Minnesota Data Practice Act (MN Statutes 1301-1390), and I understand my rights as a subject of data.

Applicant
Signature _____ **Date** _____

VETERAN'S PREFERENCE

The Minnesota Veteran's Preference Act grants veterans a limited preference over non-veterans in hiring and promotion of public employment.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more and have been honorably discharged; you must be a citizen of the United States and currently not receiving a monthly veteran's pension based exclusively on length of service; or be the spouse of a deceased veteran or of a disabled veteran who because of disability is unable to qualify.

The City operates under a point preference system which awards points to qualified veterans and spouses of deceased or disabled veterans. Five (5) preference points are granted for non-disabled veterans and spouses of deceased or disabled veterans at the initial selection phase or at the time of an open competitive examination, whichever is applicable. Ten (10) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veteran's Administration. For promotional opportunities, five(5) points are granted to disabled veterans only (50% disability required) and these points apply only to the first promotion after securing City employment.

Please Print

Name: _____

Do you wish to claim a Veteran's Preference? ___ Yes ___ No

If yes, please check the preference you are claiming:

_____ **Veteran** (defined as a person separated under honorable conditions who has served on active duty for a least 181 days or honorably discharged by reason of disability incurred while on active duty).

_____ **Disabled Veteran** (a Veteran having a compensable service-connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, and which is currently existing).

_____ **Spouse of deceased veterans**

_____ **Spouse of a disabled veteran**, who is unable to use preference due to disability.

You must also submit a copy of your DD214 or any other military document that can substantiate the service information requested on the form. **Claim not accompanied by proper documentation will not be processed.** Note: This claim will be separated from your application during the recruitment process.

Signature: _____ **Date:** _____

City of Stewartville
Request for Background Check Information

Background Check May Include (but not limited to):

*Civil & Criminal Record Check *Driver's License Check *Outstanding Warrants

Please attach a copy of your Driver's License

Requested Information (please print)

1. Applicants Name: _____
2. Address: _____
3. Driver's License, State Identification or Military ID: _____
4. Date of Birth: _____ 5. Phone # _____ 6. Sex: M ___ F ___
7. Maiden Name: _____
8. Other Addresses: _____

Release Information to:

I, the undersigned do hereby authorize the Olmsted County Sheriff's Dept. to release any background information on me as permitted by law.

Signature

Date

Parents Signature if under 18

Date

FOR OFFICE USE ONLY:		
Date to OCSD: _____	Date Needed By: _____	Processed by _____
Approved: _____	Denied: _____	No Record: _____