



Centennial Fire District
2 East Road, Circle Pines, MN 55014
Phone: 651-792-7900
TDD: 651-982-2416 Website: www.centennialfire.org

DATE RECEIVED
Office Use Only

Position Applying For:	Paid-On-Call Firefighter/EMT
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EMPLOYMENT APPLICATION

THE CENTENNIAL FIRE DISTRICT WELCOMES YOU as an applicant for employment. Your application for this position will be considered with others who have applied. It is our policy to provide equal employment opportunities to all. Individuals are evaluated and selected solely on the basis of their qualifications.

Please furnish complete and accurate information. The purpose of the information requested on the application is to assist in determining your eligibility and suitability for the position. You may legally refuse to give the information. If you give the information, that information, or further investigation based on it, could cause your application to be denied. 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 are: Centennial Lakes Police Department, Bureau of Criminal Apprehension, Anoka County Warrant Office, State of Minnesota Drivers License Section, Anoka County Auditor and other government agencies necessary to process your application.

Use of false statements or omissions of important facts on this application shall be sufficient cause for rejection of this application or dismissal, if hired. The applicant may also be subject to the penalty provisions of Minnesota Statute 43A.39. The Centennial Fire District has the right to verify the information provided in this application.

You may attach to this application any additional information that helps you explain your qualifications.

Please print clearly or type

Personal Information

Last Name	First	Middle	Previous
Present Address Street		City	State Zip
Email Address		Cell Phone	
Telephone Residence	Telephone Business	May we call you at work? Yes ____ No ____	
Are you between the ages of 18 and 70? Yes ____ No ____		If "No" state date of birth:	
Do you have a social security number? Yes ____ No ____			

General Information

Are you able to devote up to 20 hours per months to the fire district? If Yes, Dates: _____ Position: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have relatives or in-laws working for the Centennial Fire District? If Yes, whom? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you are not a citizen of the United States, do you have a valid work permit? Number _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a valid Driver's License? State _____ Class _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you subject to child support or spousal maintenance order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, are you subject to withholding for child support or spousal maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a military veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Education/Specialized Training/Licenses

	Undergraduate High School	College/ University/Technical	Graduate/ Professional
School Name/ Location			
Years Diploma/Degree	9 10 11 12	1 2 3 4	1 2 3 4
Academic Focus			
Specialized Training			
Licenses			
Volunteer Work/Internships			
List any professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, sexual orientation, handicap or other protected status.)			

Employment Experience

Start with your present or most recent position.

Employer	Dates Employed From To	Work performed:
Address		
Telephone Number	Salary Start End	
Job Title		
Supervisor	May we contact?	If no, explain
Reason for Leaving	Hours per week	
Employer	Dates Employed From To	Work performed:
Address		
Telephone Number	Salary Start End	
Job Title		
Supervisor	May we contact?	If no, explain
Reason for Leaving	Hours per week	
Employer	Dates Employed From To	Work Performed:
Address		
Telephone Number	Salary Start End	
Job Title		
Supervisor	May we contact?	If no, explain
Reason for Leaving	Hours per week	
Employer	Dates Employed From To	Work Performed:
Address		
Telephone Number	Salary Start End	
Job Title		
Supervisor	May we contact?	If no, explain
Reason for Leaving	Hours per week	

References

Give the names of three people, other than relatives, who can be contacted regarding your qualifications, work habits and character.

Name	Address	Phone Number
1.		
2.		
3.		

Important Facts About Information on Your Application

In accordance with the Minnesota Government Data Practices Act, Minnesota Statute 13.04, Subd. 2, The Centennial Fire District is required to inform you of your rights as they pertain to private data you have provided. The following data is public information and accessible to anyone: veteran's preference 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.

Private data is information which is available to you, but not the public.

Applicant's Signature

I certify that all of the facts as set forth in this Application for Employment are true and complete. My signature confirms that I have read and understand the authorization and notice to applicant set forth above.

I authorize and consent to having the Centennial Fire District representatives make inquiries about the content of this application if I am to be considered for employment. Former employers are authorized to give information about me in any form, oral or written. They are hereby released from liability for issuing such information.

I understand that if I am applying for a position which requires a commercial driver's license, I am required under federal law to: 1) take and pass pre-employment drug test, 2) authorize former employers to release positive drug and alcohol test results and any refusals to be tested within the previous two years. For more information regarding the Centennial Fire District's drug and alcohol testing policy, please contact the Director of Administration, 651-982-2404.

Applicant's Signature _____ Date _____

The Centennial Fire District considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual preference, the presence of a non-job related medical condition or disability, or any other legally protected status. EOE\AA\ADA.

Supplemental Questions

Please initial after each question if you agree.

1. Do you understand this is a paid ON-CALL position with varying hours? Yes _____
2. I am able to respond after work hours, on holidays and on weekends. Yes _____
3. I understand there will be a complete criminal background investigation conducted on me if selected as a potential employee. Yes _____
4. I understand that I will have to pass a physical and physiological exam if selected as a potential employee. Yes _____
5. I am able to participate in community events that involve the fire district. Yes _____
6. I feel I am physically able to work as a firefighter/emergency medical tech. Yes _____
7. Please describe why you want to become a firefighter/EMT with the fire district.

8. I am able to work within a team and follow orders as directed? Yes _____
9. I am able to keep confidential information to myself? Yes _____
10. I have a valid Minnesota driver's license. Yes _____

Thank you for applying for the Centennial Fire District. We will contact you when the need for more firefighter comes. In the meantime, please follow our activity on Facebook or the local paper.