

 <p>City of <b>Hermantown</b> 5105 Maple Grove Road Hermantown, MN 55811</p>	<p><b>APPLICATION FOR EMPLOYMENT</b></p> <p><b>An Equal Opportunity Employer</b></p>	For office use only: Date Received:
		Interview: ( ) Yes ( ) No Date:
		<b>Hermantown Fire On-Call, Part-Time Firefighter</b>

**Important Instructions:** This application is specific for candidates of for the position of **ON-CALL, PART-TIME FIREFIGHTER**. E-mailed and faxed versions of the application will be accepted to meet the deadline, but a signed original must also be submitted. Failure to provide a signed original may result in disqualification. Please print in ink and answer each question as completely and accurately as possible. You may choose to attach a resume as a supplement. **However, do not enter “See Resume” when completing this document.** Thank you for your interest in the Hermantown Fire Department.

Name (Last) (First) (Middle)			Home Phone: ( )
Address (Street) (Apt #)			Cell Phone: ( )
(City) (State) (Zip Code)			Business Phone: ( )
			May we contact you at this #? <input type="checkbox"/> Yes <input type="checkbox"/> No
			E-mail address:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you worked for the City of Hermantown previously? If so, list position, department and beginning and ending dates.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a direct relative of any employee(s) of the City of Hermantown?
<input type="checkbox"/> Yes State:	<input type="checkbox"/> No	Do you have a current valid driver's license?
<input type="checkbox"/> Yes State:	<input type="checkbox"/> No	Do you have a current valid Commercial Driver's License? If Yes, list CDL endorsements:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you under 18 years of age?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a U.S. citizen?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, do you have a legal right to work in the U.S.?

**Education:**

Did you graduate from High School  Yes  No Name/Location of School: \_\_\_\_\_

If "No", have you passed a High School Equivalency or GED Test?  Yes  No  
 Location and date of test: \_\_\_\_\_

TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College or Technical School

College, University or School – Name and Location	Years Attended	Major Field	Type of Degree (if received)	GPA

Describe any education or training you have had which is not covered above (e.g. vocational school, in-service training) which may be applicable to the position you are applying for. Please include dates. If you wish to list relevant course work please do so as an attachment.

**Certifications:** Please list any certifications that may be applicable: (include any license or registration)

--

**Non-work Experiences:** Please list any other non-work experiences that may be applicable:

--

**Work Experience:** Starting with **PRESENT** or **MOST RECENT**, list all previous employers. Include self-employment, military service, summer or part-time jobs, or volunteer positions if related to the job for which you are applying. Use a separate sheet to continue with additional qualifying employment data, using the same format as below.

Title of Position Held:	From (Month/Year)	<b>PRIMARY DUTIES:</b>
Employer's Name	To: (Month/Year)	
Street Address	Hours Per Week	
City, State, Zip code	Ending Salary:	
Name and Title of Supervisor:		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If you respond "No" and it becomes necessary for us to contact your present employer, we will first contact you to get your authorization.		Reason for leaving or considering change:

Title of Position Held:	From (Month/Year)	<b>PRIMARY DUTIES:</b>
Employer's Name	To: (Month/Year)	
Street Address	Hours Per Week	
City, State, Zip code	Ending Salary:	
Name and Title of Supervisor:		
Name and Title of Supervisor:		Reason of leaving:

Title of Position Held:	From (Month/Year)	<b>PRIMARY DUTIES:</b>
Employer's Name	To: (Month/Year)	
Street Address	Hours Per Week	
City, State, Zip code	Ending Salary:	
Name and Title of Supervisor:		
Name and Title of Supervisor:		Reason of leaving:

MAY WE OBTAIN REFERENCES FROM THE EMPLOYERS LISTED ABOVE?  Yes  No  
 If No, explain:

**References:** Please list three people who are not related to you, who have known you for at least one year, can comment on your job performance, and that we may contact:

Name	Address	Phone Number
1.		(    )
2.		(    )
3.		(    )

**Please Read Carefully Before Signing.**

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

Some information contained and requested in this application is considered public data under the Minnesota Government Data Practices Act, including veteran status, relevant test scores, rank on eligibility list, job history, education, training, and work availability. As an applicant for employment, your name is considered private until you become a finalist for employment with the City. You are considered a finalist if and when you are selected for an interview by the hiring authority. Typically, the other information contained and requested in this application is considered private data under the Minnesota Government Data Practices Act, and will be used only in conjunction with your possible employment. Please furnish complete information so we may accurately and completely assess your qualifications. Your application will be evaluated in comparison to the requirements of the position for which you are applying. If the City of Hermantown hires you, some of the information contained on this application form (such as previous employment experience and education background) will become public data.

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 authorize investigation of any information contained in the application for employment and/or supplemental materials I have submitted in consideration for employment, as may be needed to arrive at an employment decision. I authorize any or all education institutions and prior employers listed in the application for employment to provide information they may have concerning me as it may relate to consideration of my application for employment. I release those parties from any and all liability or claims for damage that may result from such.

**I HEREBY ACKNOWLEDGE THAT** I have read the above statements and understand them.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date signed

## APPLICANT INFORMATION

POSITION APPLIED FOR:	Date of Application:	
Name:		
(Last)	(First)	(Middle)

The City of Hermantown is an Equal Opportunity Employer and must comply with Federal and State information reporting requirements. This information is kept **confidential and separate** from your employment application and is used for information reporting only. Providing the requested information on this form is voluntary.

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
------	-------------------------------	---------------------------------

Ethnic Origin	
<input type="checkbox"/>	<b>WHITE</b> (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
<input type="checkbox"/>	<b>BLACK</b> (Not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	<b>HISPANIC</b> : All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	<b>ASIAN or PACIFIC ISLANDER</b> : All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
<input type="checkbox"/>	<b>AMERICAN INDIAN or ALASKAN NATIVE</b> : All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/>	<b>OTHER</b> : (Includes Malaysians, Thais, and others not covered by specific categories above.)

<b>Disability:</b>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<p><b>HANDICAPPED OR DISABLED:</b> Do you consider yourself handicapped/disabled?            Definition - an individual is considered handicapped/disabled if he/she:</p> <ol style="list-style-type: none"> <li>1) Has a physical or mental impairment which substantially limits one or more of his/her major life activities; or</li> <li>2) Has a record of such impairment; or</li> <li>3) Is perceived as having such impairment.</li> </ol> <p>Major life activities which might be substantially limited by such impairment include: speaking or otherwise communicating, walking, adapting to housing or transportation, training for and holding employment, caring for self, and developing socially.</p>

Where did you <b>first</b> learn about this job (please check only one)		
<b>Newspaper:</b>	<b>Web Site:</b>	<b>Other:</b> (please specify)
<input type="checkbox"/> Hermantown Star	<input type="checkbox"/> Hermantown Web Site	
<input type="checkbox"/> Duluth New Tribune	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Other (please specify)		