


APPLICATION FOR EMPLOYMENT		Date Received: _____		Office Use Only	
		Mailing Address: Eagles Nest Fire Department 1552 Bear Head State Park Road Ely, MN 55731-8012 Telephone: 218/365-4573		Email Address _____	
Title of specific position for which you are applying: _____		Date of application: _____		Date available for work: _____	
Last Name: _____		First Name: _____		Middle Name: _____	
				Social Security Number: _____	
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state date of birth _____		Home Telephone Number: _____		Business Telephone Number: _____	
				County: _____	
Street address: _____		City: _____		State and Zip Code: _____	
Full Time Resident _____		Part Time Resident From _____ To _____			
Drivers License # _____		State _____		Class _____	
EDUCATION: Did you graduate from high school or receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No School attended _____					
How many years of education have you had? (circle one) 7 8 9 10 11 12 13 14 15 16 17 18 19 20					
Names and locations of colleges, universities, technical schools		Did you graduate?		Certificate/Degree:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYMENT HISTORY: Experience and training ratings are determined by this information. Please be complete. List your present or most recent experience first. Attach additional sheets if necessary.					
Employment Firm: _____				Length If Employment:	
Address: _____					
Telephone Number: _____		Supervisor: _____		From: _____ Month _____ Year	
Your Title: _____		Supervisor's Title: _____		To: _____ Month _____ Year	
Number and type of positions you supervised: _____				Total: _____ Month _____ Year	
Principal Responsibilities – Be Complete _____ _____ _____ _____ _____ _____ _____				Hours per Week _____	
				Reason for Leaving: _____	

				May we contact your present employer?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				If No, explain: _____	

Employment Firm: _____				Length If Employment:	
Address: _____					
Telephone Number: _____		Supervisor: _____		From: _____ Month _____ Year	
Your Title: _____		Supervisor's Title: _____		To: _____ Month _____ Year	
Number and type of positions you supervised: _____				Total: _____ Month _____ Year	

Principal Responsibilities – Be Complete	<div>Month</div> <div>Year</div>
	Hours per Week _____
	Reason for Leaving: _____

	May we contact your present employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, explain: _____

Employment Firm:	Length If Employment:	
Address:	From: _____	
Telephone Number:	Supervisor:	<div>Month</div> <div>Year</div>
Your Title:	Supervisor's Title:	<div>Month</div> <div>Year</div>
Number and type of positions you supervised:	Total: _____	
Principal Responsibilities – Be Complete	<div>Month</div> <div>Year</div>	
	Hours per Week _____	
	Reason for Leaving: _____	

	May we contact your present employer?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If No, explain: _____	

Employment Firm:	Length If Employment:	
Address:	From: _____	
Telephone Number:	Supervisor:	<div>Month</div> <div>Year</div>
Your Title:	Supervisor's Title:	<div>Month</div> <div>Year</div>
Number and type of positions you supervised:	Total: _____	
Principal Responsibilities – Be Complete	<div>Month</div> <div>Year</div>	
	Hours per Week _____	
	Reason for Leaving: _____	

	May we contact your present employer?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If No, explain: _____	

Relevant current Firefighter or EMS professional memberships, registrations, or licenses. Include date when first issued.

JOB-RELEVANT VOLUNTEER AND UNPAID WORK EXPERIENCE:

Kind of volunteer activity (Do not specify organization)	Major responsibilities	# Hours per month	Years	
			From	To

Describe any additional experience or training that qualifies you for this job:

In accordance with the Immigration Reform and Control Act of 1986, the Eagles Nest Fire Department hires only U.S. citizens and lawfully authorized alien workers. 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.

Minn. Stat. Sec. 518.611, Subd. B, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. If hired, you will be required to provide such documentation. Failure to provide said documentation will result in dismissal.

Have you been convicted of a misdemeanor, gross misdemeanor, or felony? You may answer "No" if the conviction or criminal records have been annulled or expunged. ☐ Yes ☐ No If "Yes", please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment unless it is related to the position which you are seeking.

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty? ☐ Yes ☐ No If "Yes", are you a permanent resident of the State of Minnesota? ☐ Yes ☐ No

Describe your duties and any special training:

If you are hired for this position, you may be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

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

Name	Address	Telephone Number	Position and Relation to your Work

The Eagles Nest Fire Department does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its programs or activities. It is the policy of the Eagles Nest Fire Department to provide reasonable accommodations to the known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

THE EAGLES NEST FIRE DEPARTMENT IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

SIGNATURE

The Eagles Nest Fire Department has the right to verify information provided in this application. I may be discharged if there are any misrepresentations on this application or my resume or made by me in the interview which may be discovered now or anytime in the future. False information or misrepresentation may also subject me to the penalty provision of Minn. Stat. 43A.39.

In connection with this application for employment, I authorize the Eagles Nest Fire Department and any agent acting on its behalf to conduct any 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. Moreover, I hereby release the Eagles Nest Fire Department and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

☐ YES ☐ YES, but not present employer until job is offered ☐ NO (We may be unable to hire you without this information.)

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information below.

Date: _____

Signature: _____

(Do Not Print)

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with Minn. Stat. 13.43, Subd. 2). If you become employed by the Eagles Nest Fire Department, the data will be available to the Department of Finance, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the Executive Assistant by letter.

Private Data	Why We Ask For It	Are You Legally Obligated To Provide It	What May Happen If You Don't Provide It
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that your records are not confused with those others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Date of Birth (when requested on a separate form)	To conduct a check of criminal records for certain positions.	No	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs when you may be required to come to work on short notice.
Sex, Racial/Ethnic Group, Handicapped Status, Veteran Status (This information is requested on a separate form)	To be able to make Equal Opportunity reports as required by law.	No	We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring.
Conviction Record	To determine whether we may legally accept an application from you to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

ALL OTHER INFORMATION ON THE APPLICATION IS PUBLIC; THAT IS, IT MAY BE GIVEN TO ANYONE FOR ANY PURPOSE.