



APPLICATION FOR THE POSITION OF FIREFIGHTER PERSONAL HISTORY STATEMENT

Instructions: Fill out this questionnaire completely and accurately. All statements in the questionnaire are subject to verification. *Inaccurate statements may bar or remove you from employment.* If space is inadequate, add another page and identify additional information by item number.

NAME:

Last	First	Middle
------	-------	--------

ADDRESS:

City/State/Zip

PHONE:

HOME:	WORK:	OTHER:
-------	-------	--------

(1) Did you ever possess a motor vehicle operator's license in any other state than Minnesota? YES NO

If yes

State:	License Number:	Date(s):
--------	-----------------	----------

Do you currently hold a commercial driver's license? YES NO Endorsements:

--

Has your driver's license ever been revoked, suspended or cancelled? NO YES Suspended Revoked Cancelled
Reason

--

 Was your license restored? NO YES, When: _____

(2) Do you possess any additional special skills and abilities that may be of value to the fire department?

--

(3) Have you taken any courses directly related to this position? YES NO

If yes, please list the courses and the dates they were taken, including training:

(4) Write a brief narrative why you would like to become a City of Avon Fire Department Volunteer Fire Fighter?

--

Continue to Page 2 – Employment, Education and References

(5) What is your present occupation?

(6) Were you ever discharged or forced to resign from employment because of misconduct or unsatisfactory service? YES NO
 If Yes, explain:

(7) Are you now or were you ever an active or inactive member of the United States Reserve Forces? YES NO

(8) Have you ever served in the United States Armed Forces? YES NO

(9) List all jobs held in the last three (3) years. List your present/most recent job first. Include military service in proper sequence if applicable.

From (month/year) – To (month/year)	Position Held	Name of Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Name of Supervisor	Reason for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>
From (month/year) – To (month/year)	Position Held	Name of Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Name of Supervisor	Reason for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>
From (month/year) – To (month/year)	Position Held	Name of Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Name of Supervisor	Reason for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>
From (month/year) – To (month/year)	Position Held	Name of Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Name of Supervisor	Reason for leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>

(10) Are you a high school graduate? YES NO, last year completed: 9 10 11 Other ____ GED?

Post Secondary Education? YES NO Total Years Completed: Degree(s) received

(11) Fill in three (3) names of persons not related to you and not former employers who have known you for at least three (3) years, who may be contacted as references. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other abilities.

Name: Years Known:

Home Phone Number: Business Phone Number:

Name: Years Known:

Home Phone Number: Business Phone Number:

Name: Years Known:

Home Phone Number: Business Phone Number:

Continue to Page 3 – Informed Consent

Application Number: _____ (Fire Department issued)

Printed Name: _____

Social Security Number: _____

Driver's License Number: State _____ Number _____

I hereby certify all statements I have filled out on this questionnaire are true and complete. I understand any misrepresentations or omissions of fact will subject me to disqualification or dismissal.

Signature in full:

Date:

INFORMED CONSENT

The following person has made application with this agency for employment as a volunteer firefighter.

PRINTED FULL NAME:

LAST:	FIRST:	MIDDLE:
-------	--------	---------

I authorize the Avon Police Department and/or the Bureau of Criminal Apprehension to disclose any and all criminal history information covered under 299F.035 to the Avon Fire Board for the purpose of employment with the Avon Fire Department.

Relation of conviction to fire protection. Criminal history data may be used in assessing fire protection agency job applicants only if the criminal history data are directly related to the position of employment sought.

Determination of relationship. In determining if criminal history data are directly related to the position of employment sought, the hiring authority may consider:

- (1) the nature and seriousness of the criminal history data on the job applicant;
- (2) the relationship of the criminal history data to the purposes of regulating the position of employment sought; and
- (3) the relationship of the criminal history data to the ability, capacity, and fitness required to perform the duties and discharge the responsibilities of the position of employment sought.

The expiration of this authorization shall be one year from the date of my signature.

Signature of applicant:

Date:



Equal Employment Opportunity Data

The City of Avon is an equal opportunity employer. We are committed to the policy of equal employment opportunity in recruitment, hiring, career advancement, and all other personnel practices. To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer the question's below. ***This form will be kept in a confidential file separate from the attached application for employment.***

Date: / /

Position(s) applied for: _____

Referred by: _____

Name: _____

Birth Date: / / Age:

Sex: Male Female

Race/Ethnic Group: (Check One)

WHITE (NOT OF HISPANIC ORIGIN)-INCLUDING PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.

BLACK-ALL PERSONS HAVING ORIGINS IN ANY OF THE BLACK AFRICAN RACIAL GROUPS; NOT OF HISPANIC ORIGIN.

HISPANIC-ALL PERSONS OF MEXICAN, PUERTO RICAN, CUBAN OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN REGARDLESS OF RACE.

AMERICAN INDIAN OR ALASKAN NATIVE-ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA OR WHO MAINTAIN IDENTIFIABLE TRIBAL AFFILIATIONS THROUGH MEMBERSHIP AND PARTICIPATION OR COMMUNITY RECOGNITION.

ASIAN OR PACIFIC ISLANDERS-ALL PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT OF THE PACIFIC

IS THERE ANY REASON YOU WOULD BE UNABLE TO DO THE ESSENTIAL FUNCTIONS OF THE JOB?

No Yes (explain) _____
