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Has your driver's license ever been revoked, suspended or cancelled?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?

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(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
Address	Name of Supervisor	Reason for leaving
From (month/year) – To (month/year)	*Position Held*	*Name of Employer*
Address	*Name of Supervisor*	*Reason for leaving*
From (month/year) – To (month/year)	Position Held	Name of Employer
Address	Name of Supervisor	Reason for leaving
From (month/year) – To (month/year)	*Position Held*	*Name of Employer*
Address	*Name of Supervisor*	*Reason for leaving*

(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:

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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:

APPLICATION FOR VETERANS PREFERENCE POINTS

Eligibility: Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their training and experience examination results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

> Be separated under honorable conditions from any branch of the armed forces of the United State after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as described above) or the spouse of a disabled veteran who, because of the disability, is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. **You are not required to supply this information, but we cannot award veterans points without it.**

Instructions: You must supply a copy of your DD214. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214and FL-802 or death certificate. If you do not include these documents with this application, be sure to include your name, and the name of the position for which you are applying, when you do submit the documents. All documentation must be received no later than seven (7) calendar days after the application deadline for the position for which you are applying.

Veterans preference application:

Name of veteran _____ Birth date ___/___/____
Last Name First Name Middle Name Month/Day/Year

Address_____
Street Number or R.F.D. City State Zip Code

Veteran: ☐ Self ☐ Spouse If spouse, veteran's name: _____

Type of preference requested: ☐ Veteran ☐ Disabled Veteran ☐ Spouse of veteran ☐ Spouse of disabled veteran

Did the veteran serve on active military duty without interruption for 181 days or more or qualify under M.S. 197.447?
☐Yes ☐No If reserve unit, submit evidence of 181 or more consecutive days of service.

Is the veteran a United States citizen? ☐Yes ☐No

Date of entry into service: ___/___/____ Branch: _____

Date of final discharge: ___/___/____ Rank at discharge: _____

Service number: _____

Type of discharge/separation: ☐ Honorable ☐ Medical ☐ Other _____

Do you have a compensable service-related disability? ☐ Yes ☐ No

FOR SPOUSES OF DECEASED VETERANS:	FOR SPOUSES OF DISABLED VETERANS:
Attached marriage certificate, death certificate and DD214 Form Date of death ___/___/____ Have you remarried? ☐Yes ☐ No	Veterans present occupation: _____ Veterans total earnings from employment past 12 months $ _____

Supporting documentation: ☐ Is attached ☐ Will be submitted within 7 days of application deadline

I hereby claim veteran's preference for this application and swear/affirm that the information on this document is true and correct. I also authorize the release of necessary information by the Veterans Administration to City of Bemidji.

SIGNATURE _____ DATE ___/___/____

SOCIAL SECURITY NUMBER _|_|_|_|_|_|_|_|_|

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)_____

_____

_____