

**Crookston Firefighters Association**  
**Application of Employment**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*(Please Print)*

Position Applied For:		Date of Application:	
Last Name	First name	Middle Name	
Address	City	State	Zip Code
Home Phone		Cell Phone	

1. High School Diploma or GED	_____ YES	_____ NO
2. Knowledge and Ability to use a computer	_____ YES	_____ NO
3. Valid Drivers License	_____ YES	_____ NO
4. Minnesota Firefighter Certification	_____ YES	_____ NO
5. CPR Certified	_____ YES	_____ NO
6. Emergency Medical Responder Certified	_____ YES	_____ NO
7. Incident Command System Training IS 700, IS 100, IS 200	_____ YES	_____ NO

*(Questions 3-7: Please provide copies of documents and certifications)*

Have you ever been convicted of a crime (exclude minor traffic violations) which would be considered a misdemeanor or a felony? If so explain: \_\_\_\_\_  
\_\_\_\_\_

Are you a Veteran or spouse of a Veteran? \_\_\_\_\_

Have you been previously employed by a Fire Department? \_\_\_\_\_ Dates & Department(s) \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_

Have you ever had any **JOB RELATED** training in the United States Military?      YES      NO

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

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# Education

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status

	High School	College	Graduate/Professional
School Name and Location			
Years Completed (circle one)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree(s)			

Describe any specialized training, apprenticeship, skills and extra curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application.	

Indicate any foreign languages you can speak, read, or write

Speak

Read

Write

1

2

3

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status

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# References

Give name, address and telephone number of three (3) references who are not related or current members of this department

	Name	Address	Phone Number
1			
2			
3			

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## Employment Experience

Employer	Dates Employed	Work Performed
Address		
Telephone Number	Supervisor	
Job Title		

Employer	Dates Employed	Work Performed
Address		
Telephone Number	Supervisor	
Job Title		

### **Special Skills and Qualifications**

Summarize special job related skills and qualifications acquired from employment or other experience.

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Do you have any relatives or acquaintances in our employ? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, please give the name(s) and relationship:

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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

\_\_\_\_\_ YES \_\_\_\_\_ NO (Proof of immigration status may be required upon employment)

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## Applicant's Statement

**NOTE:** Please do not put "see resume" instead of filling in the required information on this application. Your signature at the bottom of this page certifies that the information on the application (not the resume) is correct. Improperly filled out applications are not considered.

**I CERTIFY** that the information contained in this application is correct and I have not omitted any information. I understand that any falsification or omission of information may result in immediate termination.

**I AUTHORIZE** the schools, references, and my prior employees I have listed, to provide my record, reasons for leaving, and all other information they have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

**I AGREE** to abide by and conform to the Crookston Firefighter's Association rules and regulations. This includes a pre-employment background check and periodic driver's record check, as well as a mandatory pre-employment physical and random drug test.

I have lived in the Crookston area for \_\_\_\_\_ years. If hired, I am willing to take a physical exam and drug test.

Do you currently reside within the required response area? \_\_\_\_\_ YES \_\_\_\_\_ NO

*The required response time is 10 minutes to the nearest fire station from your residence.*

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

\_\_\_\_\_  
Date

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## Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital, or Veteran status, medical condition, or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source:      \_\_\_\_\_ Advertisement      \_\_\_\_\_ Friend      \_\_\_\_\_ Relative

                         \_\_\_\_\_ Employment Agency      \_\_\_\_\_ Other \_\_\_\_\_

## Voluntary Survey

Check One: Male _____ Female _____
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Ethnic Origin:
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_____ White	_____ Hispanic	_____ American Indian/Alaskan Native
_____ Black	_____ Other	_____ Asian/Pacific Islander

Check if any of the following are applicable:
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_____ Vietnam Era Veteran	_____ Disabled Veteran	_____ Handicapped Individual
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Birth date: \_\_\_\_\_