



## EMPLOYMENT APPLICATION Cloquet Area Fire District

**OFFICE USE ONLY**

Date Rec'd: \_\_\_\_\_

We welcome you as an applicant for employment with the Cloquet Area Fire District (CAFD). Your application will be considered with others in competition for the position in which you are interested. It is the policy and intent of the CAFD to provide equal opportunity employment to all persons. This policy prohibits discrimination because of race, color, sex, national origin, political affiliation, place of residence, marital status, sexual preference, status with regard to public assistance or disability, as is consistent with the CAFD's policy of hiring a well-qualified person so as to maintain the high standards of public service required of all CAFD employees. This policy applies to all phases of permanent and part-time employment. All information contained or connected with this application will be considered personal and confidential and will be used only in conjunction with your possible employment by the CAFD. Please furnish us with complete information as outlined in this application. You are encouraged to attach any additional information or materials, which you believe qualify you for the position for which you are applying.

### PERSONAL INFORMATION

<b>Name:</b> Last			Full First			Full Middle		
<b>Present Address:</b> Street / City / State / Zip Code								
<b>Permanent Address</b> <i>(if different from above)</i> Street / City / State / Zip Code								
<b>E-mail address:</b> <i>(if applicable)</i>								
<b>Home Phone:</b>			<b>Cell Phone:</b>			<b>Business Phone:</b>		
<b>Are you at least 18 years old?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>May we call you at work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, give date of birth: (mm/dd/yy)								

### WORK PREFERENCE

<b>Position for which you are applying:</b>				<b>Date Available:</b>	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Paid-on-Call				
<input type="checkbox"/> Part Time	<input type="checkbox"/> Other - Explain:				
<b>Do you have a current CPAT Result?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If yes, from what agency:</b> (Name and address)		
<i>(CPAT must be less than 12 months old)</i>					

## EDUCATION AND TRAINING

<b>Highest grade completed</b> <i>(Please check)</i>	High School <b>9 10 11 12</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	College <b>13 14 15 16</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Graduate School <b>1 2 MA PHD JD</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Last high school:</b> Name and Address			Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

## SCHOOLS

Type	Name/Location	Credits Completed		Degree Received?	Type of degree earned	Major/Minor
		Quarter	Semester			
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Summarize course work and training related to the position for which you are applying:

What trade/professional licenses or certificates do you hold? *(Please provide a photo copy, if required)*

## ACTIVITIES with a direct bearing on your qualifications for the position

### MEMBERSHIP IN FIRE, EMS, CIVIC, PROFESSIONAL, SOCIAL OR OTHER ORGANIZATIONS

*Include offices held. Exclude organizations indicating race, creed, color, religion, gender, sexual orientation, national origin, marital status, political affiliation, age or disability in their name or character.*

Current

Past

## EMPLOYMENT HISTORY present employer

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Address		Full time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name and Title	Telephone Number		
Job Title	Dates employed: (Month/Year) From: To:	Base salary/wage Start Current or end	
Nature of duties			
Reason for leaving or seeking change of position			

**EMPLOYMENT HISTORY continued List most recent employer first**

Employer	Address		Full time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name and Title	Telephone Number		
Job Title	Dates employed: (Month/Year) From: To:	Base salary/wage Start Current or end	
Nature of duties			
Reason for leaving or seeking change of position:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Address		Full time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name and Title	Telephone Number		
Job Title	Dates employed: (Month/Year) From: To:	Base salary/wage Start Current or end	
Nature of duties			
Reason for leaving or seeking change of position:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Address		Full time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor Name and Title	Telephone Number		
Job Title	Dates employed: (Month/Year) From: To:	Base salary/wage Start Current or end	
Nature of duties			
Reason for leaving or seeking change of position:			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Additional work experience**

*Relating to the type of employment you are seeking. Include full time, temporary and part time positions. Indicate dates, employer and job title.*

## SPECIAL SKILLS

*(Please answer the following only if they relate to the qualifications of the position for which you are applying)*

Do you possess a state or IFSAC certification in Firefighting? <input type="checkbox"/> Yes <input type="checkbox"/> No Certification level:	Do you possess a state or national certification in EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No Certification level:
Can you operate a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list software:
List other office skills you possess.	
Do you have experience in a skilled trade? If so, please describe the extent/nature.	
What equipment do you operate that would relate to the duties of this position?	
Other information pertinent to your employment.	

## GENERAL INFORMATION

Briefly state why you are interested and why you feel you are qualified for this position.	
Have you ever been terminated from a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the name and address of the company, date of termination, and reason for termination (do not include lay-off or staff reduction).	
Have you ever supervised people? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, for whom?
Check the functions you have performed as a supervisor: <input type="checkbox"/> Interviewed Candidates <input type="checkbox"/> Conducted Performance Appraisals <input type="checkbox"/> Disciplined Employees <input type="checkbox"/> Hired - Recommended for Hire <input type="checkbox"/> Recommended Salary Adjustments <input type="checkbox"/> Terminated Employees <input type="checkbox"/> Established Objectives	
Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have relatives, other than a spouse, in our employ? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:
What hours are you available for work?	Do you have a secondary job at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.	
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. <input type="checkbox"/> Yes <input type="checkbox"/> No	

## DRIVER'S LICENSE

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
License Number:	State of Issue:	Expiration Date:	
How many traffic tickets for moving violations have you received in the past five years?			
Number	Nature of offense		

## REFERENCES

(Provide the following data for three people (not relatives) whom we may contact regarding your work habits and qualifications)

Name	Address	Phone Number

## TENNESSEN WARNING/DATA PRACTICES NOTICE TO ALL APPLICANTS

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the Cloquet Area Fire District during the application process or during employment. Any information about yourself that you provide will be used to identify you as an applicant and to assess your qualifications for employment with the District. If you wish to be considered for employment, you are required to provide the information requested in the Application for Employment. If you refuse to supply information requested by the District, it may mean your application will not be considered.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public:

- Veteran Status
- Rank on our eligible list
- Education and Training
- Relevant test scores
- Job History
- Work availability

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the CAFD. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the District staff who need it to process the application, update your personnel record, evaluate your work performance, and if you are handicapped, provide the necessary accommodations. It may also be shared with the following:

1. Persons authorized to have access to the information under State or Federal law;
2. Persons authorized by Court Order to have access to the information; and
3. Persons to whom you consent, in writing, to have access to the information.

With the exception of racial and ethnic data, the data you give us about yourself is needed to identify you and to assist determining your suitability for the position for which you are applying. Racial and ethnic data is used in summary form by the District's Affirmation Action Program to monitor protected class employment and to meet Federal, State, and local reporting requirements. Furnishing racial and ethnic data about yourself as well as your Social Security Number, is voluntary.

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision. Moreover, I hereby release the CAFD and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information for any person. I understand that this application is not, and is not intended, to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application, or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the District.

I certify that I have read the "Notice to Applicant" regarding the Minnesota Data Practices Act (MN Statutes 13.01 - 13.90), and I understand my rights as a subject of data.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VETERAN PREFERENCE QUESTIONNAIRE

**(Must be completed by all applicants and submitted with your completed application form)**

Cloquet Area Fire District, Minnesota

This questionnaire is to determine your status as a veteran under the Veteran's Preference Statute, Minnesota Statutes, 43A.11.

Veteran's Preference Statutes provide a 10 point preference to those individuals who have attained a passing score on the entrance exam and who have received an Honorable Discharge or Separation after serving more than 180 consecutive days in the military service for purposes other than training. (Fifteen [15] points if a disabled veteran.)

Please check the statement which best describes your current Veteran's status:

- I am not a Veteran (please complete lines 1-4 and sign and date the bottom of this form.)
- I am a Veteran (please complete lines 1-10 and sign and date the bottom of this form.)
- I am the spouse of a deceased Veteran (please complete lines 1-10 and sign and date the bottom of this form.)
- I am the spouse of a disabled Veteran who is unable to use the preference due to the disability (please complete lines 1-10 and sign and date the bottom of this form.)

Line 1	Name: Last	Full First	Full Middle	
2	Social Security #			
3	Address: Street	City	State	Zip
4	Position for which applying:			
5	If you achieve the minimum passing rating, do you wish to apply your veteran's preference bonus points? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	If a spouse of a deceased or disabled veteran, list veteran's name:			
7	Period of active duty:	From:	To:	
8	Branch of Service:	Service No.:		
9	Rank at discharge:	Type of separation or discharge: (Honorable, General, etc.)		
10	Service connected disability:	Type:	Percent: 0.0%	

**It is necessary for you to provide the CAFD with a copy of your form DD-214. 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 DD-214 and FL-802 or death certificate.**

**Your veteran's preference points cannot be considered without supporting documentation. If the documentation is not attached, it must be received in the District Administration Office no later than 7 calendar days after the deadline date for the position.**

My supporting documentation:  Is attached  will be submitted within 7 calendar days

I swear that the above statements are true and accurate to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# CONFIDENTIAL

## Equal Employment Opportunity Information

The following is confidential. It will not adversely affect your employment candidacy with the District or your status as an employee after appointment. All additional information requested, as it relates to your disabled status, will be maintained as separate and confidential medical records. The voluntary information you provide will be used to determine how effective our recruitment efforts are in reaching all segments of the population and to validate our selection and placement methods. We would appreciate your cooperation in our efforts to ensure Affirmative Action and Equal Employment Opportunity.

<b>Name</b> Last	First	Social Security Number	Date of Birth
<b>Address</b> Street	City	State	Zip Phone
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Position for which you are applying</b>		<b>Date of application</b>
<b>With which racial/ethnic group do you identify?</b> <input type="checkbox"/> African-American <input type="checkbox"/> American Indian or Alaskan Eskimo <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander			
Several conditions qualify an individual for disabled status. <b>Do you have any of the following disabilities?</b> <input type="checkbox"/> A. No <input type="checkbox"/> B. Amputee <input type="checkbox"/> C. Visually impaired <input type="checkbox"/> D. Cardiac <input type="checkbox"/> E. Hearing impaired <input type="checkbox"/> F. Diabetes <input type="checkbox"/> G. Epilepsy <input type="checkbox"/> H. Paralysis <input type="checkbox"/> I. Back problems <input type="checkbox"/> J. Other Explain:			

### Recruitment Information

How did you hear about the position for which you are applying?

- CAFD job posting
- From CAFD employee
- CAFD website or Facebook Page
- College, technical or high school
- Newspaper      Specify: \_\_\_\_\_
- Other Internet site      Specify: \_\_\_\_\_
- Bulletin board postings      Specify: \_\_\_\_\_
- Minnesota State Employment Agency
- Other      Specify: \_\_\_\_\_

Please read Tennessen Warning/Data Practices Notice

**CLOQUET AREA FIRE DISTRICT**

**WAIVER AND RELEASE OF INFORMATION**

I, \_\_\_\_\_, give my permission to release information, both public and private data, and opinions about me, my performance, reputation and character to the Cloquet Area Fire District.

This release includes all information gathered on me including, but not limited to:

- Dates of employment
- Title classification
- Salary/wages
- My job performance, reputation and character
- Absenteeism information
- Punctuality information
- Results of performance review
- Disciplinary information
- Whether employer would hire me again

I release all past and present employers and whomever speaks for them with no conditions whatsoever from any liability for giving the reference and furnishing the information.

A copy of this release is as good as the original.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**CLOQUET AREA FIRE DISTRICT  
GENERAL AUTHORIZATION AND RELEASE PURSUANT TO  
MINNESOTA STATUTES 13.05, SUBD. 4  
MINNESOTA DATA PRACTICES ACT**

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you to release to and make available to the Cloquet Area Fire District (CAFD), MN and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data as defined by Minnesota Statutes 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives.

The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealing with you or your agency. I understand that the purpose of permitting the CAFD to have access to this information is to determine my suitability for employment with the CAFD. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the CAFD, including verification of my records and analysis by consultants to the CAFD who may review my suitability for employment.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the CAFD from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time, prior to that expiration, cancel the written authorization by providing written notice to the CAFD or to you of that fact.

Name: Last		Full First	Full Middle
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yy)	Social Security No.	
Driver's License No.			State of Issuance
Maiden, Alias or Former Name(s):			

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please provide copy of driver's license)*

**Authorization for Minors** (must be signed if applicant is under 18 years of age)

The undersigned certifies that he/she is the custodial parent or guardian of the above named applicant. By my signature, I give permission for the applicant to participate in this program and to have his/her background checked.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

Please return to: **CAFD Administrative Office**  
**508 Cloquet Avenue**  
**Cloquet MN 55720**