

APPLICATION FOR EMPLOYMENT FIRE DEPARTMENT CITY OF LA CRESCENT

315 Main Street - La Crescent, MN 55947
Phone: (507) 895-2595 Fax: (507) 895-8694

TO THE APPLICANT

We appreciate your interest in seeking employment with the City of La Crescent. Completing this application will assist us in understanding your work history and education background. The City of La Crescent is an Equal Opportunity/Affirmative Action employer. The City follows the principles of non-discrimination in employment, complying with all federal, state and local laws and requires all City employees to comply with such laws.

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSITION. REVIEW THE QUALIFICATION REQUIREMENTS CAREFULLY.

Applications are accepted only for the job posted and MUST BE POSTMARKED by the closing date.

POSITION APPLYING FOR:	DATE OF APPLICATION:
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LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS Number Street	City	State Zip Code
TELEPHONE NUMBER(S) Home	Cell	Business

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A GED?

YES NO NAME OF HIGH SCHOOL ATTENDED:

NAME AND LOCATION OF COLLEGE, TECHNICAL, MILITARY, PROFESSIONAL, BUSINESS, TRADE OR OTHER SCHOOL,	NUMBER OF YEARS ATTENDED	DEGREE/CERTIFICATE OBTAINED	MAJOR/MINOR

SPECIAL SKILLS/LICENSES

List skills you possess which are required for the job as stated in the job announcement, such as driver's license (give type and number) ability to operate specialized machinery or equipment, or professional registration or licensing. Indicate any training you have had which is directly related to the job for which you are applying.

Have you been convicted of a misdemeanor, gross misdemeanor or felony for which a jail sentence could have been or was imposed? (Do not include juvenile convictions or petty misdemeanors.) (This information will not be used to bar you from employment but may be used to direct your interest to areas less related to the area of your conviction).

___ YES ___ NO *IF YES, ATTACH A SEPARATE SHEET GIVING FULL PARTICULARS

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE, FULL-TIME AND PART-TIME RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER. BE COMPLETE. Experience and training ratings are determined by the information you provide and your score is based upon it. DO NOT MARK APPLICATION "SEE RESUME". Account for ALL your work and include volunteer experience.

1.

EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? ___ YES ___ NO
ADDRESS	FROM: TO:	
SUPERVISOR'S NAME AND TITLE:	WAGES START: END:	
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES: _____ _____		

2.

EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? ___ YES ___ NO
ADDRESS	FROM: TO:	
SUPERVISOR'S NAME AND TITLE:	WAGES START: END:	
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES: _____ _____		

3.

EMPLOYER NAME	TELEPHONE ()	MAY WE CONTACT? ___ YES ___ NO
ADDRESS	FROM: TO:	
SUPERVISOR'S NAME AND TITLE:	WAGES START: END:	
YOUR JOB TITLE:	REASON FOR LEAVING:	
DESCRIPTION OF MAJOR DUTIES: _____ _____		

YOU MAY SUPPLEMENT THIS INFORMATION BY ATTACHING ADDITIONAL SHEETS IF NECESSARY.
BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

ELIGIBILITY

Are you at least 18 years of age or if not, can you provide required proof of your eligibility to work? YES NO
 Are you a U.S. citizen or if not, do you have permission to work in this country? YES NO

REFERENCES

Work or Education related. (Please do not list relatives.) **TO BE COMPLETED BY ALL APPLICANTS.**

NAME	ADDRESS	PHONE (daytime)	OCCUPATION

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed.

The City of La Crescent operates under a point preference system which awards points to qualified veterans to supplement their application/exam results. Five (5) preference points are granted for non-disabled veterans. Ten (10) points are added if the veteran has a permanent service-connected compensable disability as certified by the Veterans Administration. A letter from the VA as proof of disability must be submitted to reserve points.

To qualify for preference, you must have served on active duty in any branch of the Armed Forces of the United States for 181 consecutive days or more, and been separated under honorable conditions; you must be a citizen of the United States or a resident alien and currently not receiving a monthly veteran's pension based exclusively on length of service. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who, because of the disability, is unable to qualify.

Claims must be made on the form below and submitted by the application deadline of the position for which you are applying. If your DD214 form is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

COMPLETE THIS FORM ONLY IF YOU ARE A VETERAN, SPOUSE OF A DECEASED OR DISABLED VETERAN AND CLAIMING VETERAN'S PREFERENCE.

APPLICATION

VETERAN IS SELF SPOUSE IF SPOUSE, VETERAN'S NAME

BRANCH OF SERVICE PERIOD OF ACTIVE DUTY - FROM: TO:

RANK AT DISCHARGE TYPE OF DISCHARGE DATE OF FINAL DISCHARGE SERVICE NO.

DO YOUR YEARS OF MILITARY SERVICE QUALIFY YOU FOR A PENSION? YES NO
 DO YOU HAVE A COMPENSABLE SERVICE-RELATED DISABILITY? YES NO % OF DISABILITY

PREFERENCE REQUESTED VETERAN DISABLED VETERAN SPOUSE OF DISABLED
 SPOUSE OF DECEASED VETERAN

FOR SPOUSES OF DECEASED VETERANS

(NOTE: A PHOTOCOPY of marriage certificate and spouse's death certificate must be submitted to receive points.) You are eligible to receive points if you have remarried or were divorced from the veteran.

Date of Veteran's Death Have you remarried or divorced? YES NO

FOR SPOUSES OF DISABLED VETERANS

(NOTE: Letter from the VA as proof of disability must be submitted to receive points.)

Disabled Veteran's Present Occupation _____

AFFIDAVIT: I hereby claim veteran's preference for this examination and certify that all the information given is true, complete and correct to the best of my knowledge.

I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of La Crescent.

Signature _____ Date _____

FOR OFFICE USE ONLY: _____ **10 POINTS** _____ **15 POINTS**

APPLICANTS FOR FIRE FIGHTER / FIRST RESPONDER POSITIONS ARE REQUESTED TO COMPLETE THE FOLLOWING:

1. LIST VOLUNTEER FIRE FIGHTER / FIRST RESPONDER EXPERIENCE, INCLUDING DATES OF SERVICE:

2. CIRCLE APPROPRIATE LEVEL OF TRAINING IN FIRST AID:

BASIC CPR 1ST RESPONDER EMT EMT+

3. LIST SPECIAL CERTIFICATIONS PERTAINING TO FIRE FIGHTING / FIRST RESPONDER:

4. CIRCLE APPROPRIATE LEVEL OF TRAINING IN FIRE FIGHTING:

BASIC LEVEL I LEVEL II

SIGNATURE OF APPLICANT

DATE