

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION				DATE	
NAME			SOCIAL SECURITY NUMBER		
LAST	FIRST	MIDDLE			
PRESENT ADDRESS			STREET	CITY	STATE
PERMANENT ADDRESS			STREET	CITY	STATE
PHONE NUMBER			ARE YOU 18 YEARS OR OLDER? YES		NO
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES _____ NO _____					

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- HEIGHT _____ FEET _____ INCHES
- WEIGHT _____ lbs.
- WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____
- HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? ** YES _____ NO _____
DESCRIBE _____
- ARE YOU A U.S. CITIZEN? YES _____ NO _____
- DATE OF BIRTH* _____
- I understand and agree that I may be required to take one or more: physical examination; lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arise in connection with the use of such test(s).
Yes _____ No _____
- I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes _____ No _____

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

POSITION _____	DATE YOU CAN START _____	SALARY DESIRED _____
ARE YOU EMPLOYED NOW? _____	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____	
EVER APPLIED TO THE CITY OF WILLMAR BEFORE? _____	WHERE _____	WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# YRS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL
GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES: GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

PLEASE DESCRIBE: _____

IN CASE OF
EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE _____

SIGNATURE _____

NOTICE

COPIES OF THE AFFIRMATIVE ACTION PROGRAM FOR THE CITY OF WILLMAR ARE AVAILABLE FOR PUBLIC INSPECTION IN THE CITY CLERK'S OFFICE, 333 SOUTHWEST 6TH ST, WILLMAR, MINNESOTA.

1. Are you at least eighteen years of age? _____
2. Are you willing to give up Thursday nights plus a few weekends for the Fire Department?

3. Does your job or type of work take you out of town, if so how often? _____
4. How does your employer feel about you joining the Fire Department? _____
5. Do you live nearby to respond within 8 minutes to the Willmar Fire Department Station? The Willmar Fire Department is located at 515 SW 2nd Street, Willmar, Minnesota. _____
6. During your one year probationary period, you will be required to attend firefighter classes. The classes will be held on week nights other than Thursdays. Are you willing and able to give this extra time during your one year probationary period?

7. Do you have any previous fire fighting experience? _____
8. If yes, with what fire department or branch of service? _____
9. Are you afraid of heights? _____
10. Do you have problems with claustrophobia? _____
11. Do you have any medical or physical disabilities? _____
12. Do you currently have any of the following medical problems?
 Diabetes, insipidus or mellitus
 Epilepsy, grand mal or petit mal
 Alcoholism
 Punctured ear drum
 Skin Sensitivities
 Impaired or non-existent sense of smell
 Emphysema
 Chronic pulmonary obstructive disease
 Bronchial asthma
 X-ray evidence of pneumoconiosis
 Evidence of reduced pulmonary function
 Coronary artery disease or cerebral blood vessel disease
 Severe or progressive hypertension
 Anemia, pernicious
 Pneumomeiastinum gap
 Communication or sinus through upper jaw to oral cavity
 Experience breathing difficulty when wearing a respirator
 Experiences claustrophobia when wearing a respirator
 Any other condition that you feel could effect the healthful use of a respirator
 List below use of certain medication(s):

THE FOLLOWING IS AGREED TO BY THE APPLICANT'S EMPLOYER:

I DO HEREBY CERTIFY THAT THIS APPLICATION IS MADE WITH MY KNOWLEDGE AND CONSENT AND I UNDERSTAND THAT IF _____
(NAME OF APPLICANT)
IS ACCEPTED TO THE WILLMAR FIRE DEPARTMENT THAT HE/SHE WILL BE GIVING PART OF THEIR TIME TO PUBLIC SERVICE AND THAT HE/SHE WILL BE EXPECTED TO LEAVE WORK WHEN THE ALARM SOUNDS.

NAME OF COMPANY WHERE YOU ARE EMPLOYED: _____

ADDRESS OF EMPLOYER: _____

TELEPHONE NUMBER OF EMPLOYER: _____

NAME OF SUPERVISOR: _____

SIGNATURE OF SUPERVISOR _____ DATE _____

I DO HEREBY CERTIFY THAT I UNDERSTAND AND AGREE TO ALL THE REQUIREMENTS THAT ARE SET FORTH BY THE CITY OF WILLMAR, MINNESOTA, AND THE WILLMAR FIRE DEPARTMENT IN ORDER TO BE ACCEPTED AS A MEMBER OF THE WILLMAR FIRE DEPARTMENT.

SIGNATURE OF APPLICANT: _____ DATE _____

GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINN. STAT. 13.05 SUBD. 4
MINNESOTA DATA PRACTICES ACT

To: _____

I, _____, hereby authorize and grant my informed consent to permit you, _____, to release to and make available to _____ fire department 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 Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associates with you and or your agents and 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 dealings with you or your agency. I understand that the purpose of permitting _____ fire department to have access to this information is to determine my suitability for employment with that department. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by the consultants to the department, who may review my suitability for employment.

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 department or to you of the fact.

Signature of Applicant _____ Date _____

I hereby declare that my driver's license number is _____, Class _____, and I hereby authorize the City of Willmar to check my driving record periodically if necessary to assure compliance with the City vehicle operation policy and/or auto insurance carrier regulations.

Applicant's Signature _____ Date _____

CITY OF WILLMAR

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Willmar is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home phone number, 4. Social Security number, 5. Date of birth, 6. Conviction record, 7. Sex, 8. Age group, 9. Disability type, 10. Racial/ethnic group.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interviews; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Willmar and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

Date: _____

Signature of Applicant

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**IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH THE
CITY OF WILLMAR**

IN ACCORDANCE WITH THE MINNESOTA GOVERNMENT DATA PRACTICES ACT, THE CITY OF WILLMAR IS REQUIRED TO INFORM YOU OF YOUR RIGHTS AS THEY PERTAIN TO THE PRIVATE INFORMATION COLLECTED FROM YOU. PRIVATE DATA IS THAT INFORMATION WHICH IS AVAILABLE TO YOU, BUT NOT TO THE PUBLIC. THE PERSONAL INFORMATION WE COLLECT ABOUT YOU IS PRIVATE.

MINNESOTA STATUTES 13.01 TO 13.87 ON GOVERNMENT DATA PRACTICES REQUIRE THAT YOU BE INFORMED THAT THE FOLLOWING INFORMATION WHICH YOU ARE ASKED TO PROVIDE ON THE APPLICATION FOR EMPLOYMENT IS CONSIDERED PRIVATE DATA:

1. Name
2. Home address
3. Home phone number
4. Age group
5. Disability type
6. Racial/ethnic group

*Names become public when certified as a "finalist"-see below.

WE ASK THIS INFORMATION FOR THE FOLLOWING REASONS:

1. To distinguish you from all other applicants and identify you in our personnel files.
2. To enable us to verify that you are the individual who makes the application.
3. To enable us to contact you when additional information is required, when we send you notices and/or when we schedule you for interviews.
4. To determine if you meet the minimum age requirements (if any).
5. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position you applied for.
6. To enable us to ensure your rights to equal opportunities and to meet affirmative action goals.
7. To meet federal and state reporting requirements
8. To make processing more efficient.

Data supplied by you may be used for such purposes as may be determined to be necessary in the administration of personnel in the City of Willmar and in the administration of personnel policies, rules and regulations.

FURNISHING SOCIAL SECURITY NUMBER, DATE OF BIRTH, SEX, AND AGE IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City Offices who have a justified need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Names of applicants remain private except when certified as eligible for appointment to a vacancy or when applicants are considered by the City to be finalists for a position with the City. "Finalist" means a person who is selected to be given an interview with the City Administrator, or his/her designee, as a final step prior to selection.

By my signature below, I certify that I have read (or had read to me) the information printed above and understand its meaning.

I further certify that the facts set forth in the above Application for Employment are true and correct.

I understand that, if employed, false statements on the application shall be considered sufficient cause for dismissal.

Unless otherwise indicated above, the City of Willmar is hereby authorized to contact my former employers for information concerning my employment, ability, experience and behavior on the job.

I understand that nothing in this application for employment is intended to lead to or create an employment contract between the City of Willmar and myself.

DATE _____ APPLICANT'S SIGNATURE _____

VETERAN'S PREFERENCE

The following summarizes the major points of M.S. 43A.11 as amended, which now governs the granting of veteran's preference at both the state and local levels. This chapter may be ordered from the Documents Section, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.

A. General Requirements: Applicants must meet all of the following to qualify for any preference points:

- 1) Meets qualifications of position and/or received final passing score in the exam process without addition of preference points.
2) Separated under honorable conditions from any branch of the armed forces of the United States.
3) Served on active duty for 181 consecutive days or more or was separated by reason of disability incurred while serving on active duty.
4) Is a United States citizen.
5) Is not eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.

B. Points Granted:

- 1) Five (5) points granted to a non-disabled veteran who meets all of the General Requirements.
2) Five (5) points granted to spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.
3) Ten (10) points granted to a disabled veteran who meets all of the General Requirements if:
a) the veteran has a compensable service-connected disability as judged by the United States Veterans Administration or by the Retirement Board of the Branches of the Armed Forces.
b) the disability exists at the time preference is claimed.
4) 10 points granted to the spouse of a disabled veteran who meets all of the General Requirements and the requirements listed in 3 above, but who is unable to qualify because of the disability.

VETERAN'S PREFERENCE DECLARATION

DIRECTIONS: Complete either item number 1 or item number 2 below; sign, and insert this form into the completed application form.

1. I am eligible to receive preference points. I certify that I am eligible to receive the preference so declared based on my understanding of the provisions of Minnesota Statutes 43A. 11. I further certify that I served in the following branch of the armed forces of the United States: on active duty for 181 or more consecutive days from:

Month Day Year to Month Day Year

and was separated under: honorable conditions
disability incurred while serving on active duty.
(Please include a copy of your DD #214)

I am not eligible for or currently receiving a monthly veteran's pension benefit based exclusively on length of military service.

If I have declared ten (10) preference points, I hereby certify that I am a disabled veteran with a compensable service connected disability as judged by the U.S. Veteran's Administration or by the retirement boards of the branches of the armed forces, that the disability exists at this time, and that the disability would not, to the best of my knowledge, prevent me from completely performing essential functions of the position I have applied for

DATE:
NAME:
SIGNATURE:

2. I do not claim veteran's preference points.

DATE:
NAME:
SIGNATURE: