APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

DATE _____

SOCIAL SECURITY NUMBER _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ ARE YOU 18YEARS 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.

☐ ARE YOU A U.S. CITIZEN? YES____ NO_____

☐ DATE OF BIRTH*_____

☐ WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?_____

☐ HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?** YES____ NO____

DESCRIBE_____

☐ 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 ATTEN-DED	*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 EMLPOYERS, 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 PHSYICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES ☐ NO ☐

IF YES, WHAT CAN BE DONE TO ACCOMCOMODATE 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 15 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 firefighting 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 sinuous 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 affect the healthful use of a respirator

List below use of certain medication(s): _____
_____

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

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 _____

BACKGROUND INVESTIGATION

As an applicant for employment with the City of Willmar, you are being asked to provide information about yourself which will be used to evaluate your suitability for this type of employment.

The purpose of this background investigation is to review information concerning criminal and non-criminal history which reflects upon the character of you as an individual. The Police Department will be involved in this screening process. This process will include, but not be limited to, all incidents of police contact in the areas of domestic abuse, child abuse, sexual misconduct, fraud, theft, abuse of controlled substances, alcohol abuse, driving record and/or other incidents or information (conviction data, incident data, neighborhood data) which may be relevant during the hiring process for City of Willmar positions.

The purpose and intended use of this data is to conduct the background inquiries under applicable City of Willmar policies before offering employment to a perspective applicant. The specific use for each category of data is described below:

1. To conduct a criminal history and background check name(s) by which an applicant is known must be listed.
2. In order to access driver's license data, date of birth must be supplied.
3. In order to access criminal history data, date of birth and gender must be supplied.
4. A criminal history, background check and driver's license check are required minimum selection standards under the applicable City policy in order to determine whether there are any job-related factors which affect the applicant's suitability for employment.

This data will be used solely for the above mentioned purposes. The data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background investigation. This data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law.

You are not legally required to provide the requested information. However, if you do not, the City of Willmar will be unable to conduct the required background inquiries and will not be able to process your application and the City of Willmar will not be able to consider you for employment.

YOUR FULL NAME:_____
First Middle Last

OTHER NAMES YOU HAVE BEEN KNOWN TO USE:_____

YOUR CURRENT ADDRESS:_____

_____
City State Zip Code

OTHER STATES IN WHICH YOU HAVE RESIDED:_____

YOUR BIRTH DATE:_____
Month Day Year

I hereby authorize the City of Willmar to use this information to determine my suitability for employment.

Signature_____ Date_____

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:

_____ to _____

Month Day Year 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:_____