

Your eligibility for this position will be determined by the information you provide

CITY OF ANNANDALE FIRE DEPARTMENT

Your eligibility for this position will be determined by the information you provide. Complete all sections of the application. APPLICATION FORM MAY BE REJECTED IF INCOMPLETE.

FIREFIGHTER APPLICATION

Annandale Fire Department
340 Poplar Avenue
Annandale, MN 55302
Phone: (320) 274-3055
Fax: (320) 274-5728

Personal Information	
Full Name:	Date:
Social Security Number:	Driver's License Number:
Home Address:	
City, State, Zip:	
Home Phone:	Business Phone:
Date of Birth:	

Education			
Name and Location of School	No. of Years	Certificate or Degree	Major Emphasis Area
High School:			
VoTech/Trade School:			
College/University:			
Master's/Doctorate:			

Why are you interested in being a firefighter? _____

Experience (List most recent employment first)			
1. Current Employer:	Position Title:	From: _____ to: _____	Supervisor:
Address:			Phone:
City, State, Zip:			Hours per week:
Does your current employment keep you in Annandale during working hours?:			
Describe Duties:			
2. Prior Employer:	Position Title:	From: _____ to: _____	Supervisor:
Address:			Phone:
City, State, Zip:			Hours per week:
Reason for Leaving:			
Describe Duties:			
3. Prior Employer:	Position Title:	From: _____ to: _____	Supervisor:
Address:			Phone:
City, State, Zip:			Hours per week:
Reason for Leaving:			
Describe Duties:			

May We Contact Your Current Employer? ____ Yes ____ No

Please list other volunteer experience or relevant information here: _____

Applicant's Statement: I certify that all statements made on this application are true, complete and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, after employed, may result in dismissal. My signature AUTHORIZES the City of Annandale to secure my driving record, transcripts from education institutions, and information needed to complete a criminal background check. It also AUTHORIZES collection of any employment-related information deemed necessary from former employers and personal references. I understand that this application is not and is not intended to be a contract of employment.

Signature of Applicant

Date



BACKGROUND INVESTIGATION CONSENT

Title/Position applied for: _____

I, _____ (applicant name), hereby authorize the City of Annandale and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, driving or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, if applicable, during the tenure of my volunteering or employment.

I release the City of Annandale and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

FULL NAME (PRINT) _____

MAIDEN NAME OR OTHER NAMES USED _____

PRESENT STREET ADDRESS _____

CITY, STATE, ZIP _____

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____

FORMER STREET ADDRESS _____

CITY, STATE, ZIP _____

HOW LONG DID YOU LIVE AT THIS FORMER ADDRESS? _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ STATE OF LICENSE _____

SIGNATURE

DATE