

EDUCATION

TYPE OF SCHOOL	NAME/LOCATION OF SCHOOL	NO. OF YEARS	GRADUATE
Elementary			
High School			
College/University			
Technical			
Other			

List any correspondence courses, special courses, seminars, workshops, training and skills acquired that might relate to this position.

List any current licenses, registrations, or certificates that you possess. Include drivers license number, class and state of issue.

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes _____ No _____

If Yes, which branch? _____ Rank at Separation _____

Briefly describe your duties _____

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

Name and Address of Employer:	Position	From	To
Reason for leaving:			

Name and Address of Employer:	Position	From	To
Reason for leaving:			

Name and Address of Employer:	Position	From	To
Reason for leaving:			

PERSONAL/PROFESSIONAL REFERENCES

Name three persons, not related to you, whom you have known at least one year.

Name	Phone Number	Best Time to Call	Occupation
-------------	---------------------	--------------------------	-------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GENERAL

Are you willing to give up Monday nights and some weekends to participate in additional Fire Department functions?

Yes _____ No _____

Does your job or type of work take you out of town? If so what percent of the time?

10% _____ 25% _____ 50% _____ 75% _____ N/A _____

In reference to your response time from home, would you say it would be:

Less than 5 minutes _____ 5 to 8 minutes _____ Over 8 minutes _____

Have you discussed with your employer about joining the Litchfield Fire Department?

Yes _____ No _____

If yes, what was your employer's response?

Have you discussed with your family about joining the Litchfield Fire Department?

Yes _____ No _____

If yes, what was your family's response?

During your one year probationary period, you will be required to attend Firefighter classes. These classes will be held on week nights, other than Mondays. Are you willing and able to give this extra time to attend these courses?

Yes _____ No _____

If no, please explain why:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that incomplete or inaccurate 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 employer.

This employer has the right to verify information provided in this application. False information may subject an applicant to rejection for employment and the penalty provisions of applicable Minnesota Statutes.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Received _____

Arrange Interview _____ Yes _____ No

Remarks _____

Employed _____ Yes _____ No
Interviewer _____ Date _____

Date of Employment: _____

By _____
Name and Title _____ Date _____