

# **NORTHFIELD AREA FIRE AND RESCUE SERVICE**

## **APPLICATION FOR EMPLOYMENT**

This is an Equal Opportunity Employment employer. It is the policy of this government entity to provide equality in employment to all persons. This policy expressly prohibits discrimination because of race, creed, color, religion, national origin, sex, sexual orientation, marital status, familial status, status with regard to public assistance, disability, membership or activity in a local human rights commission, age, or any other basis protected by law, except where there is a bona fide occupational qualification. This policy applies to all phases of employment including, but not limited to: recruitment, hiring, placement, promotion, demotion, transfer, layoff, recall, discharge, rates of pay or other forms of compensation, and selection for training. This policy also applies to the use of all facilities and participation in all sponsored employee activities.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

Accommodations are available for qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact Human Resources at 507-524-4282.

Please complete all sections of this application. Should you have questions, please contact us at 507-524-4282.

Return this application to the company location where you obtained it, or mail, fax, or email:

**AEM Workforce Solutions**  
100 Warren Street, Suite 600  
Mankato, MN 56002-3166  
Attn: Human Resources  
Fax: 507-388-9139



## CONSUMER REPORT DISCLOSURE AND AUTHORIZATION FORM

### DISCLOSURE

In connection with your application for employment or in connection with your status as an employee of \_\_\_\_\_, we may seek to obtain a background investigation from a consumer reporting agency. The report will contain information bearing on any criminal history you may have. You have the right to request the report prepared about you. Please sign below to provide us your authorization to procure such a report.

### AUTHORIZATION

I authorize AEM Workforce Solutions to obtain a consumer report about me in connection with my application for employment and/or employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Check this box if you would like to receive a copy of the consumer report.

**APPLICANT INFORMATION**

Name of position applying for:	Date:
Type of work/shift desired:	

Last Name	First Name	Middle Initial	Home Number:
Street Address	City/State	Zip Code	Cell Number:
Email Address:			County of Residence:
If under 18, please list age:	Wage desired:	Employment desired: <input type="checkbox"/> Full-time only <input type="checkbox"/> Full or part-time <input type="checkbox"/> Part-time only <input type="checkbox"/> Temporary work	

If hired, on what date can you start working?	What days and hours are you available to work?
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How did you learn about the position?

Have you ever applied to or worked for the Company before?

<p>If selected for employment, would you be able to present evidence of your US citizenship or proof of your legal right to work in the US?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If selected for employment, would you have transportation to/from work?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If selected for employment, will you submit to and pass a controlled substance test?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization. Where appropriate and permitted, or required by state or federal law, a criminal background check and/or drug test may be required prior to employment. If applicable to the Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law. Employee hires under age 18 are subject to verification of minimum legal age.</p>
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**EDUCATION**

Name of School	Location	Yrs Completed	Graduate?	Degree/Major

Summarize and/or list any job-related skills, accomplishments or additional information necessary, including military service that describes your full qualifications for the specific position for which you are applying.

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If position involves driving, please indicate whether you have any of the following licenses.

Class A No.		Class C No.	
Class B No.		Class D No.	
State:		Expiration Date:	



## REFERENCES

Name and Occupation	How do you know them, and for how long?	Phone Number

## Your Rights as a Subject of Data

Minnesota Statutes, section 13.04 requires that you be informed of the following about private data requested on this application. The data obtained may be disclosed to elected and appointed officials and employees of the government entity whose work assignments reasonably require access during the hiring process; enforcement agencies with legal authority; and persons/entities authorized by law or court order.

Private Data	Purpose and intended use	Known consequence arising from supplying or refusing to supply
<b>Name</b>	To identify you in relation to other applicants. If you become a finalist for a position, then your name becomes public data.	You are legally required to provide this data.
<b>If this data is not provided, the government entity will reject your application.</b>	To certify applicants for certain types of work	You are legally required to provide this data. If this data is not provided, the government entity will reject your application.
<b>Age 18 or older</b>	To certify applicants for certain types of work	You are legally required to provide this data. If this data is not provided, the government entity will reject your application.
<b>Residence Information</b>	To be able to notify you of your application's status	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the government entity may not be able to contact you.
<b>Telephone numbers</b>	To contact you regarding availability for interviews, to notify you of vacancies, to request clarification on your application	You are not legally required to provide this data. If this data is not provided, the government entity may not be able to contact you.
<b>Military</b>	To assist the government entity in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
<b>Professional or Technical Licenses, Certificates, Memberships, or Other Credentials</b>	To allow you to identify additional information that may assist the government entity in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
<b>Job-related volunteer and unpaid work experience</b>	To allow you to identify additional information that may assist the government entity in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
<b>Additional Experience</b>	To allow you to identify additional information that may assist the government entity in evaluating your qualifications for employment	You are not legally required to provide this data nor are there any known consequences from your failure to provide this information.
<b>Eligibility to Work</b>	To certify that applicants are eligible to work.	You are not legally required to provide this data, but you will be required to provide this data if you are hired. If this data is not provided, the government entity may reject your application.
<b>References</b>	To assist the government entity in evaluating your qualifications for employment	You are not legally required to provide this data. If this data is not provided, the government entity will reject your application.

## Conviction Information

**364.021 PUBLIC AND PRIVATE EMPLOYMENT; CONSIDERATION OF CRIMINAL RECORDS.** (a) A public or private employer may not inquire into or consider or require disclosure of the criminal record or criminal history of an applicant for public employment until the applicant has been selected for an interview by the employer or, if there is not an interview, before a conditional offer of employment is made to the applicant.

## 181.951 Authorized Drug and Alcohol Testing.

### Subdivision 1. Limitations on testing.

(a) An employer may not request or require an employee or job applicant to undergo drug and alcohol testing except as authorized in this section.  
 (b) An employer may not request or require an employee or job applicant to undergo drug or alcohol testing unless the testing is done pursuant to a written drug and alcohol testing policy that contains the minimum information required in stat. 181.952; and, is conducted by a testing laboratory which participates in one of the programs listed in stat. 181.953.1, subdivision 1. (c) An employer may not request or require an employee or job applicant to undergo drug and alcohol testing on an arbitrary and capricious basis.

### Subdivision 2. Job applicant testing.

An employer may request or require a job applicant to undergo drug and alcohol testing provided a job offer has been made to the applicant and the same test is requested or required of all job applicants conditionally offered employment for that position. If the job offer is withdrawn, as provided in stat. 181.953.11, subdivision 11, the employer shall inform the job applicant of the reason for its action. The government entity has adopted a Drug and Alcohol Testing policy. The government entity's Drug and Alcohol Testing Policy is available upon request.

**IMPORTANT - READ BEFORE SIGNING**

I understand that nothing contained in this application or in the granting of an interview, and no government entity policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between the government entity and me for employment or for providing any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the government entity unless made in writing and signed and authorized by officials or employees of the government entity with authority to bind the government entity. If an employment relationship is established, I understand that, unless otherwise provided in some other binding document, it is "at-will," which means that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that the government entity retains the same rights.

I also understand that if I am hired, I will be required to present documents to the government entity establishing my identity and authorization to work in the United States

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. I agree and understand that any misrepresentations, false statements, or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration for employment or result in immediate termination from employment if discovered at a later date.

**AUTHORIZATION AND RELEASE**

With my signature below, I am providing authorization to verify all information I provided within this application packet, including contacting current or previous employers.

As one part of the selection process for employment with the government entity, the government entity will be conducting reference checks. I hereby authorize the government entity to conduct telephone and/or person interviews with individuals familiar with my professional skills and performance. I understand the government entity will be contacting both individuals suggested by me and others who I may not have mentioned.

I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the government entity in writing of any changes to information reported in this application for employment.

DATE AND SIGN BELOW (please do not print):

**Sign :** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Equal Employment Opportunity Information

PLEASE TYPE OR PRINT CLEARLY

SOCIAL SECURITY NUMBER \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST \_\_\_\_\_

MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

JOB TITLE APPLYING FOR \_\_\_\_\_

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. This government entity appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

PLEASE CHECK THE APPROPRIATE BOXES: Gender:  Male  Female

WITH WHICH RACIAL/ETHNIC GROUP DO YOU IDENTIFY? If the group appropriate for you is not listed, please indicate the one that comes the closest.

Asian or Pacific Islander

African American (Black)

Hispanic

Native American or Alaskan Native

Caucasian (White)

Other (please indicate) \_\_\_\_\_

American Indian, defined as: "A person of one quarter or more Indian blood." (Minn. Stat. 254.02, subd. 11) The Minnesota Indian Affairs Council suggests that at hire, the employer require persons claiming Indian heritage to provide an enrollment number and tribal affiliation.

A PERSON CAN SHOW THAT HE OR SHE HAS A DISABILITY IN ONE of three ways:

- 1) A person may be disabled if he or she has a physical or mental condition that substantially limits a major life activity (such as walking, talking, seeing, hearing, or learning).
- 2) A person may be disabled if he or she has a history of a disability (such as cancer that is in remission).
- 3) A person may be disabled if he is believed to have a physical or mental impairment that is transitory (lasting or expected to last six months or less) and minor (even if he does not have such an impairment).

Based on the above information, do you claim Disability status?  Yes  No

Do you need special testing accommodations such as a reader or sign language interpreter?  Yes  No

## Your rights as a Subject of Data

Minnesota Statutes 13.01 through 13.87 (1983) on data practices require that you be informed that the following information which you are asked to provide in the employment application process is considered private data: name, home address, home phone number, social security number, gender, racial/ethnic group, disability status and test accommodation information.

This means it is available only to you, state agencies, and officials who have a need for it.

We ask for this data to distinguish you from other applications, to allow us to contact you, to enable us to ensure your rights to equal opportunity, to meet affirmative action goals and to meet federal reporting requirements.

Furnishing social security number, gender, racial/ethnic data, disability status, test accommodation and Veterans preference information is voluntary. Refusal to supply other requested information may mean that your application will not be considered.

If you are interviewed, your name and score are considered public data and may be provided to anyone. All other information you supply on this application, except that described as private above, is public and may be provided to anyone requesting it.

# VETERAN'S PREFERENCE

Complete this form only if you are claiming veteran's preference

NOTE: COPY OF VETERAN'S DD214 MUST BE ATTACHED

(Veteran is defined by MN Statute 197.447)

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on this form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veteran's Service Office at (507) 332-6117.

This government entity operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference for a competitive exam, you must have earned a passing score and been separated under honorable conditions from any branch of the armed forces of the United States after having service on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for federal active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a promotional exam, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing employment.

NAME (LAST) (FIRST) (M)	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
ADDRESS (STREET) (CITY) (STATE) (ZIP)	PHONE NUMBER	ARE YOU A CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

## VETERAN (10 points):

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran  YES  NO

## DISABLED VETERAN (15 points):

(DD214 and USDVA letter or disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: \_\_\_\_\_%  
Have you ever been promoted in this organization?  YES  NO

## SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):

(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: \_\_\_\_\_ Have you remarried?  YES  NO

## SPOUSE OF DISABLED VETERAN (15 points):

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does Veteran's disability prevent performance of a stated job "requirement." Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

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**AFFIDAVIT:** I hereby claim Veteran's Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veteran's preference verification documents and submit them to this government entity by the required application deadline date.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_