

WEST METRO FIRE-RESCUE DISTRICT

Neighbors Serving Neighbors

4251 Xylon Avenue N. New Hope, MN 55428-4881

763.230.7007 PHONE

JNELSON@WESTMETROFIRE.COM

WWW.WMFRD.ORG

Application for Employment

West Metro Fire-Rescue District is committed to a policy of equal opportunity in employment without regard to race, color, creed, religion, national origin, marital status, disability, status with regard to public assistance, sexual orientation, gender, age, or disability and any other category protected by law. Firefighter candidates must successfully pass a firefighter physical abilities testing process and have a positive result to a driver's license record search.

All personnel given conditional employment offers are subject to positive results of a psychological exam, physical, drug testing and thorough criminal background checks. All employees will provide fingerprints.

Please read the Data Practices Tennessee Advisory supplied with this application package. Data provided on your application will be reviewed by various personnel within West Metro Fire-Rescue District and agencies we contract with for assessment services. Failure to provide the data required may result in rejection of your application.

Persons with disabilities who wish to apply for employment with the West Metro Fire-Rescue District and need reasonable accommodation in the application process may contact our Assistant Chief at 763.230.7007.

The West Metro Fire-Rescue District has the right to verify all information provided in this application and to request information concerning my application, and I release all parties from any and all liabilities and claims for damages whatsoever that may result there from. However, I understand that if I answer "No" to the question "May we contact your present employer?" in the Employment Record section, contact with my current employer will not be made without my specific authorization.

Personal Information

Name: Last	First	Middle	Social Security Number (optional)	
Present Address: Street		City	State	Zip Code
Permanent Address (if different from above):		Email Address (required):		
Phone Numbers: Mobile		Home		

Work Preference

Type of work or position for which you are applying: Paid, on-Call Firefighter

(the Paid, on-Call Firefighter positions at West Metro Fire are part-time, paid positions that include a pension (when vested) but no other benefits)

Have you ever worked for West Metro Fire-Rescue District? Yes No

If yes, when? What position?

Are you at least 18 years of age? Yes No If no, will you be 18 years of age by November 28, 2018? Yes No

West Metro Fire-Rescue District Use Only

Date Received	Action	Notification

College/ University								
Graduate								
Vocational								
Other								

Summarize course work and training related to the position for which you are applying:

What trade/professional licenses or certificates do you hold?

Employment History (list most recent employer first) This packet includes a form titled Consent for Release of information for Background Checks. One release must be supplied for each employer listed in this application.

Are you presently employed? Yes No **May we contact your present employer?** Yes No

Employer		Address		Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Name	Title	Telephone Number	
Job Title	Dates Employed: From To (Month/Year)	Base Salary/Wage: Start Current or End		

Nature of Duties:

What are your typical work hours at your current job?

Employer		Address		Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Name	Title	Telephone Number	
Job Title	Dates Employed: From To (Month/Year)	Base Salary/Wage: Start Current or End		

Nature of Duties:

Reason for leaving or seeking change of position:

Employer		Address		Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Name	Title	Telephone Number	
Job Title	Dates Employed: From To (Month/Year)	Base Salary/Wage: Start Current or End		

Nature of Duties:

Reason for leaving or seeking change of position:



DATA PRACTICE RELEASE FORM

General Authorization and Release
Pursuant to Minn. Stat. Sec. 13.05, subd. 4
Minnesota Data Practices Act

TO: West Metro Fire-Rescue District, the City of New Hope or Crystal Police Department and Minnesota Bureau of Criminal Apprehension.

I, (Please Print Full Name) _____

hereby authorize and grant my informed consent to permit you, to release to, and make available to West Metro Fire-Rescue District, the City of New Hope or Crystal, MN 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 Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations 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 West Metro Fire-Rescue District to have access to this information is to determine my suitability for employment. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment, including verification of my records and analysis by consultants to the West Metro Fire-Rescue District who may review my suitability for employment.

By signing this authorization, I hereby release West Metro Fire-Rescue District, the City of New Hope and the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of accuracy. I also release the West Metro Fire-Rescue District and the City of New Hope from any and all liability for its receipt and use of data received pursuant to this consent.

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 City of New Hope, MN or to you, of that fact.

Please Print Applicant's **FULL** Name (First, Middle, Last) Date of Birth Sex Race

Applicant's Signature: _____ Date: _____

Parent Signature: _____ (If under 18)

BCA Record Check Run by: _____ Date: _____

Police Clerk Signature

Supervisor Approval: OK Requires further review

Police Supervisor

Date

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763.230.7029 Fax

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Veteran's Preference

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' 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 the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651) 430-6895.

WMFRD 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 served 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 WMFRD employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Must be completed by all applicants and submitted with your completed application form

Name (Last)	(First)	(M)	Social Security Number	Position for Which You Applied Paid, On-Call Firefighter Closing Date: 22 August 2018
Address (Street)	(City)	(State)	(Zip)	Phone Number
				Are you a US 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 of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____ %

Have you ever been promoted while in WMFRD employment? 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): _____

AFFIDAVIT: I hereby claim Veterans' 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 Veterans' preference verification documents and submit them to Washington County by the required application deadline date.

Signature: _____ **Date:** _____