

**BIG LAKE FIRE DEPARTMENT**

20243 County Road 43  
Big Lake, MN 55309

Human Resources and City Offices  
160 Lake Street North  
Big Lake MN 55309

Phone: 763-263-2107

Fax: 763-263-0133

**OFFICE USE ONLY**

Received: \_\_\_\_\_

Interviewed: \_\_\_\_\_

Response: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

We welcome your application for employment. Please furnish us with complete information to assist us in giving your application full consideration. Additional information which further qualifies you for the position may be attached to this application.

The Big Lake Fire Department’s policy is to provide equal employment opportunities to all. The Big Lake Fire Department does not discriminate in employment on the basis of race, color, creed, religion, national origin, gender, marital status, status with regard to public assistance or disability in the admission or access to, or treatment of employment in its programs or activities.

\_\_\_\_\_  
**LAST NAME** **FIRST NAME** **MIDDLE NAME**

\_\_\_\_\_  
**PRESENT ADDRESS**

\_\_\_\_\_  
**DAY PHONE** **EVENING PHONE**

**SOCIAL SECURITY NUMBER – LAST 4 DIGITS-** \_\_\_\_\_

**NOTE:** Your Social Security number is used to distinguish you from other applications, verify education, and make processing more efficient. Providing this information is voluntary (you are not legally required to do so) and will be maintained as private data.

**POSITION FOR WHICH YOU ARE APPLYING** **SALARY DESIRED**

\_\_\_\_\_

Are you able, eligible with or without reasonable accommodations, to perform the essential functions of the job for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally permitted to accept permanent employment in the United States: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Proof will be required upon employment.)

# EDUCATION

Did you graduate from high school or receive a GED? \_\_\_\_\_ Yes \_\_\_\_\_ No

School Attended: \_\_\_\_\_

<u>Name &amp; Location of College, University, Technical Schools</u>	<u>Did You Receive Degree or Certificate?</u>	<u>Name of Degree or Certificate Received</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# VOLUNTEER EXPERIENCE AND ACTIVITIES

(Exclude organizations, the name or character of which indicates race, color, creed, religion, national origin, gender, marital status, political affiliation, age, or personal disability.)

<u>Volunteer Activity</u>	<u>Major Responsibilities</u>	<u>Years From / To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# MILITARY SERVICE

(Complete this section if you served in the U.S. Armed Forces.)

Describe your duties and any special training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Status of Final Discharge: \_\_\_\_\_



**2<sup>nd</sup> Previous Employer**

**Address**

**Phone Number**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
month/year month/year

Base Salary or Wage: \_\_\_\_\_  
start current or end

Job Title: \_\_\_\_\_

Nature of Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking change in position:

\_\_\_\_\_

\_\_\_\_\_

**3<sup>rd</sup> Previous Employer**

**Address**

**Phone Number**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
month/year month/year

Base Salary or Wage: \_\_\_\_\_  
start current or end

Job Title: \_\_\_\_\_

Nature of Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving or seeking change in position:

\_\_\_\_\_

\_\_\_\_\_

# GENERAL INFORMATION

What office machines do you operate proficiently? \_\_\_\_\_

Word Processing Speed: \_\_\_\_\_ WPM

Shorthand Speed: \_\_\_\_\_ WPM

In what computer software programs are you proficient? \_\_\_\_\_  
\_\_\_\_\_

What trade or professional licenses or certificates do you currently possess?

Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Do you have a valid Minnesota Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No Number: \_\_\_\_\_

Do you have a value Commercial Driver's License?  
(B endorsement) \_\_\_\_\_ Yes \_\_\_\_\_ No Number: \_\_\_\_\_

## PROFESSIONAL REFERENCES

List three (3) people who know you well, preferably from a work environment, who can be contacted at this time.

Do not refer a relative.

	<u>Name</u>	<u>Business / Employer</u>	<u>Contact Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The City of Big Lake has adopted a drug and alcohol policy. As a job applicant for any City Public Works or Public Safety positions, you are subject to testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive test result, a confirmatory test verifying that result must be performed.

You have the right to explain a confirmatory test's positive result within three (3) working days after receiving notice. You have the right to request and pay for a confirmatory retest of the original sample within five (5) working days after receiving notice. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action based on the confirmatory test may be taken against you. A job applicant who receives a positive test result, fails or refuses a confirmatory test, does not request in writing a confirmatory retest within five (5) working days after notice, may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal within the City of Big Lake.

The full Drug and Alcohol personnel policy is available for review in the Administration office at the City Hall, 160 Lake Street North, during regular business hours. A job applicant receiving a conditional offer of employment will be given a full policy at least one (1) day prior to testing.

**\*\*\* IMPORTANT: READ BEFORE SIGNING \*\*\***

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I authorize investigation of all statements and matters contained in this application which the City of Big Lake may deem relevant to my employment and I authorize all my previous employers or other persons having information concerning me or my record to report such information to the City of Big Lake. I release each person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosure.

I understand that nothing contained in this employment application or in the granting of an interview, and no City policies, procedures, or manuals that I might receive, are intended to create an employment contract between the City and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guaranty is binding upon the City unless made in writing. If an employment relationship is established, I understand 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 City retains a similar right.

I agree to submit to a physical examination at the City of Big Lake's expense by a doctor designated by the City of Big Lake prior to final acceptance of employment, if requested and at subsequent intervals as the employer may direct, it being understood that such medical examinations are to determine my physical fitness for employment or continued employment in the event I am employed.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# BIG LAKE FIRE DEPARTMENT / CITY OF BIG LAKE VETERAN'S PREFERENCE APPLICATION

Are you a veteran, a disabled veteran, or a spouse of a deceased or disabled veteran:

No      If "No", sign and date at the bottom of the form.

Yes      If "Yes", complete the remainder of the application.

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## Veteran's Preference Points Application Instructions:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

1. Be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who, because of the disability, is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it. If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

**YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.**

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## Veteran's Preference Points Application Information:

Are you applying for veteran's preference points?

No      If "No", sign and date at the bottom of the form.

Yes      If "Yes", complete the remainder of this form and attach your DD214 or other documentation, which must be received no later than seven (7) calendar days after the application for the position.

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Veteran:       Self       Spouse      If spouse, veteran's name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_      Period of Active Duty:      To: \_\_\_\_\_      From: \_\_\_\_\_

Rank of Discharge: \_\_\_\_\_      Type of Discharge: \_\_\_\_\_      Date of Final Discharge: \_\_\_\_\_      Service No.: \_\_\_\_\_

Are you receiving or eligible for military pension?       Yes       No

Do you have a commendable service-related disability?       Yes       No

Preference Requested:       Veteran       Disabled Veteran  
    Spouse of Disabled Veteran       Spouse of Deceased Veteran

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Your Veteran's Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation:       Is attached       Will be submitted within seven (7) days of application deadline.

Signature of Applicant \_\_\_\_\_      Date \_\_\_\_\_

## TENNESSEN WARNING

In accordance with the [Minnesota Government Data Practices Act](#), we are required to inform you of your rights as they pertain to the private information we collect from you. The information we collect from you is classified by law as either public (any one can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information). As a public employee or an applicant for public employment, most of the data we maintain about you is public according to Minnesota Statutes, section 13.43, subdivisions 2 and 3.

The information we request from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel files;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you for pension plans;
- To account for wages paid;
- To justify travel expense reimbursement;
- To account for other employer paid fringe benefits;
- To compile Equal Opportunity and Affirmative Action reports.

Information, which you are asked to provide generally, is not required by statute. However, it generally is to your benefit to provide it. Without the requested information, this agency may not be able to determine your eligibility for employment or promotion, compute your wages, or grant you other fringe benefits.

Federal law permits government agencies to require an individual to provide his/her social security number for the administration of any tax. Please be aware when you are asked to give your social security number on Revenue forms, this collection is mandated by section 1211 of the Tax Reform Act of 1976 and also Minnesota Statutes, section 270.66. This information will be shared with the State Department of Revenue, the Internal Revenue Services, and security tax programs. In most other cases, the disclosure of your social security number is voluntary. If law requires it, we will inform you of the statute, which require collection.

The information you provide may be shared with this department's payroll and personnel staff and the City of Big Lake Human Resources Department staff who require the information to do their jobs, supervisory staff, City of Big Lake Accounting/Payroll Staff, City of Big Lake Attorney's Office, insurance contractors, PERA, IRS, and the State Departments of Revenue, Finance, Economic Security, Employee Relations, and Labor and Industry.

Information may also be shared with other agencies authorized by law to receive specific data relating to:

1. Absent/non-supportive parents;
2. Civil/human rights complaints;
3. Worker's Compensation;
4. Unemployment Compensation;
5. Labor contracts (to the extent specified in Minnesota Statutes, chapter 179);
6. Employee assistance programs;
7. Child/vulnerable adult abuse.

If you have any questions about this notice, the City Administrator will explain it to you. The information on this form applies to your future contacts with this agency whether the contact is in person, by mail, or by phone.

Applicant: I have read and understand the above Tennesen Warning.

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Signature

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Print Name

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Date

**BIG LAKE FIRE DEPARTMENT / CITY OF BIG LAKE  
WAIVER AND RELEASE OF INFORMATION**

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I, \_\_\_\_\_, hereby give my permission to release information, both public and private data, and opinions about me, my performance, reputation, and character to the City of Big Lake.

This release includes all information gathered on me including, but not limited to:

- dates of employment
- title classification
- salary/wages
- my job performance, reputation, and character
- absenteeism information
- punctuality information
- results of my performance review
- disciplinary information
- whether employer would hire me again

I release all parties and whoever speaks for them with no conditions whatsoever from any liability for giving the references and furnishing information.

A copy of this authorization will be treated in the same manner as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



# BIG LAKE FIRE DEPARTMENT / CITY OF BIG LAKE AUTHORIZATION AND RELEASE OF DRIVER INFORMATION

Full Name (first, middle, last): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Automobile Insurance Information:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please list all addresses for the current and preceding ten (10) years:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**BIG LAKE FIRE DEPARTMENT / CITY OF BIG LAKE  
GENERAL AUTHORIZATION AND RELEASE  
PURSUANT TO MINNESOTA STATUTE 13.05 SUBD.4  
MINNESOTA DATA PRACTICES ACT**

TO: City of Big Lake Police Department and  
Minnesota Bureau of Criminal Apprehension

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Big Lake, Minnesota and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data that I authorize to be released consists of private data as defined by Minnesota Statute 13.02, subdivision 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized is criminal history information about me that is collected or maintained by the Bureau of Criminal Apprehension and that relates to a background check crime as defined in Minnesota Statutes, Section 299C.61, subdivision 2. I understand that the purpose of permitting the City of Big Lake to have access to this information is to determine my suitability for employment with that city. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the city, including verification of my records and analysis by consultants to the city who may review my suitability for employment.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or do accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Big Lake 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 Big Lake or to you of that fact. A copy of this authorization will be treated in the same manner as the original.

_____	Date:	_____
Signature		
_____	Date of Birth:	_____
Print Name: First, Middle, Last		
_____	Ethnic Category:	<input type="checkbox"/> WHITE (not of Hispanic origin) <input type="checkbox"/> BLACK (not of Hispanic origin) <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN or PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE
_____		
Address		

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Notary Seal)