



Firefighter
Application Packet

Application Steps

These steps will be completed in the following order and may be terminated at any point if applicant does not meet qualifications.

- Fill Out City Application (application is attached)
- Fire Chief will contact you to set up an initial meeting to outline application process and job expectations.
- 1st Interview: Interview with team of 3 fire officers and City of Maple Plain City Administrator.
- Physical Exam: This is an exam performed by a Medical Doctor of the Fire Department's choice and paid for by the department. This exam will include a drug test.
- Physical Agility: All applicants must pass Maple Plain Fire Department's Physical Agility Test
- Chief's Interview
- Background Check
- Psychological Exam: All applicants must complete a psychological exam from a licensed clinic as designated by the City of Maple Plain.
- Maple Plain City Council Approval



City of Maple Plain
 5050 Independence St
 PO Box 97
 Maple Plain, MN 55359
 Office: (763)479-0515
 Fax: (763-479-0519

APPLICATION FOR CITY EMPLOYMENT

APPLICANT INFORMATION

Applicant Name (*First, Middle, Last*)

Address

Social Security Number - -

City, State, Zip

Date of Birth

Home Phone - -

Daytime/Cell Phone - -

Other Address (if applicable):

Are you: 18 years of age or older? Yes No legally eligible to work in the U.S.? Yes No

WORK PREFERENCE

Position Applying For:

Date Available:

Expected Salary \$

Desired work status? Full-time Part-time Seasonal Temporary Internship

Are you willing to work? Days Evenings Weekends Holidays Overtime

EDUCATION & TRAINING

Highest Grade Completed

High School

9 10 11 12

Post-Secondary

13 14 15 16

Graduate

1 2 MA PhD

High School (Name/City/State):

Graduate or GED? Yes No

Type	Name/Location	Dates Attended		Degree	Major/ Course of Study
		From	To		
College					
College					
Graduate					
Technical					
Other					

Briefly summarize course work and training completed related to the position for which you are applying.

SPECIAL SKILLS & TRAINING

List any special skills or training you feel helps explain your qualifications for employment (i.e., machine operation, office equipment, computers, etc.

List all applicable licenses and certifications you have completed or possess.

EMPLOYMENT HISTORY

List all full-time, part-time, seasonal, and temporary employment the past 5 years. Most recent first.

Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed to <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	
Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed to <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	
Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed to <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	
Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed to <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	
Company Name	Telephone - -
Address	Supervisor
City, State, Zip	Hourly Pay \$ Hours/Week
Dates Employed to <input type="checkbox"/> Still employed	Reason For Leaving
Job Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Your Duties:	

PROFESSIONAL & COMMUNITY ORGANIZATIONS

Organizations, Offices & Activities	Date(s)
	to
	to
	to
	to
	to

REFERENCES

Provide the following data for three people (not relatives) whom we may contact regarding your work qualifications.

Name	Relationship
Address	Phone Number
City, State, Zip	Email
Name	Relationship
Address	Phone Number
City, State, Zip	Email
Name	Relationship
Address	Phone Number
City, State, Zip	Email

GENERAL INFORMATION

Briefly state why you are interested in the position and why you feel you are qualified for this position.

Valid Minnesota Driver's License? Yes No If yes, provide number: _____ Class: _____

Have you had any moving violations in the past 5 years? Yes No If yes, how many? _____

Nature of offense(s): _____

Since the age of 18 have you ever been convicted of a crime for which jail sentence could have been imposed?

Yes No

If yes, explain.

By signing this application, I certify the information contained herein is true and complete to the best of my knowledge. I agree and understand that any 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 dismissal if discovered at a later date.

I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the City and myself.

I authorize the City of Maple Plain to verify the information I have provided in this Employment Application, including employment history, education, and other background investigations. I hereby authorize all current and previous employers to release job-related information to the City of Maple Plain.

Signature: _____

Date: _____

VETERAN'S PREFERENCE

The City of Maple Plain awards a five (5) point preference to those individuals who have received an honorable discharge or separation after serving more than 180 consecutive days in active military service other than training. A ten (10) point preference is given to disabled veterans. Veteran's preference may not be claimed by any veteran who is receiving, or is eligible to receive, veteran's pension benefit based exclusively on length of military service.

Applicant Name *(First, Middle, Last)*

Address

Position Applying For:

City, State, Zip

Applying for Veteran's Preference? Yes No

If yes, applying for: Veteran Disabled Veteran Spouse of Deceased Veteran Spouse of Disabled Veteran

Veteran Self Spouse

If spouse, veteran's name:

Branch of Service:

Position Applying For:

City, State, Zip

Applying for Veteran's Preference? Yes No

Branch of Service:

Rank at Discharge:

Discharge Date:

Are you receiving or eligible for military pension?

Yes No

Do you have a compensable service-related disability?

Yes No

Your preference points application cannot be considered without supporting documentation, establishing your right to claim the preference. If the documentation is not attached, it must be received by the City no later than seven (7) calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation: is attached. will be submitted within 7 days of the application deadline

Signature:

Date:

APPLICANT DATA RECORD

The following information is being gathered not for employment decisions, but for record keeping and used to evaluate our overall efforts in reaching all segments of the population. Your responses are strictly voluntary and will be kept confidential. This information is not part of the application file and is removed from the application when received by the City. The City of Maple Plain appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position Applying For:

How did you hear of the position?

- City Website League of Minnesota Cities Website Newspaper: _____
 Trade/Professional Organization Friend/Relative Other: _____

Gender

- Male
 Female

Age Group

- Under 40
 40-55
 Over 55

Racial/Ethnic Group

- Asian/Pacific Islander
 African American
 Hispanic
 Native American/Alaskan Eskimo
 Caucasian (White)
 Other:

Disability status, defined as:

- 1) Having a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing, or learning).
- 2) Having a history of a disability (such as cancer that is in remission)
- 3) Is regarded as having such an impairment.

Do you claim disability status? Yes No

NOTE:

THIS PAGE IS TO BE REMOVED FROM THE APPLICATION PACKET BEFORE DISTRIBUTING FOR REVIEW.