

ST. CLAIR VOLUNTEER FIRE DEPARTMENT MEMBER APPLICATION

PERSONS APPLYING FOR A POSITION ON THE ST. CLAIR VOLUNTEER FIRE DEPT. MUST MEET THE FOLLOWING MINIMUM REQUIREMENTS:

1. Must possess a valid Minnesota Driver's License.
2. Must be able to complete Basic Fire Fighter Class (120 hours) and First Responder (Medical) Class (48 hours) within two (2) years of date of hire.
3. Must live within five (5) minutes response time of the St. Clair Fire Hall.
4. Must be at least 18 years of age.
5. Must be able bodied.
6. Must not have facial hair that would interfere with a full seal on a Self-Contained Breathing Apparatus (S.C.B.A.) facemask.
7. Must be a U.S. Citizen or otherwise legally eligible to work in the United States.

The City of St. Clair and the St. Clair Volunteer Fire Department welcomes you as an applicant. It is the policy of the City of St. Clair and the St. Clair Volunteer Fire Department to provide equal opportunity to all employees and applicants. The City of St. Clair and the St. Clair Volunteer Fire Department will not discriminate against or harass any employee or applicant because of ethnicity, color, religion, national origin, gender, disability, age, marital status, or status with regard to public assistance.

POSITION ST. CLAIR VOLUNTEER FIRE DEPARTMENT MEMBER

Date: _____

When are you available for employment? _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Physical Address: _____

Mailing Address: _____

Cell Phone: _____ Best time to call: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

May we contact you at work? Yes No

Are you legally eligible to work in the U.S.? Yes No

If "No" explain _____

SELF-CONTAINED BREATHING APPARATUS (SCBA) EVALUATION FORM

A medical history must be completed to properly assess the ability of an applicant to wear a S.C.B.A.
 Attach an additional page for any item, which may need further explanation.

PLEASE COMPLETE AS ACCURATELY AS POSSIBLE

- | | | | | |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Diabetes Insipidus or Mellitus |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Epilepsy, Grand Mal, or Petit Mal Seizures |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Alcoholism |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 4. Use of Medications (<i>list in margin</i>) |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Punctured Eardrum |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 6. Skin Sensitivities |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 7. Impaired or Non-Existent Sense of Smell |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 8. Emphysema |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 9. Chronic Obstructive Pulmonary Disease (COPD) |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 10. Bronchial Asthma |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 11. X-Ray Evidence of Pneumoconiosis |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 12. Evidence of Reduced Pulmonary Function |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 13. Coronary Artery Disease or Cerebral Blood Vessel Disease |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 14. Severe or Progressive Hypertension |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 15. Anemia, Pernicious |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 16. Pneumomediastinum Gap |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 17. Communication or Sinus Through Upper Jaw or Oral Cavity |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 18. Experiences Breathing Difficulty when wearing a SCBA |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 19. Experiences Claustrophobia when wearing a SCBA |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 20. Any Other Conditions that could affect the healthful use of a SCBA |

MEDICATION LIST

EDUCATION

SCHOOL	NAME/ADDRESS	LEVEL COMPLETED TYPE OF DEGREE OR CERT.	MAJOR AREA OF STUDY
High School	_____	_____	_____
Technical	_____	_____	_____
College	_____	_____	_____
University	_____	_____	_____
Other	_____	_____	_____

DRIVER'S LICENSE INFORMATION

Driver's License # _____ Class/Endorsement: A B C D 0 1 2 3 State: _____

SPECIAL SKILLS, LICENSES, and CERTIFICATES

List any firefighting skills or first responder/emergency medical skills that you have that may apply to this position.

Give the name, level, and number of any license or certification that you have that may apply to this position.

PERSONAL REFERENCES

Give names of former supervisors, educators, or people who know of your knowledge and skills.

NAME and OCCUPATION	ADDRESS	PHONE NUMBER
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

WORK EXPERIENCE

List your work experience (paid or volunteer) for the past five (5) years. Begin with your current or most recent employer. Include military training.

Employer	<hr/>	Job Title	<hr/>
Address	<hr/>	Length of Employment	<hr/>
	<hr/>	Name of Supervisor	<hr/>
Phone	<hr/>	Reason for Leaving	<hr/>
List responsibilities	<hr/>		
	<hr/>		
	<hr/>		

Employer	<hr/>	Job Title	<hr/>
Address	<hr/>	Length of Employment	<hr/>
	<hr/>	Name of Supervisor	<hr/>
Phone	<hr/>	Reason for Leaving	<hr/>
List responsibilities	<hr/>		
	<hr/>		
	<hr/>		

List any additional information that qualifies you for this position

SIGNATURE

The City of St. Clair and the St. Clair Volunteer Fire Department has the right to verify information provided in the application. False information may subject an applicant to the penalty provisions of M.S. 43A.39. In conjunction with this application, the applicant authorizes the City of St. Clair and the St. Clair Volunteer Fire Dept. and/or any agent acting on their behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to transcripts from educational institution relating to academic performance, current and past employers, and personal references. Moreover, the applicant hereby releases the City of St. Clair and the St. Clair Volunteer Fire Dept. and/or any agent acting on their behalf from any and all liability by requesting such information from any person.

Yes, I agree

Yes, but not present employer until job is offered.

No *

*PLEASE NOTE: The City of St. Clair and the St. Clair Volunteer Fire Dept. may not be able to hire without this information.

I hereby affirm that the information provided herein is true and complete to the best of my knowledge. I also agree that false or misleading information, omissions, or misrepresentations of the facts on either the application or during my interview may disqualify me from further consideration for employment and may be considered justification for termination at any time during my employment.

Signature _____ Date _____

Applications can be dropped off at:

St. Clair City Hall
304 Main Street West
St. Clair, Minnesota

Applications can be mailed to:

City of St. Clair, P.O. Box 97, St. Clair MN 56080
or
St. Clair Fire Department, P.O. Box 201, St. Clair MN 56080