

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 DEPT. MEMBER

Date: _____

When are you available for employment? _____

PERSONAL

Name: _____
Last First Middle

Current Address: _____

Permanent Address: _____

Home Phone: _____ Best time to call: _____

Work Phone: _____ Cell: _____

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 (S.C.B.A.) 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

- | | | |
|-----|----|--|
| YES | NO | 1. Diabetes Insipidus or Mellitus |
| YES | NO | 2. Epilepsy, Grand Mal or Petit Mal Seizures |
| YES | NO | 3. Alcoholism |
| YES | NO | 4. Use of medications (list in margin) |
| YES | NO | 5. Punctured eardrum |
| YES | NO | 6. Skin sensitivities |
| YES | NO | 7. Impaired or non-existent sense of smell |
| YES | NO | 8. Emphysema |
| YES | NO | 9. Chronic Pulmonary Obstructive Disease |
| YES | NO | 10. Bronchial Asthma |
| YES | NO | 11. X-ray evidence of Pneumoconiosis |
| YES | NO | 12. Evidence of reduced pulmonary function |
| YES | NO | 13. Coronary Artery Disease or Cerebral Blood Vessel Disease |
| YES | NO | 14. Severe or progressive Hypertension |
| YES | NO | 15. Anemia, Pernicious |
| YES | NO | 16. Pneumomediastinum Gap |
| YES | NO | 17. Communication or Sinus through upper jaw or oral cavity |
| YES | NO | 18. Experiences breathing difficulty when wearing a S.C.B.A. |
| YES | NO | 19. Experiences claustrophobia when wearing a S.C.B.A. |
| YES | NO | 20. Any other conditions that could affect the healthful use of a S.C.B.A. |

EDUCATION

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

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

SPECIAL SKILLS, LICENSES, and CERTIFICATES

List any special skills you have or machines you can operate that apply to Volunteer Fire Fighting.

Give the name, level, and number of any license or certification required for 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
---------------------	---------	--------------

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 _____ Job Title _____

Address _____ Length of Employment _____

_____ Supervisor _____

Phone _____ Reason for Leaving _____

List responsibilities _____

Employer _____ Job Title _____

Address _____ Length of Employment _____

_____ Supervisor _____

Phone _____ Reason for Leaving _____

List responsibilities _____

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 declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below. I understand that incomplete or inaccurate information may be grounds for rejecting the application or for termination.

Date _____

Signature _____

Please place the completed application in a sealed envelope marked:

St. Clair Volunteer Fire Dept. Application

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