

CITY OF ISLE FIRE DEPARTMENT EMPLOYMENT APPLICATION

Date received: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**PRESENT EMPLOYER:**

\_\_\_\_\_  
Employer Address Telephone

\_\_\_\_\_  
Job Title Dates employed

Would your Employer allow you to leave for a fire or rescue call during working hours?  
Yes \_\_\_\_\_ No \_\_\_\_\_ What hours do you work? \_\_\_\_\_

Are you willing to take a First Responder Course? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take Firefighter 1 & 2 Training? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to attend two monthly Meeting and Drills? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you? Swim Yes \_\_\_\_\_ No \_\_\_\_\_ Scuba Yes \_\_\_\_\_ No \_\_\_\_\_  
Dive Yes \_\_\_\_\_ No \_\_\_\_\_ Drive Trucks Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any experience with?  
Electrical work? Yes \_\_\_\_\_ No \_\_\_\_\_  
Mechanical work? Yes \_\_\_\_\_ No \_\_\_\_\_  
Computer/Clerical work? Yes \_\_\_\_\_ No \_\_\_\_\_

Or any other experience which will benefit the department? If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Would you agree to a Driver's License Check? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you agree to a Criminal History Check? Yes \_\_\_\_\_ No \_\_\_\_\_

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Have you or are you serving in the United States Military? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, When and what Branch? \_\_\_\_\_

Describe any job-related training received in the United States Military? If applicable,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

**List Three Reference:**

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

What interest do you have in the Isle Fire Dept.? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL EXAM**

\*Upon signing this application, I agree to take a physical exam scheduled and paid for by The Isle Fire & Rescue Department.

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

\_\_\_\_\_  
Signed Name Date

**INFORMED CONSENT TO RELEASE  
State of Minnesota**

**NOTICE:** Under data privacy laws, certain information is classified as private and is available only to you, to City employees whose work assignments require access, and to entities or agencies authorized by statute to gain access to this information. Completion of this form will allow the person or entity below access to information in the custody of the City of Isle that relates to you.

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name Address City, State

authorize the Mille Lacs County Sheriff’s Department to release any information pertaining to past or present criminal records, I also authorize release and disclose to the City of Isle the following information:

Date of Birth: \_\_\_\_\_  
Month Day Year

Driver’s License Record:

\_\_\_\_\_ *A Copy of driver’s license submitted with application if applicable*

Criminal History:

\_\_\_\_\_

I agree to hold harmless the City of Isle from any liability arising from the release of the information that is in accordance with this Informed Consent to Release.

I understand that I may cancel this Informed Consent to Release at any time prior to the release of information and that, in any event, this release expires automatically 90 days after the date of signing.

Date signed on: \_\_\_\_\_, 20\_\_\_\_  
Month Day Year

\_\_\_\_\_  
*Signature of Individual Authorizing Release*

*Investigator signature & Date:*

\_\_\_\_\_  
Type of License: \_\_\_\_\_

**FIREFIGHTER CONSENT FOR CRIMINAL  
BACKGROUND RECORD CHECK**

\*Applicants who have lived in Minnesota for less than 5 years, a national criminal history record check must be performed. The criminal history check requires the informed consent of the application. A national criminal history check requires informed consent and fingerprints. The criminal history check can be run by a police chief or the BCA, but the national check must be run by the BCA

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

The following named individual has made application with this agency for employment.

Last Name of Applicant (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Middle (full)(please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to The City of Isle/Isle Fire & Rescue Department for the purpose of employment with this agency as pursuant to Minnesota state statute 299F.035.

The expiration of this authorization shall be one year from the date of my signature.

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

**\*This form must be filled out – you will be notified if you are required to continue with this background check**

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I certify that all of the statements by me in this application are true. Complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false information from this application may be cause for rejection or dismissal if employed.

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Signature of Applicant Date

Please return this application by:

Mailing to: City of Isle  
285 2<sup>nd</sup> Ave S  
P.O. Box 427  
Isle, MN 56342

Delivering to: Isle City Hall

**Waiver for Physical Ability Test**

I acknowledge that there are risks in performing the physical ability tests that are part of the firefighter selection process. I agree to hold the City of Isle and its employees and agents harmless. I waive the right to make any claims or lawsuits against the city or its employees or agents for any injuries or damages related to my participation in these tests. This waiver does not apply to any injuries that are a result of any willful, wanton, or intentional misconduct of the city or its employees or agents. My participation in these tests is voluntary and I understand the effect of this waiver on my legal rights.

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

Name: \_\_\_\_\_

*(Please Print)*

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**CITY OF ISLE FIRE DEPARTMENT EMPLOYMENT APPLICATION**

**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. Subd. #3 Veteran's preference credit under this section may not be used by any veteran who is currently receiving or is eligible to receive a monthly veteran's pension base 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.

You must supply a copy of your DD214. Disabled Veterans must also supply Form FL-802 or equivalent letters 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.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

\_\_\_\_\_

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

\_\_\_\_\_

Veteran ____ Self    ____ Spouse		If Spouse, Veteran's name	
Branch of Service:		Period of Active Duty From: _____ To: _____	
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:
Are you receiving or eligible for a military pension? Yes _____ No _____		Do you have a compensable service-related disability? Yes _____ No _____	
Preference Requested: ____ Veteran                                ____ Disabled Veteran ____ Spouse of Disabled Veteran                                ____ Spouse of Deceased Veteran			

Your 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 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 application deadline