



Application for Membership (Volunteer Services)

The position(s) that you are applying for: (check)

Firefighter

Emergency Medical Services

The City of Brown Valley appreciates your volunteerism and sense of community. Volunteers are greatly needed to keep these essential services running within your city.

Notice to applicants – Instructions for Completing Application

Name: _____
Last First Middle

Address: _____
Street City/State/Zip

Phone / E-mail: _____
(Home) (Work) E-mail Address

Have you volunteered for Browns Valley previously? Yes _____ No _____

If yes, please state reason for leaving. _____

Employed By: _____ Phone: _____

List of Previous Employers and Dates of Employment

1. _____ From: _____ To: _____

2. _____ From: _____ To: _____

3. _____ From: _____ To: _____

May we call them? Yes ____ No ____

Have you consulted with your employer about joining the ambulance service or fire department?

Yes ____ No ____

May the ambulance or fire department section chiefs speak with your employer?

Yes ____ No ____

Have you talked with your family about joining the ambulance service or fire department?

Yes ____ No ____

Do you have a current Drivers License? Yes ____ No ____ Class B license? Yes ____ No ____

Are you currently on probation? Yes ____ No ____

Previous First Aid, CPR, and/or Emergency Medical Technician (EMT) / Emergency Medical Responder (EMR) Training: _____

List three references and their phone numbers:

1. _____

2. _____

3. _____

If accepted, I agree to abide by the Rules, Regulations, Policies, Ordinances, and By-Laws as set forth by the Browns Valley Ambulance Service and Fire Department. A copy of these documents is available to you at City Hall.

Signature of Applicant

For Ambulance Service and Fire Department members only:

Date Received: _____

Date of Application Review: _____

Date of Interview: _____

Signatures of Service Coordinator and City Administrator interviewed by:

1. _____

2. _____

Date of acceptance: _____

Results: Approved ____ Rejected ____

The City of Browns Valley is an equal opportunity provider and employer.

**ADDENDUM TO
APPLICATION OF EMPLOYMENT
CITY OF BROWNS VALLEY**

For Office Use:

Job Title _____

Date Rec'd: _____

Initials: _____

PRIVATE ADMINISTRATION DATA FOR EQUAL EMPLOYMENT OPPORTUNITY

INSTRUCTIONS

The policy and intent of the City of Browns Valley is to provide equal employment opportunity for all persons regardless of race, color, creed, religion, national origin, marital status, disability, sex, age, or status with regard to public assistance.

INDIVIDUALS WILL SEPARATE THIS SHEET FROM YOUR APPLICATION OTHER THAN THOSE WHO MAKE EMPLOYMENT DECISIONS AND THE REQUESTED INFORMATION WILL IN NO WAY AFFECT YOU AS AN INDIVIDUAL APPLICANT. This information will be used to determine the effectiveness of our recruiting efforts in reaching all segments of the population and in validation of our selection methods.

Although **providing this information is voluntary**, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the selection of employees for the City of Browns Valley.

Which sex are you? Male _____ Female _____

Of the following, what racial/ethnic group do you consider yourself?

_____ American Indian or Alaskan Native

_____ Black (Non-Hispanic Origin)

_____ Hispanic

_____ White (Non-Hispanic Origin)

_____ Asian or Pacific Islander

Do you consider yourself to be disabled: Yes _____ No _____

(Disabled means any person who has a physical or mental impairment that materially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.)

How did you learn about this job?

_____ Newspaper Want Ad

_____ City Website

_____ Other Source (please list) _____

Thank you for your assistance

PLEASE INSERT THIS PAGE INTO THE COMPLETED APPLICATION FORM AND RETURN.

VETERAN'S PREFERENCE

The following summarizes the major points of M.S. 43A.11 as amended, which now governs the granting of veteran's preference at both the state and local levels. This chapter may be ordered from the Documents Section, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.

- A. General Requirements: Applicants must meet all of the following to qualify for any preference points:
- 1) Meets qualifications of position and/or received final passing score in the exam process without addition of preference points.
 - 2) Separated under honorable conditions from any branch of the armed forces of the United States.
 - 3) Served on active duty for 181 consecutive days or more or was separated by reason of disability incurred while serving on active duty.
 - 4) Is a United States citizen.
 - 5) Is not eligible for or currently receiving a monthly veteran's pension benefit based on length of military service.
- B. Points Granted:
- 1) Five (5) points granted to a non-disabled veteran who meets all of the General Requirements.
 - 2) Five (5) points granted to a spouse (if not remarried) of a deceased veteran who meets all of the General Requirements.
 - 3) Ten (10) points granted to a disabled veteran who meets all of the General Requirements if:
 - a) the veteran has a compensable service-connected disability as judged by the United States Veterans Administration or by the Retirement Board of the Branches of the Armed Forces.
 - b) the disability exists at the time preference is claimed.
 - 4) 10 points granted to the spouse of a disabled veteran who meets all of the General Requirements and the requirements listed in 3 above, but who is unable to qualify because of the disability.

VETERAN'S PREFERENCE DECLARATION

DIRECTIONS: Complete *either* item number 1 or item number 2 below; *sign*, and insert this form into the completed application form.

1. I am eligible to receive _____ preference points. I certify that I am eligible to receive the preference so declared based on my understanding of the provisions of Minnesota Statutes 43A.11. I further certify that I served in the following branch of the armed forces of the United States: _____ on active duty for 181 or more consecutive day's from: _____ to _____ and was separated under: _____ (MM/DD/YY) (MM/DD/YY) _____ honorable conditions _____ disability incurred while serving on active duty. (Please include a copy of your DD #214)

I am not eligible for or currently receiving a monthly veteran's pension benefit based exclusively on length of military service.

If I have declared ten (10) preference points, I hereby certify that I am a disabled veteran with a compensable service connected disability as judged by the U.S. Veteran's Administration or by the retirement boards of the branches of the armed forces, that the disability exists at this time, and that the disability would not, to the best of my knowledge, prevent me from completely performing essential functions of the position I have applied for.

DATE: _____
NAME: _____
SIGNATURE: _____

2. I do not claim veteran's preference points.

DATE: _____
NAME: _____
SIGNATURE: _____

Please return completed form with application

BACKGROUND INVESTIGATION

As an applicant for employment with the City of Browns Valley, you are being asked to provide information about yourself, which will be used to evaluate your suitability for this type of employment.

The purpose of this background investigation is to review information concerning criminal and non-criminal history, which reflects upon the character of you as an individual. The Police Department will be involved in this screening process. This process will include, but not be limited to, all incidents of police contact in the areas of domestic abuse, child abuse, sexual misconduct, fraud, theft, abuse of controlled substances, alcohol abuse, driving record and/or other incidents or information (conviction data, incident data, neighborhood data) which may be relevant during the hiring process for City of Browns Valley positions.

The purpose and intended use of this data is to conduct the background inquiries under applicable City of Browns Valley policies before offering employment to a perspective applicant. The specific use for each category of data is described below:

1. To conduct a criminal history and background check name(s) by which an applicant is known must be listed.
2. In order to access driver's license data, date of birth must be supplied.
3. In order to access criminal history data, date of birth and gender must be supplied.
4. A criminal history, background check and driver's license check are required minimum selection standards under applicable City policy in order to determine whether there are any job-related factors which affect the applicant's suitability for employment.

This data will be used solely for the above-mentioned purposes. The data will be forwarded to the appropriate City staff and/or consultants as determined necessary for completion of the background investigation. This data may also be used for other purposes necessary for the administration of law, rule or ordinance but will be disseminated only as required by law.

I agree that the decision to continue employment with The City of Browns Valley is contingent upon the results of my background check and certify that all statements and answers on my application, resume, interview and this document are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment.

I understand the above stated information and confirm that I have provided The City of Browns Valley with all necessary information. I also agree that as a condition of employment with the City of Browns Valley, that I will promptly inform my supervisor or the Director of Human Resources, at the City, verbally and in writing, of any criminal convictions, other than minor traffic violations that occur after this date.

You are not legally required to provide the requested information. However, if you do not, the City of Browns Valley will be unable to conduct the required background inquiries and will not be able to process your application and the City of Browns Valley will not be able to consider you for employment.

PLEASE DO NOT FILL OUT THIS FORM IF YOU ARE UNDER THE OF AGE 18

YOUR FULL NAME: _____

First Middle Last

OTHER NAMES YOU HAVE BEEN KNOWN TO USE: _____

YOUR CURRENT ADDRESS: _____

City

State Zip Code

OTHER STATES IN, WHICH YOU HAVE RESIDED: _____

DATE OF BIRTH: _____

Month

Day

Year

I hereby authorize the City of Browns Valley to use this information to determine my suitability for employment.

Signature