



ENTRY LEVEL FIREMAN APPLICATION

The Warroad Fire Department is a volunteer organization serving the City of Warroad and the surrounding fire districts. The Warroad Fire Department responds to all fire calls, motor vehicle accidents, weather related emergencies and a variety of other calls for service. The members of the Warroad Fire Department are also involved in many community activities such as Fire Safety Week, Fourth of July Celebrations, and the annual Polar Plunge. If you are interested in joining the Warroad Fire Department, please fill out this application and return it to the Warroad City Office. When there is an available opening, applications will be reviewed and interviews will be scheduled. Thank you for your interest in the Warroad Fire Department.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: CELL / HOME _____ WORK _____

DRIVERS LICENSE NUMBER: _____ VALID: Y / N CLASS: _____

D.I. ISSUE STATE: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

WHY ARE YOU APPLYING FOR A POSITION WITH THE WARROAD FIRE DEPARTMENT?

EDUCATION HISTORY

SCHOOL LEVEL	NAME AND ADDRESS OF SCHOOL	YRS	DIPLOMA / DEGREE
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			

EMPLOYMENT HISTORY

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYER

DATES FROM / TO	NAME AND ADDRESS OF COMPANY SUPERVISOR CONTACT NUMBER	NAME AND TITLE OF SUPERVISOR	JOB TITLE	CURRENT JOB DUTIES REASON FOR LEAVING

LIST ANY SKILLS THAT YOU HAVE THAT YOU FEEL RELATE TO THE POSITION OF FIREFIGHTER:

HAVE YOU EVER BEEN CONVICTED OF A FELONY AS AN ADULT? YES _____ NO _____

IF YES, DATE AND LOCATION: _____

NATURE OF OFFENSE: _____

DISPOSITION: _____

NOTE: THE EXISTENCE OF A CRIMINAL RECORD WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION FOR THE POSITION OF ENTRY LEVEL FIREMAN FOR THE CITY OF WARROAD FIRE DEPARTMENT, THOUGH CERTAIN TYPES OF CRIMINAL CONVICTIONS MAY PROHIBIT YOU FROM WORKING IN CERTAIN POSITIONS.

MEDICAL INFORMATION

ARE YOU CURRENTLY UNDER THE CARE OF A DOCTOR? YES _____ NO _____

DATE OF LAST PHYSICAL / EXAM: _____

RESULTS OF EXAM: _____

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING MEDICAL ISSUES:

- | | |
|---------------------------------------|-----------------------------------|
| ____ DIABETES, INSIPIDUS, OR MELLITUS | ____ EPILEPSY |
| ____ ALCOHOLISM | ____ PUNCTURED EAR DRUM |
| ____ SKIN SENSITIVITIES | ____ IMPAIRED / NO SENSE OF SMELL |
| ____ EMPHYSEMA | ____ COPD (PULMONARY DISEASE) |
| ____ ASTHMA | ____ REDUCED PULMONARY FUNCTION |
| ____ HYPERTENSION | ____ ANEMIA |
| ____ PNEUMOCONIOSIS | ____ CORONARY ARTERY DISEASE |

DO YOU HAVE ANY MEDICAL OR PHYSICAL DISABILITIES? YES _____ NO _____

DO YOU USE CERTAIN MEDICATIONS ON REGULAR BASIS? YES _____ NO _____

IF YES, PLEASE LIST:

DO YOU HAVE ANY PROBLEMS WITH CLAUSTROPHOBIA? YES _____ NO _____

HAVE YOU EVER WORN A SCBA (SELF CONTAINED BREATHING APPARATUS)? YES _____ NO _____

IF YES, DID YOU HAVE ANY PROBLEMS WHILE WEARING THE SCBA AND IF SO WHAT WERE THEY:

REFERENCES

LIST THREE PERSONAL REFERENCES. DO NOT LIST ANY FAMILY MEMBERS

NAME	OCCUPATION	ADDRESS	PHONE NUMBER

EMPLOYER AGREEMENT

PLEASE VISIT WITH YOUR CURRENT EMPLOYER ABOUT YOUR DECISION TO APPLY FOR A POSITION WITH THE WARROAD FIRE DEPARTMENT. IT IS STRICTLY YOUR EMPLOYERS DECISION WHETHER OR NOT YOU ARE ABLE TO LEAVE WORK TO RESPOND TO FIRE CALLS.

DECLARATION

"I HEREBY DECLARE THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THESE STATEMENTS ARE SUBJECT TO VERIFICATION. I ALSO UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY DISQUALIFY ME FROM SERVING ON THE WARROAD FIRE DEPARTMENT OR RESULT IN IMMEDIATE DISMISSAL ON DISCOVERY. I AUTHORIZE SCHOOLS, CURRENT AND FORMER EMPLOYERS, AND REFERENCES LISTED IN THE ABOVE APPLICATION TO PROVIDE MY RECORD, REASON FOR LEAVING, AND ALL OTHER INFORMATION THEY MAY HAVE CONCERNING ME. I AUTHORIZE THE CITY OF WARROAD TO CONDUCT A CRIMINAL BACKGROUND CHECK AND AUTHORIZE FULL AND COMPLETE DISCLOSURE OF ANY RECORDS THAT I MAY HAVE WITH ANY POLICE DEPARTMENT, SHERIFF'S DEPARTMENT, OR ANY OTHER FEDERAL, STATE, OR LOCAL LAW ENFORCEMENT AGENCY. I AUTHORIZE THE CITY OF WARROAD TO CHECK MY DRIVING RECORD AS NECESSARY TO ASSURE COMPLIANCE WITH THE CITY OF WARROAD VEHICLE OPERATION POLICIES AND INSURANCE CARRIER REGULATIONS. I RELEASE ALL PARTIES FROM ANY AND ALL LIABILITY AND CLAIMS FOR ANY DAMAGE THAT MAY RESULT THEREFROM."

APPLICANT SIGNATURE: _____ DATE: _____

TENNESSEN WARNING

IN ACCORDANCE WITH THE MINNESOTA GOVERNMENT DATA PRACTICES ACT, WE ARE REQUIRED TO INFORM YOU OF YOUR RIGHTS AS THEY PERTAIN TO THE PRIVATE INFORMATION WE COLLECT FROM YOU. THE INFORMATION WE COLLECT FROM YOU IS CLASSIFIED BY LAW AS EITHER PUBLIC (ANYONE CAN SEE IT), PRIVATE (THE PUBLIC IS NOT GIVEN ACCESS, BUT YOU ARE), OR CONFIDENTIAL (EVEN YOU CANNOT SEE THE INFORMATION). AS A PUBLIC EMPLOYEE OR AN APPLICANT FOR PUBLIC EMPLOYMENT, MOST OF THE DATA WE MAINTAIN ABOUT YOU IS PUBLIC ACCORDING TO MINNESOTA STATUTES, SECTION 13.43 SUBDIVISIONS 2 AND 3.

THE INFORMATION WE REQUEST FROM YOU MAY BE USED FOR SUCH PURPOSES AS MAY BE DETERMINED IIN THE ADMINISTRATION OF POLICIES, RULES AND REGULATIONS OF THE CITY OF WARROAD. SUBMISSION OF THIS INFORMATION IS VOLUNTARY, BUT IT GENERALLY IS TO YOUR BENEFIT TO PROVIDE IT. WITHOUT THE REQUESTED INFORMATION, THE CITY OF WARROAD MAY NOT BE ABLE TO DETERMINE YOUR ELIGIBILITY / SUITABILITY FOR EMPLOYMENT OR PROMOTION, COMPUTE YOUR WAGES OR GRANT YOU OTHER FRINGE BENEFITS.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DELAY IN PROCESSING OR REJECTION OF YOUR APPLICATION. IF HIRED, YOU MUST DISCLOSE YOUR SOCIAL SECURITY NUMBER IN ORDER TO BE IN COMPLIANCE WITH THE STATE AND FEDERAL TAX WITHHOLDING LAWS. THIS INFORMATION WILL BE SHARED WITH THE STATE DEPARTMENT OF REVENUE, THE INTERNAL REVENUE SERVICE AND SECURITY TAX PROGRAMS.

THE INFORMATION YOU PROVIDE MAY BE SHARED WITH THE CITY OF WARROAD'S PAYROLL STAFF, PERSONNEL STAFF, SUPERVISORY STAFF AND OTHER STAFF WHO REQUIRE THE INFORMATION TO DO THEIR JOBS SUCH AS THE CITY ATTORNEY, INSURANCE CONTRACTORS, UNION STAFF, PERA, IRS, AND THE STATE DEPARTMENTS OF REVENUE, FINANCE, EMPLOYMENT AND ECONOMIC DEVELOPMENT AND LABOR AND INDUSTRY.

INFORMATION MAY ALSO BE SHARED WITH OTHER AGENCIES AUTHORIZED BY LAW TO RECEIVE SPECIFIC DATA. EXAMPLES OF THIS INCLUDE, BUT ARE NOT LIMITED TO, CIVIL / HUMAN RIGHTS COMPLAINTS, WORKERS COMPENSATION, AND UNEMPLOYMENT COMPENSATION.

I HAVE READ AND UNDERSTAND THE ABOVE TENNESSEN WARNING.

APPLICANT SIGNATURE: _____ DATE: _____

FIREFIGHTER

FIREFIGHTERS SERVING ON THE WARROAD FIRE DEPARTMENT WILL BE ON CALL TO ANSWER CALLS TWENTY FOUR HOURS PER DAY, EVERY DAY. SERVING AS A MEMBER OF THE WARROAD FIRE DEPARTMENT WILL ALSO REQUIRE ATTENDING MONTHLY MEETINGS. SOME MEETINGS WILL BE TRAINING MEETINGS AND OTHERS WILL BE USED TO COMPLETE MAINTENANCE ON FIRE DEPARTMENT EQUIPMENT. SOME TRAINING MEETINGS MAY ALSO BE HELD ON WEEKENDS. TRAINING AND MEETING CALENDARS ARE PROVIDED AT THE BEGINNING OF EACH YEAR. NEW MEMBERS OF THE WARROAD FIRE DEPARTMENT WILL BEGIN A ONE YEAR PROBATIONARY PERIOD ON THE DATE WHICH THEY ARE HIRED. DURING THE PROBATIONARY PERIOD, THE FIREFIGHTER WILL BE EVALUATED ON A REGULAR BASIS. AT THE END OF THE PROBATIONARY PERIOD, THE FIREFIGHTER WILL BE EVALUATED TO DETERMINE WHETHER HE/SHE WILL BE ELIGIBLE FOR REGULAR MEMBERSHIP WITH THE WARROAD FIRE DEPARTMENT. ALL EFFORTS WILL BE MADE TO GET ALL NEW FIREFIGHTERS STATE OF MINNESOTA FIREFIGHTER 1 AND FIREFIGHTER 2 CERTIFIED. AT THIS TIME, THE TRAINING IS NOT REQUIRED THROUGH THE STATE OF MINNESOTA TO BE A VOLUNTEER FIREMAN; HOWEVER, THIS TRAINING IS CRUCIAL TO EACH FIREMAN'S KNOWLEDGE AND SAFETY.

NATURE OF THE WORK

- THE ABILITY TO HANDLE ADVERSE WORKING CONDITIONS, INCLUDING EXTREME TEMPERATURES, CONFINED SPACES, HIGH ALTITUDES, EMERGENCIES AND A WIDE RANGE OF MANUAL WORK.
- OPERATING DIFFERENT PIECES OF FIREFIGHTING EQUIPMENT
- ABILITY TO ESTABLISH AND MAINTAIN EFFECTIVE WORKING RELATIONSHIPS WITH FELLOW FIREFIGHTERS, SUPERVISORS, AND THE PUBLIC
- POSSESS SUFFICIENT PHYSICAL STRENGTH AND AGILITY TO PERFORM LIFTING AND MOVING OF HEAVY EQUIPMENT; CLIMB, REACHING OVERHEAD, AND BENDING
- ABILITY TO BE AVAILABLE FOR RESPONDING TO FIRE CALLS WHEN NEEDED
- ABLE TO ATTEND TRAINING SESSIONS AND DEPARTMENT MEETINGS AS REQUIRED

EXAMPLES OF WORK

- RESPOND TO FIRE CALLS IN A SAFE AND REASONABLE MANNER
- DRIVE AND OPERATE FIREFIGHTING VEHICLES
- WEARING SELF CONTAINED BREATHING APPARATUS (SCBA)
- ENTER BURNING STRUCTURES WHEN DIRECTED
- CARRY, LAY AND ROLL FIRE HOSE
- CARRY AND OPERATE PORTABLE PUMP CANS
- CLIMB LADDERS AND ENTER CONFINED SPACES
- OPERATE VEHICLE EXTRICATION AND RESCUE EQUIPMENT
- PERFORM GENERAL MAINTENANCE ON VEHICLES AND EQUIPMENT

BENEFITS

THERE ARE MANY BENEFITS OF BEING A MEMBER OF THE WARROAD FIRE DEPARTMENT.
SOME OF THOSE BENEFITS ARE:

- COMMUNITY RESPECT
- SELF RESPECT
- OPPORTUNITY TO SERVE THE LOCAL COMMUNITY AND AREA RESIDENTS
- ASSOCIATION AND FRIENDSHIP WITH FELLOW FIREFIGHTERS
- LEADERSHIP OPPORTUNITIES
- TRAINING AND SCHOOLING PAID FOR BY THE CITY OF WARROAD
- WORKERS COMPENSATION INSURANCE WHILE ON DUTY AS A FIREFIGHTER
- LIFE AND DISABILITY INSURANCE WHILE ON DUTY AS A FIREFIGHTER
- MEMBERSHIP TO THE WARROAD FIRE DEPARTMENT RELIEF ASSOCIATION
- RETIREMENT BENEFITS FROM THE WARROAD FIRE DEPARTMENT RELIEF ASSOCIATION

THANK YOU FOR YOUR INTEREST IN JOINING THE WARROAD FIRE DEPARTMENT.

Damian McMillin

FIRE CHIEF

John Larson

ASST. FIRE CHIEF

WARROAD FIRE DEPARTMENT
121 MAIN AVENUE NE / P.O BOX 50
WARROAD, MN 56763

"SAFETY THROUGH EDUCATION"