



# Center City Fire & Rescue

335 Buns Ave., PO Box 413, Center City, MN 55012

## Application for Firefighter/EMR

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

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Email Address: \_\_\_\_\_

Do you have a Valid Minnesota Driver's License Number? Yes \_\_\_ No \_\_\_ Driver License #: \_\_\_\_\_

Has your driver's license been revoked in the last 5 years? Yes \_\_\_ No \_\_\_

Have you had any moving violations in the last 3 years? Yes \_\_\_ No \_\_\_

Do you consent to a criminal and driving record background checks? Yes \_\_\_ No \_\_\_

Center City Fire Department requires State Certification for Firefighter I & II. Are you able to complete this training within 1 year of employment? Yes \_\_\_ No \_\_\_, Please Explain: \_\_\_\_\_

Center City Fire Department requires all members hired to achieve and maintain an active Emergency Medical Responder certification or higher through the EMSRB. Please read the following Disclosure:

**Minnesota Statutes 144E.28, Subdivision 5. Denial, Suspension, Revocation.** (a) The board may deny certification or take any action authorized in subdivision 4 against an individual who the board determines: (1) violates sections [144E.001](#) to [144E.33](#) or the rules adopted under those sections, or an order that the board issued or is otherwise authorized or empowered to enforce, or agreement for corrective action; (2) misrepresents or falsifies information on an application form for certification; (3) is convicted or pleads guilty or nolo contendere to any felony; any gross misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; or any misdemeanor relating to assault, sexual misconduct, theft, or the illegal use of drugs or alcohol; (4) is actually or potentially unable to provide emergency medical services with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition; (5) engages in unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health, welfare, or safety of the public; (6) maltreats or abandons a patient; (7) violates any state or federal controlled substance law; (8) engages in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established.

Do you believe that you would be able to Achieve and Maintain and Active EMSRB Certification? Yes \_\_\_ No \_\_\_

If no, Please explain: \_\_\_\_\_

Firefighting has many physical and mental demands. Are you willing to take a physical agility test prior to being offered employment? Yes \_\_\_ No \_\_\_

Are you able to attend twice monthly trainings on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesdays of every month from 6:30PM to 10:00PM on the 1<sup>st</sup> Wednesday and 5:30PM to 10:00PM on the 3<sup>rd</sup> Wednesday of each month? Yes\_\_\_ No\_\_\_

Do you have any previous Firefighting or EMS experience? Yes\_\_\_ No\_\_\_ If so, please attach an explanation or Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, are you able to provide certifications/proof of previous Firefighting or EMS Experience? Yes\_\_\_ No\_\_\_

Are you a Veteran of the Military? Yes\_\_\_ No\_\_\_

If yes: Branch of Service: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Are you willing to carry a pager? Yes\_\_\_ No\_\_\_

Would your employer allow you to leave work to attend a medical or fire emergency during your work hours if your work is within a reasonable response distance? Yes\_\_\_ No\_\_\_

What are your typical hours of employment and what hours would you normally be available to respond to calls, if applicable? \_\_\_\_\_

**Please read the following statements and carefully review your application before signing below.**

- By signing this application, I certify that all statements made on this form are true and complete to the best of my knowledge. I understand that, any omission, misstatement, or falsification may be cause for rejection of this application and/or discharge from Center City Fire Department employment.
- I also authorize the City of Center City, MN, Fire department officials and or its representatives to make all the necessary and appropriate investigations allowable by law to verify the information concerning my employment.
- I understand that any offer of employment will be conditional upon the results of a criminal and driver's license background checks.
- I understand that it is my responsibility to keep the Center City Fire Department advised of any changes of address and/or phone numbers. I have read the above, understand its content and meaning, and agree to all of its provisions.

Applicant name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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

**THE MISSION STATEMENT FOR CENTER CITY FIRE DEPARTMENT**

To minimize the loss of life and property from fire, accident, natural disaster and any life threatening situation. To assist other agencies whenever needed; and to perform these services to the best of our ability by maintaining effective fire prevention and emergency response training.