

Pine Island Fire & Rescue

FIREFIGHTER APPLICATION

IMPORTANT: Please read the following instructions before completing this application.

1. The information on this form is being collected for the purpose of determining your eligibility for employment as a probationary firefighter.
2. All questions must be answered in full and copies of all related licenses, certificates diplomas and other proofs of completion must be available. You may submit a resume although all applicants must complete this form. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
3. Please print when completing this application form.
4. Submit applications using ONE of the following three methods:

FAX TO:	MAIL TO:	DROP OFF	HOURS OF OPERATION:
(507)356-4557	Pine Island Fire Department 315 So. Main, Box 489 Pine Island, MN 55963	Pine Island City Hall So. Main	8:00 a.m. - 4:30 p.m. Mon - Fri

NOTE: All applications **are** kept on file for twelve (12 months.)

PERSONAL INFORMATION (please print)

Name Last: _____ First: _____ MI: _____
 Address Street: _____ City: _____ Zip: _____
 Phone Daytime: _____ Work: _____ Evening: _____
 D.O.B. Month ____ Day ____ Year ____ S.S.N. _____ MN Drivers License: Y \ N Type: _____

RATE YOUR ABILITY

	Poor	Fair	Good
Ladder Climbing	1	2	3
Toleration to Smoke	1	2	3
Confined Spaces	1	2	3
Working at Heights	1	2	3
Thinking under Duress	1	2	3
Ability to Breathe through Mask	1	2	3

Total: _____

To the best of your knowledge do you have any medical history or impairments that may put you at risk as a firefighter? Y \ N

EXPERIENCE

Firefighting: _____

EMS: _____

Current Occupation: _____ Location: _____ Hours: _____

Other Skills: _____

APPLICANTS STATEMENT (Please read and sign below)

The facts set forth in my application for employment are true and complete, I understand that if employed, any false statement on this application or test results related to employment may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to/or not to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason.

As a condition of employment, I may be required to satisfactorily complete a Department administered medical examination and drug test, a criminal record search and a reference check.

During the probationary period my performance and suitability for the position will be reviewed.

If appointed to active service I will take advantage of all the schools, drills and training I possibly can so as to become a better emergency responder and make for a better department. I also understand that I will be a volunteer twenty-four(24) hours a day and will do all in my power to answer any and all emergencies

Date:

Signature of Applicant

SPOUSES STATEMENT (Please read and sign below)

I understand the dangers and hazards of firefighting and the amount of **time** it takes away from home and willingly give my consent for my spouse to be a member of the Pine Island Fire Department.

Date:

Spouse Signature

EMPLOYERS STATEMENT (Please read and sign below)

As the employer of the above named applicant I/we hereby give our consent for this employee to attend fire related emergencies, community emergencies, additional trainings and Department related activities whenever needed.

Date:

Employers Signature

You will be notified of testing dates and times.