

**City of
St. Paul Park**

600 Portland Avenue
St. Paul Park MN 55071
(651) 459-9785

**EMPLOYMENT APPLICATION
Fire Fighter**

It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The City of St. Paul Park accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact City Clerk at (651) 459-9785.

Please print in ink or use typewriter

Date of application:

Position applied for:	Salary desired:
Have you ever applied for employment with us before: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state your date of birth:
Are you related to anyone currently working in any position (full-time, part-time, seasonal or appointed committee member) for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who? Relationship:

PERSONAL DATA

Last Name	First Name	Middle
Street Address		
City State, Zip Code		
Phone Number	Alternate Phone	
E-mail Address		

EDUCATIONAL HISTORY

	Educational Institutions	Years Completed	Did you Graduate?	Degree/Certificate Major or Course
High School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
College or University	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
Other School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			
Other School	Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	City/State:			

LICENSES/CERTIFICATIONS— Do you have a valid Driver’s License? Yes No If so, list the state, number, class and expiration date. If relevant, list other current professional registrations, license or certificates you have.

License/Certificate/Registration	Date Issued	Date of Expiration

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to apply for Veteran’s Preference points? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you must complete the application for Veteran’s Preference points)
Describe your duties:

OTHER EXPERIENCE—Describe any other training, experience, or volunteer work that is relevant to the position for which you are applying.

EMPLOYMENT HISTORY—List present to most recent employer first. “See Resume” is not an acceptable response for any entries in this application.

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name:	Telephone with area code
Street Address:	Employed—(Month and year) From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Describe your work:	
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you related to anyone currently working in any position (full-time, part-time, seasonal or appointed committee member) for the City? No If yes, who? _____ Relationship: _____

Have you ever been terminated from a previous employer? Yes No If so, state the name and address of company, date of termination, and reason for termination (do not include lay-off or staff reduction).

REFERENCES—Please provide the name, address and phone number of three references who are **not** related to you and are **not** previous employers.

Name	Phone Number With area code
Address, City, State and Zip	Relationship
Name	Phone Number With area code
Address, City, State and Zip	Relationship
Name	Phone Number With area code
Address, City, State and Zip	Relationship

CONVICTION INFORMATION

Have you ever been convicted of a felony? Yes No (Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to this position may result in your being rejected for this position).
If yes, please explain:

CONVICTION INFORMATION

The City of St. Paul Park conducts criminal history background checks on all regular full-time or part-time employees and other positions that work with children or vulnerable adults. I understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of St. Paul Park in writing of any changes to information reported in this application for employment.

Initial _____

DRUG & ALCOHOL TESTING

I, the undersigned, understand that at any time before or during employment I may be subject to drug and alcohol screening. I further understand that refusing to supply the required sample or producing a confirmed positive drug or alcohol test that indicate presence of illegal drugs or alcohol may result in the rejection of my application or termination of employment.

Initial _____

SPECIAL ADDENDUM:

Satisfactory completion of a required physical examination will be a prerequisite before employment for the successful applicant.

Initial _____

I hereby declare that all statements made on this application (and accompanying resume, if any) are true and complete to

the best of my knowledge. I understand these statements are subject to verification. I also understand that any false statements or omission of information contained in this application or supplemental material I submit may disqualify me from further consideration for employment or result in immediate dismissal on discovery.

I authorize schools and former employers to provide my records, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

Signature: _____

Date: _____

Background Check Informed Consent

City of St. Paul Park
600 Portland Avenue
St. Paul Park MN 55071
(651) 459-9785

Date: _____

The following named individual has made application with this agency for

(employment, volunteering, adoption, etc.)

Last Name of Applicant (please print):

First Name (please print):

Middle (full) (please print):

Maiden, Alias or Former (please print):

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of St. Paul Park for the purpose listed above with this agency.

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

Signature of Applicant: _____

Date: _____

VETERANS' PREFERENCE

Complete this form ONLY if you are claiming Veterans' Preference

Copy of Veteran's DD214 must be attached (Veteran is defined by MN Statute 197.447) or other military documents to substantiate the service information requested on this form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651) 430-6895.

City of St. Paul Park operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

To qualify for preference on a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing City employment.

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, **or** after having served the full period called or ordered for federal active duty **and** be a United States citizen or resident alien. Veterans' preference may be used by the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name: _____
Address: _____
Phone: _____

Social Security #: _____
Position for which you applied: _____
Closing Date: _____
Are you a Citizen or Resident Alien? _____

VETERAN (10 points):
(DD214 or DD215 must be submitted to receive points)

Honorably discharged veteran Yes No

DISABLED VETERAN (15 points):
(DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____%
Have you ever been promoted in the City of St. Paul Park employment?..... Yes No

SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):
(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? Yes No

SPOUSE OF DISABLED VETERAN (15 points):
(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does Veteran's disability prevent performance of a stated job "requirement". Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' preference verification documents and submit them to the City of St. Paul Park by the required application deadline date.

Signature

Date

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by MN Statute 197.477, and to certain spouses of deceased or disabled veterans subject to provisions of MN Statute 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the DD214 or DD215. The copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
(DD214 "Member-1" copy will *not* be accepted)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of active duty for training purposes does not qualify for disabled veteran preference per MN Statutes 197.455 and 197.447.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, USDVA verification that veteran died on or as a result of active duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of St. Paul Park. Please contact our office at (651) 459-9785 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of St. Paul Park. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment.

If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of St. Paul Park, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your works time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;

(Applicant Data Practices Advisory Continued)

- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organization are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

With the exception of the optional data requested, the data you provide is needed to identify you and you assist in determining your suitability for the position for which you are applying. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City Administrator of the City of St. Paul Park at 600 Portland Avenue, St. Paul Park MN 55071. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**