



Common questions and errors on Firefighter applications:

- 1) ONLY attach required documentation, any other documents will not be retained.
- 2) We need a copy of your Firefighter I and II class completion certificate or college transcript; this shows proof that you attended a course and did not simply test out.
- 3) We need a copy of your CURRENT Minnesota Emergency Medical Services Regulatory Board (EMSRB) EMR or higher rating card. If you are out of state, you can send your national registry documentation to the EMSRB for reciprocity. <https://mn.gov/emsrb/>
- 4) We need a copy of your Minnesota Fire Service Certification board card showing CURRENT Firefighter II. Contact them at <http://www.mfscb.org/> for reciprocity if you are out of state or expired.
- 5) All areas of the application must be filled out, do not write see resume.
- 6) Applicants may either return their application in-person or it must be post-marked by the deadline date and submitted to:

St. Cloud City Hall  
Attn: Human Resources  
400 2nd St South  
St Cloud, MN 56301

## Firefighter APPLICATION FOR EMPLOYMENT

<p><b>RETURN TO:</b> CITY OF ST. CLOUD HUMAN RESOURCES 400 2<sup>ND</sup> ST. SO. ST. CLOUD, MN 56301</p> <p>PHONE: (320) 255-7217 HR FAX: (320) 255-7261 WEBSITE: www.ci.stcloud.mn.us EMAIL: hr@ci.stcloud.mn.us</p>	<p>OFFICE USE ONLY</p> <hr/> <p>DATE RECEIVED:</p> <p>TIME:</p>
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We welcome you as an applicant for employment. Your application will be considered with others. It is our policy to provide equality of opportunity in employment. This policy prohibits discrimination on the basis of race, color, creed, religion, national origin, disability, public assistance, familial status, marital status, sex, age (18 and over), sexual orientation or criminal convictions which are not related to the position you are applying for. This policy applies to all full, part-time, temporary and seasonal employment.

**ADA: If you require assistance in the application or selection process, please contact the Human Resources Employment Office. Reasonable accommodations may be made to enable individuals with a disability to participate in applications and testing.**

**VETERANS PREFERENCE:** If you are claiming status as a Veteran, you will be required to bring proof (DD-214) to any testing procedures you may be scheduled for. To expedite that process, you may submit copies of your documents with this application.

Last Name _____	First Name _____	Middle _____
Street Address _____		
City _____	State _____	Zip _____ Phone No _____
Email Address _____ <i>(If provided, this will be the primary source of communication.)</i>		

Are you over 18 years old?      Yes                  No

*If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal in accordance with the Immigration Reform and Control Act of 1986.*

FORMAL EDUCATION						
Do you have a high school diploma or GED equivalency?		Yes	No			
College, University or Professional School <small>(List All Undergraduate and Graduate Work)</small>		Total Months Attended	Total Credits Earned	Degree		Major Field(s)
Name and Location				Type AA, BS, MBA, etc.	Date Received or Anticipated	
1						
2						
3						

Business, Correspondence, Trade, Technical or Vocational School		Total Months Attended	Certificate Received? <small>Yes or No</small>	% of Coursework Completed	Program Title
Name and Location					
1					
2					
3					

### WORK EXPERIENCE

Provide a complete description of all qualifying experiences, paid and/or volunteer, starting with the most recent position held.

**ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW.**

Organization: _____		Address: _____	
Supervisor Name and Title: _____		Phone: _____	
Position Title: _____		May we Contact? Yes      No	
Machines/equipment you used: _____		Dates Employed	
Number & Title(s) of people you supervised: _____		From: _____	To: _____
Reason for Leaving: _____		Month/Year	Month/Year
Major Activities/Duties Performed:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Organization: _____		Address: _____	
Supervisor Name and Title: _____		Phone: _____	
Position Title: _____		May we Contact? Yes      No	
Machines/equipment you used: _____		Dates Employed	
Number & Title(s) of people you supervised: _____		From: _____	To: _____
Reason for Leaving: _____		Month/Year	Month/Year
Major Activities/Duties Performed:			
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Organization: _____ Address: _____	
Supervisor Name and Title: _____	Phone: _____
Position Title: _____	May we Contact? Yes No Dates Employed
Machines/equipment you used: _____	From: _____ To: _____
Number & Title(s) of people you supervised: _____	Month/Year _____ Month/Year _____
Reason for Leaving: _____	Hours/Week: _____
Major Activities/Duties Performed:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

Organization: _____ Address: _____	
Supervisor Name and Title: _____	Phone: _____
Position Title: _____	May we Contact? Yes No Dates Employed
Machines/equipment you used: _____	From: _____ To: _____
Number & Title(s) of people you supervised: _____	Month/Year _____ Month/Year _____
Reason for Leaving: _____	Hours/Week: _____
Major Activities/Duties Performed:	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

Please describe your work history related to the fire service.

Please describe your customer service work experience or any volunteer experience you had.

**UNSALARIED EXPERIENCE**

Volunteer Organization _____	Address _____
Position Held _____	Duties _____
Immediate Supervisor _____	Phone No _____ Hrs/Week _____
Dates of Participation _____	Skills Learned _____

**UNSALARIED EXPERIENCE**

Volunteer Organization _____	Address _____
Position Held _____	Duties _____
Immediate Supervisor _____	Phone No _____ Hrs/Week _____
Dates of Participation _____	Skills Learned _____

**UNSALARIED EXPERIENCE**

Volunteer Organization _____	Address _____
Position Held _____	Duties _____
Immediate Supervisor _____	Phone No _____ Hrs/Week _____
Dates of Participation _____	Skills Learned _____

This space can be used to add any additional information or to complete previous questions.

## CONVICTION INFORMATION

All employment offers are conditioned upon the applicant passing a criminal background check. Convictions are not an automatic bar to employment. Each case is considered on its individual merits and the type of work sought. However, making false statements or withholding information will cause you to be barred from employment, or removed from employment.

## IMPORTANT FACTS CONCERNING INFORMATION ON YOUR APPLICATION

Minnesota Law affects you as an applicant with the City of St. Cloud. The following data is public information and is accessible to anyone: veteran's status, relevant test scores, rank on eligibility list, job history, education and training, and work availability. All other personally identifiable information is considered private, including but not limited to, your name, home address and phone number.

If you are selected as a finalist for a position, your name will become public information. You become a finalist if you are selected to be interviewed by the City of St. Cloud.

The information requested on the application is necessary, either to identify you or to assist in determining your suitability for the position for which you are applying. You may legally refuse, but refusal to supply the requested information will mean that your application for employment may not be considered.

If you are selected for employment with the City of St. Cloud, the following additional information about you will be public: your name; actual gross salary and salary range; actual gross pension; the value and nature of your fringe benefits; the basis for and the amount of any added remuneration, such as expenses or mileage reimbursement, in addition to your salary, your job title; job description; training background; previous work experience, the dates of your first and last employment with the City of St. Cloud; the status of any complaints or charges against you while at work; the final outcome of any disciplinary action taken

against you, and all supporting documentation about your case; your badge number, if any; your city and county of residence; your work location and work telephone number; honors and awards; payroll timesheets and comparable data.

Anything not listed above which is placed in your application folder or your personnel file (such as medical information, letters of recommendation, resumes, etc.) is made private information by law. For further information, refer to Minnesota Statute, Chapter 13.

In consideration of being permitted to apply for the position herein, I voluntarily assume all risks in connection with my participating in any tests the City of St. Cloud deems necessary to determine my fitness and eligibility, and I release and forever discharge the City of St. Cloud, its officers and employees from any and all claims for any damage or injury that I might sustain in said testing process.

**Tennessee Warning:** The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the position for which you are applying. You may legally refuse to give the information. If you refuse to give the information, your application for employment may not be considered. Other persons or entities authorized to receive the information you supply, include but are not limited to: Staff of St. Cloud Police Department, Bureau of Criminal Apprehension, Drivers License Section, Auditors for the City of St. Cloud, and other governmental agencies necessary to process your application.

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### APPLICANT'S STATEMENT

I hereby certify that all answers to the above questions are true and I agree and understand any false statements contained in this application (including failure to present the required proofs and any additional information required for Public Safety applicants) may cause rejection of this application or termination of employment. I authorize the City of St. Cloud and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. In accordance with Minnesota Data Practices Act (M.S. 15.165) I have been informed of and understand my rights as a subject of data.

Signature of Applicant

Date

# VETERANS' PREFERENCE

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE  
NOTE: COPY OF VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by MN Statue 197.447)

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the 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.

The City of St. Cloud 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 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. Veteran's 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.

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.

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 (LAST)	(FIRST)	(MI)	PHONE NUMBER	POSITION APPLYING FOR
ADDRESS (STREET)				(CITY)
			(STATE)	(ZIP)
Closing Date:				ARE YOU A US CITIZEN OR RESIDENT ALIEN?
				YES          NO

**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 City of St. Cloud employment?..... YES  NO

**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):**

(DD 214 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 the 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):

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**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 Veterans' preference verification documents and submit them to the City of St. Cloud 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 the provisions of MN Statute 197.477 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. This 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 an 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 the 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. Cloud. Please contact our office at (320) 255-7217 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference in public employment.



**NOTICE TO JOB CANDIDATES – THIS INFORMATION IS VOLUNTARY**

Civil Service Rule V allows for “expanded certification” of women and/or racial minorities under certain circumstances. This means that, in addition to the top three candidates historically considered for a vacancy, the Board may include up to two eligible candidates from each protected group that a disparity exists. To be considered, the candidate must score in the top 2/3 of those successfully completing the examination.

If you would like to claim protected class status as a female or racial minority, please indicate below and sign this form. The information is confidential and will be separated from your employment application, but will be used for record keeping purposes in the event you are eligible for the expanded certification allowance.

**Protected Class:**

**Female**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

**Name:** \_\_\_\_\_  
(Please Print Name)

**Position Applied For:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Firefighter Supplemental Questionnaire

1. The following supplemental information may be used as a scored evaluation of your knowledge, skills and experience. Be certain that the choices you make correspond to the information you have provided in your application and resume. You must be honest and accurate in answering the supplemental questions and do not type "see resume". You may also be asked to demonstrate your knowledge and skills in a work sample or during an interview for this position. By completing this supplemental questionnaire, you are attesting that the information you have provided is true and accurate. Information provided may be reviewed by the hiring manager. Any misstatements or falsification of information will eliminate you from consideration or may result in dismissal. Do you understand and agree with this statement?

Yes

No

Minimum qualifications:

2. Do you have a high school diploma or GED equivalent?

Yes

No

3. Are you at least 18 years old?

Yes

No

4. Have you successfully completed a recognized Firefighter I course fulfilling the requirements of the National Fire Protection Association Standard 1001? This must have been in a classroom and practical skills format. i.e. Fire academy, Technical college, private firefighting course. (Please attach a photocopy of your course completion certificate or transcript) (MN Fire Service Certification Board Certificate is NOT acceptable.)

Yes

No

If Yes, course completion date: \_\_\_\_\_

5. Have you successfully completed a recognized Firefighter II course fulfilling the requirements of the National Fire Protection Association Standard 1001? This must have been in a classroom and practical skills format. i.e. Fire academy, Technical college, private firefighting course. (Please attach a photocopy of your course completion certificate or transcript) (MN Fire Service Certification Board Certificate is NOT acceptable.)

Yes

No

If Yes, course completion date: \_\_\_\_\_

6. Do you hold a current IFSAC Firefighter II Certification? (Please attach a photocopy of the front and back of your MN Fire Service Certification Board Card?)

Yes

No

If Yes, expiration date: \_\_\_\_\_

7. Do you hold an active MN EMSRB EMR or higher certification? (Please attach a photocopy of current card)  
Level: \_\_\_\_\_

Yes

No

If Yes, expiration date: \_\_\_\_\_

8. As per MN Statute 299N Firefighter Licensing Requirements, conviction of any arson related charge disqualifies an applicant from being issued a firefighter license. Have you been convicted of any arson related offenses?

Yes, please explain below

No

9. Do you an AAS, AA or bachelor's degree?

Yes, please describe below in which field of study

No

10. Which of the following best describes your experience as a **full time, part-time, paid on call or volunteer firefighter, since 2016?**

Less than 1 year

More than 1 year, but less than 2

More than 2 years, but less than 3

Greater than 3 years

N/A – none: my employment experience as a part-time, paid on call, or volunteer firefighter was prior to 2016

N/A – I do not have any employment experience as a part-time, paid on call or volunteer firefighter

11. Which of the following best describes your experience as a **full time, part-time, paid on call or volunteer Emergency Medical Services (EMS) provider, since 2016?**

Less than 1 year

More than 1 year, but less than 2

More than 2 years, but less than 3

Greater than 3 years

N/A – none: my employment experience as a fulltime, part-time, paid on call, or volunteer EMS Provider was prior to 2016

N/A – I do not have any employment experience as a fulltime, part-time, paid on call or volunteer EMS Provider.

12. Which of the following best describes your fire department's call volume in the last year you were active?

Less than 50 calls for service

51 to 100 call for service

101 to 200 calls for service

201 to 400 calls for service

401 to 600 calls for service

Greater than 600 calls for service

N/A – I do not have any employment experience as a full time, part-time, paid on call or volunteer firefighter

13. Which of the following best describes your call percentage for your last full active year on a fire department (January to December)?

Less than less than 20%

21% to 30%

31% to 40%

41% to 50%

Greater than 50%

N/A – I do not have any employment experience as a full time, part-time, paid on call or volunteer firefighter

14. Does the department that you referenced above respond to Emergency Medical calls other than motor vehicle accidents and technical rescue incidents?

Yes

No

N/A – I do not have any employment experience as a full time, part-time, paid on call or volunteer firefighter

15. Which of the following best describes your public contact/face to face customer service related experience, other than firefighting, *since 2012*?

Less than 1 year

More than 1 year, but less than 2

More than 2 years, but less than 3

Greater than 3 years

N/A – none: my public contact/customer service experience, other than firefighting experience, was prior to 2016

N/A – I do not have any public contact/customer service experience

Please explain experience.

16. Which of the following best describes your volunteer and/or service organization related experience, other than firefighting, *since 2016*?

Less than 1 year

More than 1 year, but less than 2

More than 2 years, but less than 3

Greater than 3 years

N/A – none: my volunteer and/or service organization experience, other than firefighting experience, was prior to 2016

N/A – I do not have any volunteer and/or service organization experience

Please explain experience.

17. Do you have experience operating vehicles larger than a passenger vehicle or pickup style vehicle? Other than Fire Department vehicles.

Yes, please explain below

No

18. Do you have experience operating a combination vehicle, ie. truck and trailer? Other than Fire Department vehicles.

Yes, please explain below

No

19. Do you have any experience working on and/or repairing machinery or equipment? May be paid or unpaid.

Yes, please explain below

No

20. Do you have any experience working in the trades or manual labor? May be paid or unpaid.

Yes, please explain below

No

21. Are you fluent in any languages other than English?

Yes, please explain below

No

22. Do you have any experience working nontraditional work schedule (other than Monday through Friday (8:00 to 5:00))?

Yes, please explain below

No

23. Do you have experience and/or training in any of the following firefighting skills? (Please check all that apply)

Experience

Training

High and Low Angle Rope Rescue

Confined Space

Hazmat Operations (other than with the FF I and II course)

Hazmat Technician

Blue Card or Hazard Zone Management

Fire Inspector

Fire Investigator

Fire Apparatus Operator

Cameo, Marplot and Aloha or PEAC

Airport Rescue and Firefighting (ARFF)

24. Do you have experience and/or training in any of the following non-firefighting skills? Experience does not have to be in a paid status. (Please check all that apply)

Experience	Training	
<input type="checkbox"/>	<input type="checkbox"/>	Microsoft Office (Word, Excel, PowerPoint, Outlook)
<input type="checkbox"/>	<input type="checkbox"/>	Other specialized computer applications
<input type="checkbox"/>	<input type="checkbox"/>	Carpentry and/or building construction
<input type="checkbox"/>	<input type="checkbox"/>	Auto, truck or small engine mechanics
<input type="checkbox"/>	<input type="checkbox"/>	Drawing, Design or mapping software
<input type="checkbox"/>	<input type="checkbox"/>	Class A or B Commercial Driver's License (CDL)
<input type="checkbox"/>	<input type="checkbox"/>	Metal work or welding
<input type="checkbox"/>	<input type="checkbox"/>	Heating, Ventilation and Air Conditioning (HVAC) Systems
<input type="checkbox"/>	<input type="checkbox"/>	Teaching or other adult education
<input type="checkbox"/>	<input type="checkbox"/>	Boat, pontoon or other watercraft operations

25. In 100 words or less please describe how your knowledge, training and experience makes you the best candidate based on our mission statement and values.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date