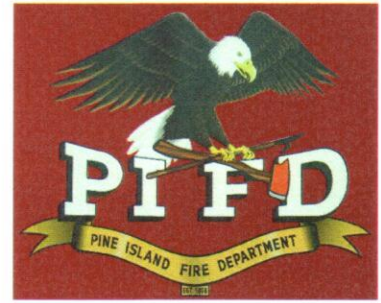


Pine Island

Fire & Rescue



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.

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 Pine Island, MN 55963	Pine Island City Hall 250 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: _____

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: _____

Current Certifications: _____

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.