

# Dassel Volunteer Fire Department

## Application for Volunteer Firefighter/First Responder

(Must be typed or written clearly with ink pen)

\_\_\_\_\_  
 LAST NAME                      FIRST                      MIDDLE                      PHONE #

\_\_\_\_\_  
 STREET ADDRESS                      CITY                      STATE                      ZIP CODE

ARE YOU OVER 18 YEARS? YES \_\_\_ NO \_\_\_

HOW LONG AT PRESENT ADDRESS? \_\_\_ YEARS \_\_\_ MONTHS

PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG AT PREVIOUS ADDRESS? \_\_\_ YEARS \_\_\_ MONTHS

### Employment

PROVIDE INFORMATION ON PRESENT EMPLOYER AND LAST TWO EMPLOYERS:

NAME	ADDRESS	PHONE NUMBER & CONTACT PERSON	MONTH/YEAR
			FROM: TO:
			FROM: TO:
			FROM: TO:

### Personal Information

FORMAL EDUCATION: (CHECK ONE) HIGH SCHOOL DIPLOMA \_\_\_ G.E.D. \_\_\_

COLLEGE AND/OR TRADE SCHOOL: \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_

FIRE SERVICE EXPERIENCE: \_\_\_\_\_

EMERGENCY MEDICAL EXPERIENCE: \_\_\_\_\_

CERTIFIED FIRST RESPONDER / EMT: YES \_\_\_ NO \_\_\_ CERTIFICATE #: \_\_\_\_\_

CERTIFIED FIREFIGHTER: YES \_\_\_ NO \_\_\_ LEVEL OF CERTIFICATION \_\_\_\_\_

MILITARY SERVICE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

DO YOU HAVE A VALID MN DRIVERS LICENSE? YES \_\_\_ NO \_\_\_ LICENSE #: \_\_\_\_\_

DO YOU HAVE A VALID MN CDL LICENSE? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED FOR ANYTHING OTHER THAN MINOR TRAFFIC VIOLATION?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE

EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

THE FIRE SERVICE PLACES GREAT PHYSICAL DEMANDS AND REQUIRES YOU TO CARRY, LIFT, CLIMB, CRAWL, STOOP AND BEND. DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING THESE DUTIES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

## References

PLEASE PROVIDE THE NAMES OF THREE REFERENCES OTHER THAN RELATIVES:

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

WHY DO YOU WANT TO BECOME A FIREFIGHTER/FIRST RESPONDER? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU AWARE THAT THE FIRE DEPARTMENT IS NOT A SOCIAL CLUB AND THAT AS A MEMBER, YOU WILL BE REQUIRED TO GIVE FREELY OF YOUR TIME TO ATTEND FIRES, HAZ-MAT EMERGENCIES, MEDICAL EMERGENCIES, MEETINGS, TRAINING DRILLS, AND WORK ON COMMITTEES? \_\_\_\_\_

**I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR DISMISSAL. I AUTHORIZE THE CITY OF DASSEL AND THE DASSEL FIRE DEPARTMENT TO MAKE ANY NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**This form must be notarized.**

## **BACKGROUND WAIVER**

I am an applicant for the position of Firefighter / First Responder with the Dassel Volunteer Fire Department. I hereby authorize and direct your organization and employees to release any and all information that you may possess or obtain about me, including information that may be deemed confidential, privileged and/or derogatory in nature.

I hereby exonerate, release and discharge you, your organization, its employees from any liability or damages, whether in law or in equity, now and in the future, for complying with this request and for furnishing the information requested by the bearer of this authorization form.

I have specifically waived any rights I may have to review or inspect any and all of the information developed in this investigation, so your responses will be completely confidential. You may retain a copy of this form for your files.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the City of \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Social Security #

\_\_\_\_\_  
Applicant's Drivers License #

\_\_\_\_\_  
Signature of Applicant

*SUBSCRIBED AND SWORN TO before me on the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.*

\_\_\_\_\_  
*Notary Public for the State of Minnesota*

*My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

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Background check is requested by: \_\_\_\_\_  
Fire Chief

Background checked by: \_\_\_\_\_ Date: \_\_\_\_\_

- ( ) No information available.
- ( ) Information attached, and forwarded to  
Recruitment and Retention Officer

**This form must be notarized.**

**\*\* CONFIDENTIAL \*\***

City of Dassel MN  
Dassel Volunteer Fire Department  
Attn: Chief or Assistant Chief Officer  
PO Box 56.  
Dassel, MN 55325  
(320) 275-3260

**AUTHORIZATION TO RELEASE INFORMATION  
(Personal Inquiry Waiver)**

**TO WHOM IT MAY CONCERN:**

I respectfully request and authorize you to furnish The City of Dassel or the Dassel Volunteer Fire Department with any and all information that you may have concerning me, my employment (work) and educational records, my reputation, and my financial and credit status. Please include any and all records and reports, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist City of Dassel or the Dassel Volunteer Fire Department in determining my qualification and fitness for the position I am seeking with the Dassel Volunteer Fire Department

I hereby release you, your organization and others from any liability or damage that may result from furnishing the information requested.

\_\_\_\_\_  
Date

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

of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public for the State of Minnesota*

*My Commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

**Note: A photocopy reproduction of this request shall be for all intent and purposes as valid as the original. You may retain this form for your files.**