

APPLICATION FORM



ALEXANDRIA FIRE DEPARTMENT

302 FILLMORE
ALEXANDRIA, MINNESOTA
320-763-6488

FIRE CHIEF: Jeff Karrow, AFD # 301

BATTALION CHIEF 1: _____

BATTALION CHIEF 2: _____

BATTALION CHIEF 3: _____

Date Application Received: _____

CITY OF ALEXANDRIA
Alexandria Fire Department
Firefighter Application
APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN ENTIRETY
Applications are kept on file for 1 year from date of submission
[PLEASE TYPE OR PRINT]

Name: _____
Last First Middle

Present Address: _____

How long lived at present address? _____ Home Phone: _____ Work Phone: _____

Driver's License number: _____

E-mail address: _____

How did you happen to apply for a position with the Alexandria Fire Department? _____

EMPLOYMENT HISTORY

List below your last three employers, starting with your present or last employer first.

Dates From-to	Name & Address of Company	Name & Title of Supervisor	Job Title	Job Duties
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHARACTER REFERENCES

(Do not list relatives or former employers)

Name	Occupation	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Important: Read before signing!

I authorize investigation of all statements and matters contained in this application or which the prospective employer may deem relevant to my employment. Applications are kept on file for 1 year.

Applicant's Signature: _____ **Date:** _____

MEDICAL INFORMATION

Date of last physical exam? _____
Results _____
Are you now under doctor's care? _____
Are you willing to take a physical exam? _____
Days of work missed in last 12 months: _____
Family physician: _____ Address: _____

MISCELLANEOUS INFORMATION

What do you do for recreation? _____

Clubs & organizations to which you belong (Exclude those based on race, religion national origin) _____

Are you willing to take a physical agility test as part of the application process? _____

THE FOLLOWING IS AGREED TO BY THE APPLICANT'S EMPLOYER:

I do hereby certify that this application is made with my knowledge and consent and I understand that if _____ is accepted to the Alexandria Fire Department that this
(Name of applicant)
individual will be giving part of their time to public service and will be expected to leave work when the alarm sounds.

Name of company where you are employed: _____

Address of employer: _____

Telephone of employer: _____

Name of supervisor: _____

Signature of employer: _____

Date: _____

BACKGROUND QUESTIONS

Applicants for the AFD must be from 18 to 40 years of age. Do you fit within that age range? _____

Monday nights and some weekends involve training; will you be able to commit those nights and weekends for the department? _____ If so, please describe.

Does your job or type of work take you out of town, if so how often? _____

How does your employer feel about you joining the Fire Department? _____

A pre-employment condition requires you be within a **10-minute** response time for the Alexandria Fire Department located at 302 Fillmore, Alexandria, MN. 56308. This will be determined by a member of the fire department driving from your home address to the fire station three different times. The member will then calculate the average.

Do you understand to maintain your employment with the City of Alexandria/Fire Department; your residence must be within the 10-minute response time? _____

If accepted on the Fire Department you will be required to attend Firefighter 1 & 2, First Responder and Class B driver certification classes held outside the Fire Department. The classes would be held on weeknights up to twice a week, are you willing and able to give this extra time? _____

Do you have any previous firefighting experience? _____

If yes, with what fire department or branch of service? _____

Applicant's Signature: _____

INVESTIGATION WAIVER

I, the above named individual, do hereby certify, by my signature below, that I do request full and complete details of my records that I may have with any Police Department, Sheriffs Office, Minnesota Highway Patrol, or any State or Federal Law Enforcement Agency, any court, or any school which I have attended, be furnished to the Alexandria Fire Department, 302 Fillmore, Alexandria, MN. 56308, in any matters appearing below.

1. Driving record
2. Employment record
3. Record of any arrests or convictions.

Applicant's Signature _____ Date _____

NOTES AND CONDITIONS

Each of the following items becomes part of your application record by your signature. Be sure to understand these notes and conditions before signing.

I voluntarily give the City of Alexandria/Fire department the right to make a thorough investigation of my past employment. I agree to cooperate in such investigation and authorize all prior employers to supply such information to the full extent allowed by law.

I understand the City of Alexandria/Fire Department may obtain an investigative consumer report on me.

I understand that false or misleading information given in my application or interview(s) may result in disqualification or, in the event of employment, dismissal. I attest that the information provided in this application is true and correct to the best of my knowledge.

I understand that, if offered employment, I may be required to undergo a physical examination and drug/alcohol pre-employment test and that some positions require future physical examinations and/or drug/alcohol tests. I consent to take the pre-employment physical examination and drug/alcohol test and any future physical examinations and/or drug/alcohol tests that may be required y the City of Alexandria/Fire Department at such times and places the City/fire Department may designate.

This application shall not be construed as a contract of offer of a firefighter position for any particular length of time. If an offer is extended to you, and if you accept that offer, the resulting employment will be AT WILL

The City of Alexandria/Fire Department reserves the right to change its policies or otherwise alter conditions of employment without notice as the City/Fire department deems appropriate.

Applicant's Signature: _____ Date: _____

ALEXANDRIA FIRE DEPARTMENT
FIREFIGHTER PHYSICAL AGILITY TEST

The following test is the minimum initial physical fitness test to qualify for the position at the Alexandria Fire Department. If the minimum standards are not met, the applicant failed the test for firefighter for the Alexandria Fire Department. This fitness test is part of the pre-employment offer and an applicant will have the opportunity to successfully pass up to 3 separate times. The test will be monitored by staff from the Physical Therapy Department of the Douglas County Hospital or the Screening Committee.

Instructor will read:

"You are now going to be examined for physical aptitude. You are to perform your very best on the series of tests. We shall clearly explain and demonstrate each test as you come to it. Be sure to listen and watch closely. You should exert yourself to the limit of your ability. If you get tired, continue on to obtain the highest score possible, thus demonstrating your true physical aptitude. You will be graded on a total of eleven test items. If you feel the need of additional loosening-up exercises, you may do so while waiting in line at any time during the examination. Your pulse will be taken before and after you complete test."

1.) Don turn out gear and SCBA

Each candidate must be able to don complete turn out gear and SCBA.

Instructions:

The candidates will don properly complete turn out gear including boots, pants, hood, coat, helmet, gloves and SCBA. (Demonstrate)

2.) Uncharged hose drag

Each candidate must be able to drag an uncharged 50 ft. length of 2 1/2" hose a distance of 50 feet wearing full turnout gear and SCBA.

Instructions:

The candidates will properly drag an uncharged hose 50 feet keeping the back straight and using the legs (Demonstrate).

3.) Charged hose drag

Each candidate must be able to drag a charged 50-ft. length of 2 1/2" hose a distance of 50 feet wearing full turnout gear and SCBA.

Instructions:

The candidates will properly drag a charged 50 feet keeping the back straight and using the legs (Demonstrate).

4.) Tire hit

Each candidate must be able to provide 15 hits to the tire with an 8lb sledgehammer wearing full turnout gear and SCBA.

Instructions:

The candidates will hit the tire 15 times. (Demonstrate)

5.) 30 Pull Downs

Each candidate must be able to do 30 pull downs with a pike pole in hose tower with a 40 lb. weight wearing full turnout gear and SCBA.

Instructions:

The candidates will properly complete 30 pull downs with a pike pole hooked in loop of rope in hose tower with a 40-lb. weight attached to the rope on pulley. (Demonstrate)

6.) Carry Hi-rise hose pack up stairs

Each candidate must be able to carry Hi-rise hose pack up to the top of hose tower and down (3 flights of stairs) wearing full turnout gear and SCBA.

Instructions:

The candidates will properly carry a Hi-rise hose pack up 3 flights of stairs in the hose tower.

7.) 1 ¾” hose raise

Each candidate must be able to raise 50ft of 1 ¾” hose by rope wearing full turnout gear and SCBA.

Instructions:

The candidates will properly raise 50ft of 1 ¾” hose by rope in the hose tower.

8.) Carry Hi-rise hose pack down stairs

Each candidate must be able to carry Hi-rise pack down from hose tower (3 flights of stairs) wearing full turnout gear and SCBA.

Instructions:

The candidates will properly carry Hi-rise hose pack back down 3 flights of stairs in the hose tower.

9.) Dummy Drag

Each candidate must be able to crawl 50 feet to and drag dummy back on a backboard 50 feet wearing full turnout gear and SCBA.

Instructions:

The candidates will properly on hands and knees crawl 50 feet to rescue dummy, stand up and drag dummy back on a backboard 50 feet keeping back straight and using their legs.

10.) Carry Electric Exhaust Fan

Each candidate must be able to carry electric exhaust fan 50 feet wearing full turnout gear and SCBA.

Instructions:

The candidates will properly pick up electric exhaust fan and carry 50 feet and properly set it down keeping back straight and using their legs.

11.) Fast Walk 300 Feet

Each candidate must be able to walk at a fast pace 300 feet wearing full turnout gear and SCBA.

Instructions:

The candidates will properly walk at a fast pace for 300 feet. At the completion of this test the candidate will take off SCBA and turnout gear and take their pulse

ALEXANDRIA FIRE DEPARTMENT
FIREFIGHTER PHYSICAL AGILITY TEST

NAME: _____ DATE: _____
 COMPANY: Alexandria Fire Department JOB: Firefighter

<u>Test Description</u>	<u>Critical Demands</u>	<u>Testing</u>	<u>Met</u>	<u>Not Met</u>
1. Don turn out gear and SCBA with mask & air. * Begin timing	1 rep.	___ rep.	_____	_____
2. Drag 50 ft. length of 2 1/2" hose. (non-charged)	50 feet	___ ft.	_____	_____
3. Drag 50 ft. of charged 2 1/2" hose.	50 feet	___ ft.	_____	_____
4. 15 hits to tire with 8lb sledgehammer.	15 rep.	___ rep.	_____	_____
5. 30 pull downs with pike pole in hose- tower with 40 lb. weight.	30 reps.	___ rep.	_____	_____
6. Carry Hi-Rise hose pack to top of hose tower (3 flights stairs)	1 rep.	___ rep.	_____	_____
7. Raise 50ft. length of 1 3/4" hose by rope.	1 rep.	___ rep.	_____	_____
8. Carry Hi-rise hose back down 3 flights	1 rep.	___ rep.	_____	_____
9. Crawl 50 ft. to 165 dummy, stand up and drag dummy 50 ft. back on backboard.	50 ft. crawl	___ ft.	_____	_____
	50 ft. drag	___ ft.	_____	_____
10. Carry electric exhaust fan 50 ft. and set down fan.	50 feet	___ ft.	_____	_____
11. Continue walking at a fast pace 300 ft.	300 feet	___ ft.	_____	_____

Stop timing - _____ minutes, Total time to complete items 2-11 should not exceed 10 min.
 Air Pressure End _____ Heart Rate End _____ Blood Pressure _____
 2 min later BP _____

COMMENTS:
 Physical abilities (Do/Do Not) match the functional requirements of the job description.

EVALUATOR _____ DATE _____

***Target Heart Rate information below taken from the American Heart Association:**

The table below shows estimated target heart rates for different ages. Look for the age category closest to yours, then read across to find your target heart rate.

	Target HR Zone	Average Maximum Heart Rate
Age	50–85 %	100 %
20 years	100–170 beats per minute	200 beats per minute
25 years	98–166 beats per minute	195 beats per minute
30 years	95–162 beats per minute	190 beats per minute
35 years	93–157 beats per minute	185 beats per minute
40 years	90–153 beats per minute	180 beats per minute
45 years	88–149 beats per minute	175 beats per minute
50 years	85–145 beats per minute	170 beats per minute
55 years	83–140 beats per minute	165 beats per minute
60 years	80–136 beats per minute	160 beats per minute
65 years	78–132 beats per minute	155 beats per minute
70 years	75–128 beats per minute	150 beats per minute

Your maximum heart rate is about 220 minus your age x 90%. The figures above are averages, so use them as general guidelines.

**GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTE 13.05, SUBD. 4
MINNESOTA DATA PRACTICES ACT**

I, _____, hereby authorize and grant my informed consent to permit you, the City of Alexandria, to release and to make available to the City of Alexandria and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data that I authorize to be released consists of private data, as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Alexandria to have access to this information is to determine my suitability for employment with the City of Alexandria. I further understand that this information may subsequently be utilized for other purposes relating to my possible employment with the City of Alexandria including verification of my records and analysis by consultants to the City of Alexandria who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

Applicant's Signature _____
Date

Print Full Name (First, Middle, Last):

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

(* This document to be forwarded to appropriate agencies for background check *)

City of Alexandria

TENNESSEN WARNING FOR EMPLOYEES

In accordance with the [Minnesota Government Data Practices Act](#), your employer is required to inform you of your rights as they pertain to the private information we collect from you. The information we collect from you is classified by law as either public (any one can see it), private (the public is not given access, but you are), or confidential (even you cannot see the information). As a public employee or an applicant for public employment, most of the data we maintain about you is public according to Minnesota Statutes, section 13.43, subdivisions 2 and 3.

The information we request from you may be used for one or more of the following purposes:

- To distinguish you from all other applicants or employees and identify you in our personnel files;
- To determine your eligibility for employment or promotion;
- To contact you or other significant persons in an emergency;
- To enroll you and your family members for health insurance;
- To enroll you for pension plans;
- To account for wages paid;
- To justify travel expense reimbursement;
- To account for other employer paid fringe benefits;
- To compile Equal Opportunity and Affirmative Action reports.

Information which you are asked to provide generally is not required by statute. However, it generally is to your benefit to provide it. Without the requested information, this employer may not be able to determine your eligibility for employment or promotion, compute your wages or provide you other fringe benefits.

Federal law permits government agencies to require an individual to provide his/her social security number for the administration of any tax. Please be aware when you are asked to give your social security number on Revenue forms, this collection is mandated by section 1211 of the Tax Reform Act of 1976 and also Minnesota Statutes, section 270.66. This information will be shared with the State Department of Revenue, the Internal Revenue Services, security tax programs. In most other cases the disclosure of your social security number is voluntary. If it is required by law, we will inform you of the statute which require collection.

The information you provide may be shared with the City's payroll and personnel staff and Human Resources staff who require the information to do their jobs, supervisory staff, accounting/Payroll Staff, City Attorney's Office, insurance contractors, PERA, IRS, and the State Departments of Revenue, Finance, Economic Security, Employee Relations, and Labor and Industry.

Information may also be shared with other agencies authorized by law to receive specific data relating to:

1. Absent/non-supportive parents;
2. Civil/human rights complaints;
3. Worker's Compensation;
4. Unemployment Compensation;
5. Labor contracts (to the extent specified in Minnesota Statutes, chapter 179);
6. Employee assistance programs;
7. Child/vulnerable adult abuse.

If you have any questions about this notice, Human Resources staff will explain it to you. The information on this form applies to your future contacts with this employer whether the contact is in person, by mail, or by phone.

Employee/Applicant: I have received the above Tennesen Warning.

Print Name

Employee/Applicant Signature

Date