



North St. Paul Fire Department
2400 Margaret Street North St. Paul, MN 55109
Phone: 651-747-2405 Fax: 651-747-2550
www.northstpaul.net



The North St. Paul Fire Department is a combination department with three full-time staff and forty paid-per-call firefighters serving the City of North St. Paul and its residents within a 3.1 square mile area.

The department responds to over 1,300 emergency incidents annually. These incidents include structure and vehicle fires, alarm calls, emergency medical service calls, and motor vehicle accidents among many other emergency and non-emergency calls.

The position of paid-per-call firefighter requires that you are a resident of North St. Paul or live within 5 minutes from the fire station, located at 2400 Margaret Street, North St. Paul, MN 55109. Additional requirements for call response, initial training and certification completion, monthly meetings and drills, required on-going training and community and department events must also be met.

Hiring for the position of paid-per-call firefighter occurs annually. Applications for paid-per-call firefighters are accepted through August 31 of each calendar year. Shortly after the close of the application acceptance period, a perspective firefighter orientation will take place. This is an opportunity for you to learn in greater detail the requirements and commitment it takes to become a North St. Paul Firefighter. Interviews will take place in mid-October followed by comprehensive medical evaluation and physical agility test. The anticipated start date of employment is mid-November.

All training is paid for by the department. Paid-per-call firefighters are compensated for their hours worked and are paid monthly. A pension plan is also included with vesting after serving a minimum of ten years.

Please complete the employment application and return all information requested.

If you have any questions, please contact Interim Fire Chief Jason Mallinger at 651-747-2552 or Jason.mallinger@northstpaul.org.



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FOR OFFICE USE ONLY
DATE RECEIVED: _____
ELIGIBLE _____ NOT ELIGIBLE _____
DATE INACTIVE: _____
VETERANS PREFERENCE _____

APPLICATION FOR EMPLOYMENT

Please complete your application to clearly demonstrate how you meet the desired qualifications.

APPLICANT INFORMATION

Applicant Name: (Last, First, Middle)

Address:

City, State, Zip Code:

Phone Number:

Alternative Phone Number:

Phone Type:

Phone Type:

May we contact you at work?

Yes No

Email:

Are you at least 18 years old?

Yes No

If No, Date of Birth:

Are you a United States Citizen or legally eligible to work in the United States?

Yes No

Except a spouse, do you have any relative(s) working for the City?

Yes No

If Yes, Relationship:

Department:

In accordance with the Immigration and Control Act of 1986, the City only hires US Citizens and lawfully authorized alien workers. If hired you will be required to provide proof of citizenship or legalized alien program. Failure to do so will result in dismissal.

Driver's License Information:

Number:

State:

Class:

Endorsements:

Any Restrictions? Yes No

Have you been previously employed with the City?

Yes No

If Yes, Date:

Position:

Date Available to Work:

Note: This position requires a criminal background check as a condition of employment.

Do you have any impairments which would interfere with your ability to perform the essential functions of the job of firefighter? Yes No If yes, what is the impairment?

EDUCATION

Did you graduate from high school or receive a GED? Yes No
 School Attended :

How many years of education have you had?

Name and Location of College, University, Technical School	Dates		Degree Received	Major (s)
	From	To		

SKILLS, TRAINING AND CERTIFICATIONS

Have you ever been a member of any U.S. Fire Department? Yes No If Yes, list below:

Department Name	Department Location	Position(s) Held	Years	
			From	To

Name of Fire Chief:

Phone:

Attach separate sheet(s) if needed.

LIST ANY TRAINING, EXPERIENCE OR CERTIFICATIONS RELEVANT TO THE POSITION:

Fire, EMS Training, Experience and Certifications	Type	Date Issued
Fire		
EMS		
Other		

Describe any additional skills or training you possess that may help you as a firefighter.

WORK EXPERIENCE

List your present or most recent experience.

Employer:		Phone:	
Address:		City, State, Zip Code:	
Your Title:		Last Salary:	
Supervisor:		Supervisor's Title:	
Dates of Employment:			Hours Per Week:
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain	

Describe your duties:

If you work in North St. Paul or the response area, is your employer willing to release you for: All Calls All Fires Structure fires and rescues only
 No Calls

If your answer was no, would a letter from the Fire Chief influence your employer? Yes No

REFERENCES

List the names of four people (not related to you) who can be contacted regarding your qualifications, work habits and character.

Name	Email Address	Phone Number	Position and Relation

HOURS AVAILABLE

Please list the hours of each day you would be available for emergency calls. Be as specific as possible.

Sunday	Monday
Tuesday	Wednesday
Thursday	Friday
Saturday	

NARRATIVE

Briefly describe why you would like to become a firefighter.

IMPORTANT FACTS CONCERNING YOUR APPLICATION

Any information about yourself that you provide to the City of North St. Paul during the application process will be used to identify you as an applicant and to assess your qualifications for employment with the City. If you wish to be considered for employment, you are required to provide the information requested in the application for employment. Your refusal to supply information requested by the City may mean that your application will not be considered for employment. If you are employed, individuals of the City who need information from your application will have access to it. This data will also be provided to persons authorized to have access under State or Federal law; persons authorized by court order to access this information; and persons who you consent in writing have access to the information.

Materials submitted in support of an application are normally not returned. You should not submit an original document if it is your only copy.

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. I certify that all answers to the above questions are true and understand that false information on or omissions of information from this application will be cause for rejection of this application or termination of employment without notice or benefits.

Applicant Signature

Date

IMPORTANT FACTS CONCERNING INFORMATION PROVIDED ON YOUR APPLICATION

Minnesota law affects you as an applicant for employment with the City of North St. Paul. 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 the position, your name will become public information. You become a finalist if you are selected to be interviewed by the Employer.

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 requested information will mean that your application for employment may not be considered.

If you are selected for employment with the City, the following additional information about you will be public: your name, actual gross salary and salary range, contract fees, 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, the dates of your first and last employment with the City, the status of any complaints or charges against you at work, the final outcome of any disciplinary action taken against you, specific reasons for it and all supporting documentation about your case, terms of any agreement settling administrative or judicial proceedings; your work location and work telephone number, your badge number if any, honor/awards received, payroll time sheets; your city and county of residence. 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 Ch. 13.

DRUG AND ALCOHOL TESTING

The City of North St. Paul has adopted a drug and alcohol testing policy. The purpose of this policy is to provide for a safe public and employment atmosphere, as set forth by Minnesota State Statute 181.951. As a job applicant for any City position, you are subject to testing under the policy and will be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn.

If you undergo an initial screening test with a positive test result, a confirmatory test verifying the results must be performed. You have the right to explain a confirmatory retest of the original sample within five working days after receiving notice. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action base on the confirmatory test may be taken against you.

A job applicant, who receives a positive test result, fails or refuses a confirmatory test, does not request in writing a confirmatory retest within five working days after notice may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal with the City of North St. Paul. The full Drug and Alcohol Testing Personnel Policy is available for review in the City Manager's office at City Hall during regular business hours.

AUTHORIZATION AND RELEASE

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief.

I understand that any false information on or omission of information from this application, or failure to present the required proofs, upon discovery will be cause for rejection or dismissal if employed. The City of North St. Paul has the right to verify all information provided in this application.

I release all parties from any and all liability and claims for damage whatsoever that may result therefrom.

Applicant Signature	Date

It is the City of North St. Paul's policy and intent to provide equality of opportunity in employment to all persons. The City of North St. Paul does not discriminate on the basis of race, color, national origin, religion, age, disability or sexual orientation in employment or provision of services.

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

**CITY OF NORTH ST. PAUL FIRE DEPARTMENT
CRIMINAL BACKGROUND INVESTIGATION AGREEMENT**

I agree to authorize the Chief of the North St. Paul Police Department and members of that department authorized by the chief to conduct record checks on me as a condition of my employment with the North St. Paul Fire Department.

I understand that the results of these record checks will be submitted to the Chief of the North St. Paul Fire Department along with recommendations and comments regarding my suitability for employment with the North St. Paul Fire Department.

I understand that if I am denied employment with the North St. Paul Fire Department, I will be entitled to inspect a summary of the results of my record checks.

I understand that this information shall not be disseminated to any person other than the Chief of the North St. Paul Fire Department and authorized personnel acting on behalf of the chief, with the exception of my own access to the written summary described above.

Last Name

First Name

Full Middle Name

Date of Birth

Driver's License Number

Applicant Signature

Date

ADDENDUM TO APPLICATION FORM

VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points you must:

1. Be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who, because of disability, is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THIS VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS?

Yes

No

If you answered Yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

VETERAN'S PREFERENCE POINTS APPLICATION

Veteran: Self Spouse

If spouse, veteran's name:

Branch of Service:

Period of Active Duty:

From:

To:

Rank at Discharge:

Type of Discharge:

Date of Final Discharge:

Service No.:

Are you receiving or eligible for a military pension?

Yes

No

Do you have a compensable service related disability?

Yes

No

Preference Requested:

Veteran

Disabled Veteran

Spouse of Disabled Veteran

Spouse of Deceased Veteran

Your preference points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting Documentation: is attached. will be submitted within 7 days of application deadline.

**APPLICANT EQUAL EMPLOYMENT OPPORTUNITY INFORMATION
VOLUNTARY SURVEY**

Important Note: To enable the City of North St. Paul to meet local and federal government reporting regulations, applicants are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. This data is for periodic government reporting and will be kept in a **Confidential File** separate from the application for employment. Your cooperation is appreciated and is **voluntary**.

Position Applied For:

Date Applied:

Ethnic Category (Check one):

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- Hispanic
- White
- Other

Group Age:

- Under 25
- 26-40
- Over 40

Gender:

- Male
- Female

Do you have a disability?

- Yes If Yes, please specify:
- No

How did you hear about the position?

- City Website
- League of Minnesota Cities Website
- Trade/Professional Organization
- Employment Agency/Job Service
- Employee Referral
- Other: