



# Carlton Fire and Ambulance Application for Employment

<b>Position(s) Applied For:</b>	<b>Date of Application:</b>
<b>How Did You Learn About Us?</b> <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend <input type="checkbox"/> Current Employee - Who? _____ <input type="checkbox"/> Other _____	

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>	<b>Number</b>	<b>Street</b>
<b>State</b>	<b>Zip</b>	<b>City</b>
<b>Home Telephone</b> ( )	<b>Mobile Telephone</b> ( )	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ am/pm

Are you over 18 years of age?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
If Yes, who \_\_\_\_\_

Are you currently employed?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment*

Date available for work: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Do you have any physical limitations or health conditions which may limit your ability to perform the job applied for?  
\_\_\_\_\_



Carlton Ambulance Service considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, status with regard to public assistance or any other legally protected status.

## Employment Experience

Start with your present or last job and list your Employment history. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From MM/YY	To MM/YY	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

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		From MM/YY	To MM/YY	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

Please provide any pertinent past work experience with BLS ambulance service or health care related field.

Employer:	Job title:	Certification:
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Please explain duties performed.

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**CARLTON FIRE AND AMBULANCE**

100 4<sup>th</sup> Street – PO Box 336, Carlton, MN, 55718  
(218) 384-4158

	Name and City of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (i.e. Technical College)				

**Additional Information**

*List any current Fire or EMS licenses - EMSRB/NREMT (EMR, EMT, Paramedic), CPR FFI&2 with expiration dates*


*Specialized Skills/Equipment Operated*


*State any additional information that you feel may be helpful to us in considering your application.*




# References

Please submit the Names of three persons not related to you, whom you have known for at least one year.

Name	Address	Occupation	Phone

Note to Applicants: A COPY OF THE JOB DESCRIPTION FOR WHICH YOU ARE APPLYING SHOULD ACCOMPANY THIS APPLICATION. IF IT DOES, ANSWER THE FOLLOWING QUESTION ONLY AFTER REVIEWING THAT JOB DESCRIPTION, IF IT DOES NOT, DO NOT ANSWER THE FOLLOWING QUESTION.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_ YES      \_\_\_ NO

# Applicant's Statement

Applicant is required to sign the application to receive consideration. By virtue of your signature the applicant certifies and acknowledges the following:

1. That answers given herein are true and complete.
2. Investigation of all statements and references contained in this application for employment as may be necessary in arriving at an employment decision is hereby authorized.
3. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Carlton Fire and Ambulance is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing and signed by the City Administrator.
4. That the Carlton Fire and Ambulance is hereby authorized to make contact with my present employer(s), but that such contact shall not be made unless I am a finalist for the position for which I am applying.
5. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Carlton Fire and Ambulance.

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

\_\_\_\_\_  
Date



## **Applicant Data Practices Advisory**

According to Minn. Stat. § 13.04, the City must advise you of the following.

Purpose and intended use of the data:

The city collects this information for purposes of selecting a candidate for hire. Your data will be used to identify you as an applicant and to assess your qualifications for employment with the city. For public safety positions or in the event you are selected for hire, your data will be used to perform a criminal background check, which could include using the BCA's website.

Filling out the application is voluntary, if the information requested is not complete, your application may not be considered for the position.

As an applicant, your name is considered private unless you would be selected as a candidate for an interview.