



We consider applications for membership without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation or any legally protected status.

Applications for the fire fighter or reserve must answer all of the following questions.

Date: _____

Name: _____
Last First Middle

Social Security #: _____ - _____ - _____

Drivers License Number: _____ State: _____

Driving Record: DWI _____ Reckless/Careless _____ Speeding _____

Phone Number: _____

Current Address: _____

Street # City State Zip

How long at this address: _____

Previous Address: _____

Street # City State Zip

How long at this address: _____

Previous Address: _____

Street # City State Zip

How long at this address: _____

Current Employer: _____

Address: _____

Street # City State Zip

Work Phone Number: _____ Hours Worked: _____

Job Title or Work Performed: _____

Is Your Work Seasonal: _____

Supervisors Name: _____ Title: _____

How Long Employed at the Job: _____

Previous Employer: _____

Address: _____

Street # City State Zip

Work Phone Number: _____ Hours Worked: _____

Job Title or Work Performed: _____

Supervisors Name: _____ Title: _____

Dates Employed: _____

Reasons for leaving: _____

Previous Employer: _____

Address: _____

Street # City State Zip

Work Phone Number: _____ Hours Worked: _____

Job Title or Work Performed: _____

Supervisors Name: _____ Title: _____

Dates Employed: _____

Reasons for leaving: _____

If selected for membership, can you prove that you are a least 18 years of old of age? _____

Are you prevented from becoming employed because of VISA or immigration status? _____

If selected for membership, can you submit proof of U.S. citizenship? _____

Are you a veteran of the U.S. Armed Forces? _____

If yes, what type of training did you receive? _____

What branch of the armed forces? _____

Rank at separation: _____

Are you capable of performing the necessary requirements of a firefighter in a safe manner? _____

Do you have any physical impairments that may hinder your ability to perform the job of firefighting?

What languages can you read? _____ Speak? _____

Or write fluently? _____

Do you have any commitments or responsibilities that might prevent you from meeting attendance and or minimum requirements? _____ If so, what? _____

Education:

High School: _____

Address: _____

Street #

City

State

Zip

Years Completed: _____ Diploma: _____

College: _____

Years Completed: _____ Degree: _____

Trade School: _____

Years Completed: _____

Courses Taken: _____

Describe any specialized training, apprenticeship, or other skills you have: _____

Describe any hobbies or extra-curricular activities you are involved with: _____

List other organizations you belong to: _____

Do you have any medical training? _____

If so, what type? _____

Card Expiration date: _____

Do you have any previous fire training? _____

If so, please list: _____

Do you have any typing, accounting, or other business skills? _____

If so, please list: _____

Do you have any building or general construction knowledge? _____

If so, please list: _____

Do you have good automotive and mechanical skills? _____

If so, please list: _____

Personal References – List three persons you have known for at least three years.

Name: _____

Address: _____

Street #

City

State

Zip

Phone Number: _____ Occupation: _____

Name: _____

Address: _____

Street #

City

State

Zip

Phone Number: _____ Occupation: _____

Name: _____

Address: _____

Street #

City

State

Zip

Phone Number: _____ Occupation: _____



Date: _____

The following named individuals has made application with this agency for employment.

Last Name of Applicant (Please Print): _____

First Name (Please Print): _____

Middle (Full) (Please Print): _____

Date of Birth: _____ Sex (M or F) _____

Social Security Number: _____

I authorize the Minnesota Bureau of Criminal Apprehensions to disclose all criminal history record information to the West Suburban Fire District for the purpose of employment with this Agency as Firefighters pursuant to Minnesota State Statue 29F.035

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Synopsis of Minimum Requirements

The minimum requirements of this fire department are many and varied, but yet easily satisfied by those individuals who have the desire, commitment, and determination to achieve self-fulfillment through hard work and service to the community.

The list of requirements are as follows:

- Physical examination prior to active service.
- No beards (OSHA regulations.)
- Must respond to all calls (25% minimum response required).
- Must attend minimum of 6 or 50% of business meetings (1 business meeting a month)
- Must attend 24 hours of training per year (1 training per month)
- Must attend all Mandatory Trainings that are defined by the West Suburban Fire District Training Officer
- 1 year probationary status
- Completion of Fire Fighter I & II during 2nd year. (120 hrs.)
- Completion of Emergency Medical Responder Course. (40 hrs.)
- Mentor Program – New firefighters will be assigned to an experienced firefighter for orientation and fire ground training.
- You must be a minimum of 18 years of age.
- You must participate fully in fundraising efforts or activities.
- You will be expected to help check equipment once a month with an assigned crew.
- You will be expected to return to the station after calls to help clean and repair equipment to make it ready for the next call.
- You will be expected to comply with all rules and regulations of the West Suburban Fire District and the State of Minnesota to be eligible for membership and to qualify for the fire department pension.

