



## Fire Department Supplemental Application for Employment

This Supplemental Employment application form must be completed in addition to the City of Hibbing Application for Employment for all Fire Department Applicants. This must be completed and submitted by the application deadline of the position for which you are applying.

### Personal Information

Name:	(Last)	(First)	(MI)
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Which position are you applying for?
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Type of employment desired:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
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**Please print in INK or type when completing this application**

Have you successfully completed a recognized Firefighter I course fulfilling the requirements of the National Fire Protection Association Standard 1001?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Have you successfully completed a recognized Firefighter II course fulfilling the requirements of the National Fire Protection Association Standard 1001?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Do you hold a current IFSAC Firefighter II Certification? <i>If yes, please attach a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
Do you hold an active MN EMSRB Paramedic or EMT Certification? Specify Certification(s) _____ <i>If yes, please attach a copy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress
As per MN Statute 299N Firefighter Licensing Requirements, convictions of any arson related charge disqualifies an applicant from being issued a firefighter license. Have you been convicted of any arson related offenses? <i>If yes, please explain:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

# City of Hibbing

## Experience/Training

Do you have experience and/or training in any of the following firefighting skills?  
(Check all that apply)

- High and Low Angle Rope Rescue
- Confined Space
- Hazmat Operations (other than with the FF I and II course)
- Hazmat Technician
- Blue Card or Hazard Zone Management
- Fire Inspector
- Fire Investigator
- Fire Apparatus Operator
- Airport rescue and Firefighting (ARFF)

In 100 words or less, please describe how your knowledge, training and experience make you the best candidate based on our mission statement and values.

I have submitted the following REQUIRED documents (check all that apply)

- Application Cover Letter
- Professional Resume
- Copy of Valid Minnesota Class "D" Driver's License or equivalent
- Copy of certificate-NFPA 1001 or equivalent
- Copy of NREMT Licensure - EMT
- Copy of NREMT Licensure-PARAMEDIC
- Copy of certificate - CPR
- Any other applicable licenses or certifications (PALS, ACLS, HazMat, FEO, etc.)

# City of Hibbing

## Authorization

I certify that all information I have provided in this application for employment is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I acknowledge that I have received a copy of the job description summary for the position/s for which I am applying. I further acknowledge my understanding that employment with the City of Hibbing is "at will," and that employment may be terminated by either the City of Hibbing or me at any time, with or without notice.

With my signature below, I am providing the City of Hibbing authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered "No" to the question, "May we contact your current employer?", contact with my current employer will not be made without my specific authorization.

I have read the included Applicant Data Practices Advisory, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) and that a conviction of a crime related to this position may result in my being rejected for this job opening. I understand that the company may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests. I also understand it is my responsibility to notify the City of Hibbing in writing of any changes to the information reported in this application for employment.

If electronic: Your electronic signature below indicates your agreement with the following statements: By typing my name in the following box and clicking submit, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

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Signature

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Date