



APPLICATION FOR FIRE FIGHTER CIVIL SERVICE COMMISSION CITY OF HIBBING, MINNESOTA

Name: _____ Date: _____

Address: _____
Street Address City State Zip

Phone #: _____ (Cell) _____ (Work)

E-mail Address: _____

Eligibility Requirements (Please check if applicable):

I am 18 years of age.

I am a Hibbing resident.

I am a registered voter within the City of Hibbing.

I have not been convicted of a felony in the past 10 years.

I am interested in serving on the Fire Fighter Civil Service Commission.

Your occupation/profession: _____
(Retired? Please indicate former occupation/profession)

Why are you interested in being on the Fire Fighter Civil Service Commission?

What skills, knowledge or experience do you have to serve on the Fire Fighter Civil Service Commission?

Note: The information on this application will be available to the public and media. You may be asked to participate in an interview process with city staff. Please submit a resume or any other relevant information with this application.

*** By signing this application, I attest that all information provided here and on my resume is true.**

Signature of Applicant: _____ Date: _____

Download & submit to: City Clerk's Office, Attn: Candie Seppala, 401 E. 21st St., Hibbing, MN 55746 -- or --
send via email to candieseppala@hibbingmn.gov or hit the submit button below.