Volunteer firefighter application

City Hall · goes to Kenyon Volunteer Fire Department (fire@cityofkenyon.gov)

FILLABLE PDF

Type in this PDF, or fill it online at kenyonminnesota.com/forms/firefighter-application/

Minimum qualifications: 21 or older, high school diploma or equivalent, valid Minnesota driver's license, pass a physical, and live or work within a five-minute response of the fire hall. Department meeting first Monday 6:45 p.m., practice third Monday 6:30 p.m. Firefighter I (10 hours) and First Responder (40 hours) certification required after selection; you must commit within ten days of notification. An employer acknowledgement form is also required.

Fee: None. Training and schooling paid by the city; relief-association pension after ten years; workers' compensation and life and disability coverage on duty.

Return: submit online (no printing), or email this PDF to fire@cityofkenyon.gov, or bring it to City Hall, 709 2nd Street, Kenyon, MN 55946. Fields marked * are required.

Applicant

First name *

Last name *

Street address *

City *

State *

ZIP *

Home phone

Cell phone *

Email *

Date of birth *

Minnesota driver's license number *

License class and endorsements

A, B, C; endorsements.

Employment

Current employer *

Job title *

Employer address

Normal hours of work *

Does your business take you out of town? *

☐ Yes ☐ No

If so, explain

Response time from home to the fire hall (minutes) *

Response time from work to the fire hall (minutes) *

Availability and training

Hours you are available to respond to emergency calls *

Can you attend the monthly department meeting and practice? *
☐ Yes ☐ No

Can you attend the Firefighter I certification program? *
☐ Yes ☐ No

Can you attend the 40-hour First Responder program? *
☐ Yes ☐ No

Firefighter training?
☐ Yes ☐ No

Date certified

First aid training?
☐ Yes ☐ No

Type and date

First Responder training?
☐ Yes ☐ No

Date certified

Truck driving experience?
☐ Yes ☐ No

Type of vehicle

Mechanical, electrical or other specialized work experience

Any physical or health limitation that could interfere with performance? *
☐ Yes ☐ No

If yes, explain

Commitments that might prevent meeting requirements? *
☐ Yes ☐ No

If yes, explain

Relatives on the fire department? *
☐ Yes ☐ No

If yes, names

Previously applied for this position? *
☐ Yes ☐ No

I agree to a background criminal record check *
☐ I agree to a background criminal record check

References

Reference 1

Full name *

Present address

Position and relation to your work * | **Phone ***

Reference 2

Full name *

Present address

Position and relation to your work * | **Phone ***

Reference 3

Full name *

Present address

Position and relation to your work * | **Phone ***

Leave unused blocks blank.

Attachments

- [ ] EMT, firefighter or first-aid certifications; driver's license

Attestation and signature

In accordance with Minnesota Statutes, Section 13.04, I have been informed of and understand my rights as a subject of data. I understand this employer has the right to verify information provided in the application, and that misrepresentation may result in discharge for cause and the penalties of M.S. 43A.39. I authorize the employer to conduct an inquiry into job-related information in this application and release it from liability for requesting such information. I certify the statements above are true and complete.

Signature (type your full legal name) | **Date**

Typing your name is your signature under the Minnesota Uniform Electronic Transactions Act (Minn. Stat. ch. 325L). The fire chief reviews applications; upon selection you commit within ten days and complete a physical examination.