

FIREFIGHTER/FIRST RESPONDER APPLICATION

IMPORTANT: PLEASE READ BEFORE COMPLETING THIS APPLICATION:

You may be subject to a background check, a drug test, and will be required to pass a medical examination as a condition of being accepted on to the department. You do have a right to refuse to a background check, but understand if you refuse, the Department may deny your application.

By signing this application, you agree to the above statement.

Submit applications using ONE of the following three methods:

<u>MAIL TO:</u>		<u>DROP OFF:</u>
City of Mazeppa	Mazeppa Fire Department	Mazeppa City Hall
P.O. Box 316	P.O. Box 73	121 Maple St. NE
Mazeppa, MN 55956	Mazeppa, MN 55956	

PERSONAL INFORMATION (please print)

Name-Last: _____ First: _____ MI: _____

Address: - Street: _____ City: _____ Zip: _____

Phone: - Daytime: _____ Work: _____ Evening: _____

Place of Employment: _____ Occupation: _____

Please answer the following questions:

- 1) Do you have a high school diploma or GED equivalent? **Y / N**
- 2) Are you at least 18 years old? **Y / N**
- 3) Do you have a valid MN Drivers License? **Y / N**
If yes, indicate Class & Endorsement: Class _____ Endorsement _____
- 4) When are you available for calls?
a) During Day? **Y / N**
b) After 5pm? **Y / N**
If you answered No to either questions, please explain (i.e. – work out of town):

5) What would be your estimated response time to the Fire Hall?

RATE YOUR ABILITY:	Poor	Fair	Good
Ladder Climbing	1	2	3
Confined Spaces	1	2	3
Working at Heights	1	2	3
Thinking under Duress	1	2	3
Ability to Breathe through Mask	1	2	3
Toleration to Smoke	1	2	3
Toleration to Wet	1	2	3
Toleration to Cold	1	2	3
Toleration to Heat	1	2	3

EXPERIENCE:

Firefighting: _____

EMS: _____

First Responder: _____

First Aid: _____

CPR: _____

Other: _____

APPLICANTS STATEMENT: (Please read & sign below.)

The facts set forth in my application for the Mazeppa Fire Department are true & complete. I understand that if accepted, any false statement on this application or test results may result in my dismissal. I further understand that this application is not intended to be a contract, nor does this application obligate the Department in any way if the Department decides to/or not to accept me.

During the probationary period, my performance and suitability for the position will be reviewed. If appointed to active service, I will attend all the schools, drills, & training I possibly can so as to become a better emergency responder and make for a better department. I also understand that I will be a volunteer twenty-four (24) hours a day and will do all in my power to answer any and all emergencies.

Date: _____ Signature of Applicant: _____

SPOUSES STATEMENT: (Please read & sign below.)

I understand the dangers and hazards of firefighting and the amount of time it takes away from home and willingly give my consent for my spouse to be a member of the Mazeppa Fire Department.

Date: _____ Signature of Spouse: _____

EMPLOYERS STATEMENT: (Please read & sign below.)

As the employer of the above named applicant I/we hereby give our consent for this employee to attend fire related emergencies, community emergencies, additional trainings, & Department related activities whenever needed.

Date: _____ Signature of Applicant: _____