



# Byron Volunteer Fire Department Member Application

Revision 2019-12

We welcome you as an applicant for employment with the Byron Volunteer Fire Department. It is the Byron Volunteer Fire Department's policy to provide equal opportunity in employment. The Byron Volunteer Fire Department will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The Byron Volunteer Fire Department accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact the fire chief through email at [firechief@byronmn.com](mailto:firechief@byronmn.com)

## Personal Information

Name:	(Last)	(First)	(MI)
Street Address			
City, State, Zip			
Cell Phone Number		Home or Alternate Phone Number	
Email			

Are you legally authorized to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No

Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering?  
(Note: assignment is contingent on applicant meeting minimum physical/mental demands of the position)  Yes  No

If you answered yes, please explain:

Do you have any commitments or responsibilities that might prevent you from meeting job requirements?  Yes  No

If you answered yes, please explain:

Are you related to any current fire department member?  Yes  No      If yes, name(s): \_\_\_\_\_

Have you previously applied at the Byron Fire Department?  Yes  No      If yes, date of last application: \_\_\_\_\_



# Byron Volunteer Fire Department Member Application

## Education, Experience, Certification, and Licensure

High School Name & Location: \_\_\_\_\_ Did you graduate?  Yes  No  
College/Trade School: \_\_\_\_\_ Degree/Major: \_\_\_\_\_ Did you graduate?  Yes  No

Do you have any MBFTE, ProBoard, or IFSAC Certification(s)?  Yes  No

**(attach a copy of certification(s) to the application)**

Do you now or have previously held an MBFTE Firefighter License?  Yes  No If yes, list expiration date: \_\_\_\_\_

If yes, has your Firefighter License ever been revoked or denied?  Yes  No

Please tell us about any prior community service experience you may have:

Please tell us about any prior fire service experience you have:

Have you ever been a member of another Fire and/or EMS organization?  Yes  No If yes, please list the name(s) and location(s) of the previous organizations

Please tell us about any special skills or interests that you would like to utilize as a member:

Please tell us what interests you about becoming a member of the Byron Volunteer Fire Department and what alerted you to our search for new members at this time?

## Criminal History

Have you entered an Alford plea, plead guilty, plead no-contest, or been found guilty in any jurisdiction of any criminal charge(s) in the past five (5) years?  Yes  No

Do you have any criminal charges pending in any jurisdiction?  Yes  No

If yes, please list year(s) and type of conviction(s) or list pending charge(s) and jurisdiction(s)

Have you lived in the State of Minnesota continuously over the past five (5) years?  Yes  No



# Byron Volunteer Fire Department Member Application

## Availability

What hours are you typically available to respond to emergency calls? \_\_\_\_\_

Approximate minutes from home to the Byron Fire Station? \_\_\_\_\_

(Byron Fire Station: 707 Frontage Road NW Byron)

Approximate minutes from work to the Byron Fire Station? \_\_\_\_\_

Can you be available for the following training & meeting sessions?

a. First Wednesday of the month: 6:30 - 10:00 p.m.  Yes  No

b. Third Wednesday of the month: 6:30 - 8:30 p.m.  Yes  No

## Current Employment

Present Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Phone: \_\_\_\_\_

Normal Working Days & Hours: \_\_\_\_\_

Position Title: \_\_\_\_\_

Does your job require travel?  Yes  No

May we contact your current employer?  Yes  No

## References

Please provide us with three (3) references that are not living with you. Please do not include family members or any current fire or EMS members. References must be at least eighteen (18) years of age.

<b>Professional Reference</b> Name: _____ City & State: _____ How Long Known: _____	<b>Contact Info</b> Phone: _____ Email: _____
<b>Professional Reference</b> Name: _____ City & State: _____ How Long Known: _____	<b>Contact Info</b> Phone: _____ Email: _____
<b>Personal Reference</b> Name: _____ City & State: _____ How Long Known: _____	<b>Contact Info</b> Phone: _____ Email: _____



# Byron Volunteer Fire Department Member Application

## Military Experience

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your duties:
Do you wish to apply for Veterans' Preference points: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes," you must complete the enclosed application for Veterans' Preference points and submit the application and required documentation to the Byron Volunteer Fire Department by the application deadline of the position for which you are applying.
Reserve Status: _____ Attendance requirements if in the Reserve or Guard: _____

## Driver's License

Do you have a valid & non-restricted driver's license?  Yes  No

**(attach a copy of your current driver's license (front & back))**

Driver's license number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Driver's license class (A, B, C, D, M): \_\_\_\_\_ Endorsements: \_\_\_\_\_

Do you have truck driving experience?  Yes  No

Do you agree to a driver's license status check?  Yes  No

Information requested on your application that is defined by State Statute as public may be released on request and includes: job history, education and training, relevant test scores and work availability. If you are selected as a finalist for a position, your name will become public information. Other information will be considered private and will be used only in conjunction with your possible employment.

I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. I certify that all answers to the above questions are true and understand that any false information on or omission of information from this application (including any additional information required for public safety applicants) may be cause for rejection of this application or termination of employment without notice or benefits. Moreover, I hereby release the City of Byron, its employees, and agents acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

\_\_\_\_\_ YES or NO \_\_\_\_\_  
(Must initial one)



# Byron Volunteer Fire Department Member Application

## 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 my understanding that employment with the Byron Volunteer Fire Department is “at will,” and that employment may be terminated by either the Byron Volunteer Fire Department or me at any time, with or without notice. With my signature below, I am providing the Byron Volunteer Fire Department authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Current Employment section I have answered “No” to the question, “May we contact your current employer?” that contact with my current employer will not be made without my additional authorization.

I further understand that criminal history backgrounds checks will be conducted by us through the Minnesota Bureau of Criminal Apprehension after an offer for employment is made and that employment is contingent upon our review of information. I acknowledge that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the Byron Volunteer Fire Department in writing of any changes to information reported in this application for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed application and any attachments using one of the following**

- 1) email to: [firechief@byronmn.com](mailto:firechief@byronmn.com)
- 2) drop off at City Hall
- 3) mail to: P.O. Box 445, Byron, MN 55920

**THIS PAGE INTENTIONALLY BLANK**

# MINNESOTA COMPUTERIZED CRIMINAL HISTORY & PREDATORY OFFENDER REGISTRY

## 299F.035 INFORMED CONSENT

BYRON FIRE DEPARTMENT

ATTN: \_\_\_\_\_

707 Frontage Road NW

PO Box 445

Byron, MN 55920

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_  
Maiden or Former Name (s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_  
Social Security Number (optional): \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the Byron Fire Department, its agents, and designees any information contained about me in the **Minnesota Computerized Criminal History** pursuant to Minnesota State Statute 299F.035 for the purpose of (*volunteering, employment, etc.*) with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the Byron Fire Department, its agents, and designees from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Records obtained under the Minnesota State Statute 299F.035 may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
2. Your fingerprints may be used to check the criminal history records of the FBI.
3. You may challenge the accuracy and completeness of any information contained in the report provided (procedures are set forth in Minnesota Statutes §13.04 and Title 28 CFR Section 16.34).

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the Byron Fire Department, its agents, and designees any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile pursuant to Minnesota State Statute 299f.035 for the purpose of (*volunteering, employment, etc.*) with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the Byron Fire Department, its agents, and designees from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_