



City of Harris

Fire Department

Application Packet

Return Completed Application to
Harris City Hall
43970 Ginger Ave, PO Box 111
Harris, MN 55032

HARRIS VOLUNTEER FIRE DEPARTMENT
EMPLOYMENT APPLICATION

The position you are applying for is a Fire Fighter.

NAME: _____
LAST FIRST MIDDLE

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

Are you legally authorized to work in the U.S.? YES _____ NO _____

Do you have any physical or health limitations that could interfere with your performance on the job for which you have applied? YES _____ NO _____

(NOTE: Employment is contingent on applicant meeting minimum physical/mental demands of the position.)

If yes, explain: _____

Do you have any commitments or responsibilities that might prevent you from meeting the job requirements? YES _____ NO _____ If yes, explain: _____

Do you have any relatives on the Fire Department? YES _____ NO _____

If yes, who? _____

Have you previously applied for this position? YES _____ NO _____

If yes, when: _____

EDUCATION AND TRAINING

HIGH SCHOOL _____ (# years attended)

Did you Graduate: Yes _____ NO _____

COLLEGE _____ (# years attended)

Trade School _____ (# Years Attended)

List of any skills which you feel are relative to this position: _____

Type of Firefighter Training _____

Do you have medical training? YES _____ NO _____

Describe the type and extent of medical training: _____

Driver's License class: A _____ B _____ C _____

Endorsements: _____

Truck driving experience: YES _____ NO _____ Type of Vehicle(s): _____

REFERENCES

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP TO YOU: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP TO YOU: _____

VOLUNTEER FIRE DEPARTMENT BENEFITS

Community Respect

Self Respect

Opportunity to serve the local community and area residents

Association and friendship with fellow firefighters

Leadership Opportunities

Payment from the City for fighting fires

Training and schooling paid by the City

Workers compensation insurance while on duty as a firefighter

Membership to the Fire Department Relief Association

Retirement benefits from the Fire Department Relief Association after 10 years of service.

CITY OF HARRIS

AUTHORIZATION FORM TO CONDUCT CRIMINAL HISTORY BACKGROUND CHECK, AND VERIFICATION OF DRIVING RECORD AND STATUS

All employment applicants and volunteers are required to sign a Criminal History Background Check Authorization Form as part of the application process of the City of Harris. This is in accordance with the City of Harris's Hiring/Employment Policy*.

** No Criminal History Background Check will be conducted unless/until you are selected for an interview or an offer of employment is extended.*

"I, the undersigned, hereby authorize the City of Harris and the Chisago County Sheriff's Department to conduct a Criminal History Background check if I am selected for an interview or offered employment. In addition, I authorize the City of Harris to conduct a check of my driving record and status. I hereby release and agree to hold harmless the City of Harris, its employees and volunteers and the Chisago County Sheriff's Office."

Applicant/volunteer: please sign, date and complete all information requested below. (Use black or blue ink.)

SIGNATURE _____ DATE _____
FIRST, MIDDLE, LAST NAME: _____
ADDRESS: _____
CITY, STATE, ZIP CODE _____
DATE OF BIRTH _____ DRIVER'S LICENSE _____
SS# _____ RACE _____ SEX (CIRCLE ONE) MALE FEMALE

**NOTE: ALL AREAS MUST BE COMPLETED OR THE BACKGROUND CHECK
WILL BE REJECTED AS INCOMPLETE.**

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FOR OFFICIAL USE ONLY:

Date of Request _____ City Clerk _____
Tel: 651-674-7546
hcclerk@qwestoffice.net

**To: Chisago County Sheriff's Department
From: City of Harris**

Please conduct a Criminal History Background Check and driving record/status check on this applicant or volunteer. Please contact the City Clerk's Office with the results.

Date Completed: _____ By: _____