



COLOGNE FIRE & RESCUE DEPARTMENT

110 Louis Street West
P.O. Box 88
Cologne, MN 55322
(952) 466-2586



NOTICE TO ALL VOLUNTEER FIRE DEPARTMENT APPLICANTS

An Equal Opportunity Employer

We welcome you as an applicant for employment with the City of Cologne as a Volunteer Fire Department Member. It is the City of Cologne's policy to provide equal opportunity in employment. Cologne will not discriminate on the basis of race, color, age, genetic information, religion, national origin, marital status, disability, sex, sexual preference, status with regard to public assistance, familial status, or any other basis protected by law.

The information contained in this application is considered private data under the Minnesota Data Practices Act and will be used only in conjunction with your possible employment as a Volunteer Fire Department Member. Your application will be evaluated in comparison to the requirements for that position. As an applicant for employment as a Volunteer Fire Department Member, your name is considered private until you become a finalist for employment. You are considered a finalist if and when you are selected to be interviewed by the City prior to selection.

If you have any questions regarding your rights as a subject of data please contact:

City of Cologne
1211 Village Parkway
P.O. Box 120
Cologne, MN 55322
(952) 466-2064
info@colognemn.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

IMPORTANT EMPLOYMENT APPLICATION INSTRUCTIONS — PLEASE READ

1. Be sure to include proof of education, licenses, certificates, training and veteran's eligibility (if required). Originals need not be submitted.
2. Read the Job Announcement carefully, if you are applying for a specific position, to be sure that you meet ALL the requirements.
3. Your application must be filled out completely. Applications that are not complete will not be processed.
4. If a section does not apply to your background, enter "None."
5. Do not state "see resume" when asked to describe your responsibilities and experience.

RETURN TO: City of Cologne, 1211 Village Parkway, P.O. Box 120, Cologne, MN 55322,
(952) 466-2064

Position Applying For: _____

Last Name _____ First Name _____ Middle Name _____

Prefix (circle one): Miss Mr. Mrs. Ms. Dr.

Would you, in any of your education or experience, be known under another name? No Yes, if yes,
under what name(s) and between what dates _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Other _____

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other _____

Have you ever filed an application with us before? ☐ Yes ☐ No

1. If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

2. If Yes, give date _____

EMPLOYMENT HISTORY

Please provide employment history for the past eight (8) years (attach additional forms if necessary) If
you are currently working, may we contact your current employer? YES NO

(1) Employer _____ Start Date _____ End Date _____

Address _____

City _____ State _____ Zip _____

Please provide a brief description of your specific job duties

Phone Number _____ Hours Worked Per Week _____

Your Job Title _____ Supervisor _____

Reason for Leaving _____

(2) Employer _____ Start Date _____ End Date _____

Address _____

City _____ State _____ Zip _____

Please provide a brief description of your specific job duties

Phone Number _____ Hours Worked Per Week _____

Your Job Title _____ Supervisor _____

Reason for Leaving _____

(3) Employer _____ Start Date _____ End Date _____

Address _____

City _____ State _____ Zip _____

Please provide a brief description of your specific job duties

Phone Number _____ Hours Worked Per Week _____

Your Job Title _____ Supervisor _____

Reason for Leaving _____

(4) Employer _____ Start Date _____ End Date _____

Address _____

City _____ State _____ Zip _____

Please provide a brief description of your specific job duties

Phone Number _____ Hours Worked Per Week _____

Your Job Title _____ Supervisor _____

Reason For Leaving _____

Please disclose any prior employment terminations or other disciplinary action you have received for threats of violence.

If you need additional space, please continue on a separate sheet of paper.

EDUCATION/TRAINING

School	Name and Mailing Address	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Graduate / Professional				
Other (Specify)				

List any current licenses, registrations, or certificates, you possess which may be related to this position

Describe any specialized training, apprenticeship, skills and extra-curricular activities

List any professional trade, business, or civic activities and offices held. *You may exclude membership which would reveal race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information, familial status, or any other legally protected status:*

State any additional information you feel may be helpful to us in considering your application

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____

List any special skills or training _____

To claim Veterans Preference you must complete the attached form and follow the instruction on that form in providing specifically requested information and documents. Also, to claim Disabled Veterans Preference you must provide a letter from the VA indicating you percentage of service connected disability. Your failure to provide this information may result in your not being qualified to receive veteran's preference points.

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

On what date would you be available for work?

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.
NO

_____ YES _____

PROFESSIONAL REFERENCES

Do not include family members or personal friends.

Name	Phone Number	Company/Organization	Relationship

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as a Volunteer Fire Department Member as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Council.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand that this position is subject to the requirements of either state or federal (DOT) and drug testing rules that the City may condition any offer of employment upon the successful passing of a drug and alcohol test. I understand that membership as a Volunteer Firefighter for the City is contingent on the successful passing of a background check including past employment history, criminal history, on-line screening, physical agility testing, fitness for duty medical examination, written examinations, driver's license check, and other background check requirements as may be required by the City from time to time.

DATE: _____

SIGNATURE OF APPLICANT

CITY OF COLOGNE

TENNESSEN WARNING

It is the City of Cologne's responsibility to inform potential employees of their privacy rights. Please carefully read the Tennesen Warning provided below. Sign and date the form and return it with your application. Your signature indicates that you have received information regarding your rights as they pertain to the Minnesota Government Data Practices Act.

In accordance with the Minnesota Government Data Practices Act, the City of Cologne is required to inform you of your rights as they relate to the private information collected from your application. Private data is information that is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment at the City of Cologne. All data collected is considered private except for the following:

- Veteran status
- Relevant test scores
- Rank on eligibility list
- Job history
- Education and training
- Work availability

Your name is considered to be private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Cologne. Furnishing social security numbers is voluntary for applicants to the City of Cologne, but refusal to supply other requested information would mean that your application for employment might not be considered.

Private data is available only to you, to appropriate city employees, and others as provided by state and federal laws who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

The information you give about yourself is needed to identify you and to assist the City of Cologne in determining your suitability for the position for which you are applying.

I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant Signature

Date

INFORMATION REGARDING CLAIMING VETERAN'S PREFERENCE

Preference points are awarded to qualified veterans and spouses of a deceased or disabled veteran subject to the provision of MN Statute 197.447.

The veteran must:

- a) be a U.S. citizen or resident alien.
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either.
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR Title 38, Section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" is granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
(DD214 "Member-1" copy will not be accepted)
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled preference per MN Statute 197.455.
- 3) A spouse of a deceased veteran applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of Cologne. Please contact your local County Veterans' Service Office if you have any questions regarding veterans' preference in public employment.

CITY OF COLOGNE

VETERAN'S PREFERENCE

COMPLETE THIS FORM *ONLY* IF YOU ARE A VETERAN AND ARE CLAIMING VETERAN'S PREFERENCE

NOTE: COPY OF DD214 MUST BE ATTACHED

You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper document will not be processed. For assistance in obtaining a copy of your DD214, contact the Veterans' Service Office at (651-644-4022).

The City of Cologne operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open, competitive positions; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the Veterans Administration.

To qualify for preference for an open, competitive position, you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the

full period called or ordered for active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference on a promotional exam, a veteran must have received a USDVA active duty service connected disability rating of 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted 5 points. Disabled veterans eligible for such preference may use the 5 points preference only for the first promotion after securing City employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your DD214 is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

NAME (LAST) (FIRST) (Middle)	SOCIAL SECURITY NUMBER	POSITION FOR WHICH YOU APPLIED
		Closing Date:

ADDRESS (STREET) (City) (STATE) (ZIP)	PHONE NUMBER	ARE YOU A US CITIZEN OR RESIDENT ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Veteran (10 points) (DD214 or DD215 must be submitted to receive points):

Honorably discharged veteran ☐ YES ☐ NO

FOR DISABLED VETERANS (15 points): (DD214 and Letter from VA of proof of disability must be submitted to receive points.)

Percent of Disability: _____ %

Have you ever been promoted in the City of Cologne employment? ☐ YES ☐ NO

FOR SPOUSES OF DECEASED VETERANS (10 points, 15 if the veteran was disabled):

(Attach DD214 or DD215, photocopy of marriage certificate and spouse's death certificate must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)

Date of Death: _____ Have you remarried? ☐ YES ☐ NO

FOR SPOUSES OF DISABLED VETERANS (15 points):

(DD214 or DD215 and a letter from VA of proof of disability must be submitted to receive points.)

Due to the veteran's service-connected disability the veteran is unable to qualify for this position because:
(be specific) _____

AFFIDAVIT: I hereby claim Veteran's Preference for this position and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Cologne.

Signature

Date

**AUTHORIZATION TO CONDUCT PREVIOUS EMPLOYMENT INVESTIGATION ON
A NON-PUBLIC ENTITY**

Pursuant to MINN. STAT. §§ 299F.036, I authorize the Fire Chief or the City Administrator of the City of Cologne to conduct a previous employment investigation on me as an applicant for membership as a volunteer firefighter with the Cologne Fire Department. In providing this authorization, I authorize any person, school, current or former employer, organization, or entity disclosed in my resume, application, or interview to provide any information regarding me. This information and opinion may include, but is not limited to, written information in connection with my job applications, performance evaluations, attendance records, disciplinary actions, and eligibility for rehire. I understand that the information provided about me may be negative or positive. However, I unconditionally release each person, school, employer, organization or entity who provides information or opinion pursuant to this Release from any and all legal liability for damages that may result for furnishing such information and in making such statements.

The employer must provide the requested employment information to the City of Cologne unless one of the following two exceptions apply: (1) if employment information regarding the applicant is subject to a confidentiality agreement between the applicant and the employer, the employer shall disclose the fact that such an agreement exists to the City of Cologne; or (2) if the information requested in this authorization is sealed or otherwise subject to a nondisclosure order by a court of competent jurisdiction, the employer shall disclose the fact that this order exists, along with information identifying the court and court's file number.

Failure of an employer to disclose employment information to the City of Cologne pursuant to this authorization without one of the above two exceptions applying, is in violation of Minn. Stat. § 299F.036, Subd. 3. Upon refusal of an employer to comply with this authorization, the City of Cologne may request the district court to issue an ex parte order directing the disclosure of the employment information to the City of Cologne by the employer. Failure to comply with such a court order subjects the person who fails to comply to civil or criminal contempt of court.

A photocopy of this signed Release shall have the same force and effect as the original Release signed by me.

Dated: _____

Signature

Print Name

Address

Dated: _____

Fire Chief or City Administrator Signature



COLOGNE FIRE & RESCUE DEPARTMENT

110 Louis Street West
P.O. Box 88
Cologne, MN 55322
(952) 466-2586



CITY OF COLOGNE
1211 Village Parkway
PO Box 120
Cologne, MN 55322

GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTE 13.05, SUBD.4
MINNESOTA DATA PRACTICES ACT

To: _____ From: _____

I hereby authorize and grant my informed consent to permit you to release and to make available to the City of Cologne and its Fire Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private, public, and non-public data, as defined by Chapter 13 of the Minnesota Statutes. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my former employment with your public entity. I understand that the purpose of permitting the City of Cologne and its Fire Department to have access to this information is to determine my suitability for membership with the Cologne Fire Department. I further understand that this information may subsequently be utilized for other purposes relating to my possible membership with the Cologne Fire Department including verification of my records.

I hereby authorize and grant my informed consent to permit you to make photocopies for the City of Cologne Fire Department of data which concerns me and is in your possession.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Cologne or to you of that fact.

Signature

Date