COLOGNE FIRE & RESCUE DEPARTMENT

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

Membership Eligibility Requirements:

- 19 years of age or older
- High school graduate or equivalent
- Hold a valid State of Minnesota drivers license
- Live within 4 miles of the Cologne Fire Station
- Legal US citizen
- Able to work in a team setting, stressful conditions, handle extreme heat, and a fast paced, rapidly changing environment
- Must maintain a friendly, professional, and courteous manner

Hiring Process:

- Complete Membership Application Form
- Oral interview with CFD hiring committee
- Complete and pass a criminal history check from the Minnesota Bureau of Criminal Apprehension.
- Complete and pass a physical examination conducted by a professional physician
- Once hired, complete a probationary period of a minimum of 12, maximum of 24 months, to include:
  - Completed a first responder course (40 hours of medical training) OR Emergency Medical Technician EMT course (110 hours of medical training)
  - Completed a fire fighter I course (100 hours of fire fighting training) must pass Mn. State Firefighter 1 Certification.
  - Must attend a minimum of 25% of all emergency calls, 50% of all training sessions, and 75% of all business meetings
  - Must complete hepatitis B vaccinations or annually sign refusal form with department.
  - Ongoing training throughout your career -
  - Will become a member of the Cologne Fire & Rescue Department Relief Association

Compensation:

- Per hour rate for all emergency calls and training
- Pension Plan
- Workers compensation and life insurance when in the line of duty

4/20/2005 Created by Cologne Fire and Rescue Dept.
1/1/2010 Revised by Cologne Fire and Rescue Dept.

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Membership Application Form

Name: _____ Date of Application: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Current Address: _____

Current Occupation Status: _____

Current Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Job Title: _____ Date of Employment: _____

Specific duties: _____

Supervisors Name: _____

Phone Number: _____

Are we free to contact this person Yes: _____ No: _____

Normal weekly working hours: _____

Why are you interested in joining the Fire Service? Please express what you feel would be your greatest contribution and also what motivates you: _____

_____

_____

_____

_____

Would you be able to leave work and respond to a Fire or Rescue call from your place of employment, provided you work within a reasonable distance/time from the station.

Yes: ____ No: ____ Explain:

_____

_____

Due to the amount of time and training that is required for the Fire Service we ask that you discuss membership with your spouse or significant other. After discussing this, how do they feel about your interest in joining the Fire Service? _____

_____

_____

_____

_____

Due to the tremendous cost of training it requires for a new member, where do you see yourself in five years from now? Do you plan on staying in the Cologne area or will you be moving outside this area in the near future: _____

_____

_____

_____

_____

Please use this space for any additional comments you may find helpful for consideration of your membership._____

_____

_____

_____

_____

_____

_____

_____

Applicant Signature:

_____

Date:

_____

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Thank you for your interest in joining the Cologne Fire & Rescue Department. A background check is standard procedure with any new applicant. Please complete the included Criminal History Authorization Form and return it in the included envelope.

This document must be notarized. DO NOT sign until you are in the presence of the notary. Many banks and companies have notary publics available. Colonge's First National Bank can notarize this document for you.

Regards,

Charles Joos
Cologne Fire and Rescue Department Chief

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Criminal History Authorization Form

Date: _____

The following named individual has made an application with this agency for employment.

Applicants Full Name: _____
Last First Middle

Maiden, Previous or Alias: _____
Last First Middle

Date of Birth: _____ / _____ / _____ Sex (M or F): _____
Month / Date / Year

Applicants Social Security Number: _____ - _____ - _____

I authorize the Cologne Fire & Rescue Department to submit a request to the Minnesota Bureau of Criminal Apprehension and also of that of Carver County Sheriff Department to disclose criminal history record information. The purpose for this request is for possible employment as a fire fighter / rescue personnel with the Cologne Fire & Rescue Department.

The expiration of this authorization shall be for a period no longer than one (1) year from the date of this letter and also from that of my signature.

_____ _____
Applicant's Signature Date

The foregoing request authorization was acknowledged before me

on _____ by _____
Date Applicant's name

_____
Notarization Signature with Seal
Notary Public