PELICAN RAPIDS

FIREMEN SUPPLEMENT APPLICANT'S NAME:_____

YOU MUST COMPLETE AND RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT.
Please note: This supplemental form will be used to rank applicants, so please be complete and accurate in your responses. Do not respond "see resume".

1. Do you possess a valid MN Driver's License? *(choose one)* **YES** **NO**
2. Are you able to perform all physical demands of the position? *(choose one)* **YES** **NO**

2. How many miles is your HOME residence from the Pelican Rapids Fire Hall? *(choose one)*
   5 miles or more____ 4 miles____ 3 miles____ 2miles____ 1mile ____

3. How many miles is your WORK location from the Pelican Rapids Fire Hall? *(choose one)*
   5 miles or more____ 4 miles____ 3 miles____ 2miles____ 1mile ____

4 Have you successfully completed any of the following licensures?
(For any trainings checked, please submit any certification and list period with start and expiration dates.)

- ☐ NFPA 1001 Firefighter course at a MN Technical College or equivalent_____
- ☐ Hazardous Material Operations Level Trainings_____
- ☐ Additional NFPA trainings_____
- ☐ MN DH approved Emergency Medical Technician (A or higher Level Course and current valid recertification_____
- ☐ CPR Course for Health Care Providers_____
- ☐ Experience in a position requiring structural firefighting skills in the last 5 years_____
- ☐ Experience in a position requiring First Responder, EMT, or Paramedic skills in the last 5 years_____

I hereby certify that all answers contained in this application are true and I agree and understand that any misrepresentation or omission of facts contained in my application for employment or this addendum will be grounds for disqualification for employment, or in the event of employment, immediate dismissal from employment upon later discovery of any omission of facts or misrepresentations.

I further understand that if offered a position, I will be required to submit to and pass a criminal background check, and employment reference checks.

By my signature on this form, I hereby acknowledge that I have read and understood the above statements. **Failure to sign application forms may result in rejection of your application.**

Applicant's signature: _____ Date: _____