

Station #1
3510 Laverne Ave. No.
Lake Elmo, MN 55042
651-770-5006



Station #2
4259 Jamaca Ave. No.
Lake Elmo, MN. 55042
651-779-8882

LAKE ELMO FIRE DEPARTMENT

List any physical or health limitations - glasses, medications, allergies, etc.: _____

DO YOU SUFFER FROM CLAUSTROPHOBIA? YES NO

ARE YOU AFRAID OF HEIGHTS? YES NO

MARRIED: YES NO SPOUSE'S NAME: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Phone #: Home () _____ - _____
Work () _____ - _____
Cell () _____ - _____

Name: _____ Phone #: Home () _____ - _____
Work () _____ - _____
Cell () _____ - _____

Preferred hospital: _____ Doctors name: _____ Blood type: _____

Reasons or Expectations for joining the Lake Elmo Fire Dept.: _____

Any additional information or comments: _____

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EMPLOYMENT

LIST ALL EMPLOYMENT YOU HAVE HAD DURING THE LAST FIVE (5) YEARS:

Present Employer: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Position Title: _____ Duties: _____

Working Period - Hours/Days: _____

Starting Date of Employment: ____/____/____

Previous Employer: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Reason for Leaving: _____

Dates of Employment - Start: ____/____/____ to: ____/____/____

Previous Employer: _____

Address: _____

Phone: (____) _____ Supervisor: _____

Reason for Leaving: _____

Dates of Employment - Start: ____/____/____ to: ____/____/____

(IF YOU NEED MORE ROOM FOR PREVIOUS EMPLOYMENT, USE BACK OF PAGE)

IF YOU ARE OFFERED EMPLOYMENT WITH THE LAKE ELMO FIRE DEPARTMENT, IT WILL BE OFFERED ON THE CONDITION THAT YOU SUCCESSFULLY COMPLETE THE REQUIREMENTS LISTED IN THE HIRING PROCEDURE POLICY.

I CERTIFY THAT ALL OF THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS GIVEN IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION OF INFORMATION FROM THIS APPLICATION MAY BE CAUSE FOR REJECTION OR DISMISSAL.

Date: ____/____/____

Signature: _____

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INFORMED CONSENT AND EXCHANGE OF INFORMATION

LAKE ELMO FIRE DEPARTMENT

3510 Laverne Ave. N.
Lake Elmo, MN 55042

Full Name of Applicant: _____
(Last) (First) (Middle,Full)

Present Address: _____
(Number and Street) (City) (State) (Zip)

Drivers License #: _____ Class: _____ Date of Birth: _____
(Month) (Day) (Year)

I, _____, authorize the City of Lake Elmo to provide my: Full Name, previous name(s), date of birth, drivers license number, home address, and previous address to the Washington County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension and any other law enforcement agencies with which I have had contact, in order to determine my suitability for the position to which I have applied with the City of Lake Elmo.

I, _____, authorize the Washington County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension and other law enforcement agencies with which I have had contact to release any public, private, or confidential information pertaining to my driver's license record, Bureau of Criminal Apprehension records and/or National Crime Information Center Records and any and all other offense report records to the City of Lake Elmo and the Lake Elmo Fire Department to which I have applied, in order to determine my suitability for the position to which I have applied with the City of Lake Elmo.

I, _____, understand that this release does not apply to juvenile records unless the juvenile records are deemed public records in accordance with state or federal statutes and law.

I understand that this written consent is valid for one year, but that it may be revoked by me at any time prior to the one-year expiration, except to the extent that action has been taken in reliance upon it. I can revoke this consent by filing a written request with the City of Lake Elmo terminating the consent.

Signature of Applicant _____
(Must be signed in the presence of a witness)

Witness _____ Date Executed _____

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**GENERAL AUTHORIZATION AND RELEASE PURSUANT TO MINNESOTA
STATUTES SECTION 13.02, Subd. 12
MINNESOTA GOVERNMENT DATA PRACTICES ACT**

TO: _____

I, _____, do hereby authorize and grant my informed consent to permit you, _____, to release to and make available to the Lake Elmo Fire Department, and or its agents, data classified as private which concerns me and may be in your possession. The data, which I authorize to be released, consists of private data, as defined by Minnesota Statutes Section 13.02, Subd. 12, and has been collected by you as a result of my contacts or association with you and/or your agents and representatives. 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 dealings with you or your agency. I understand that the purpose of permitting the Lake Elmo Fire Department to have access to this information is to determine my suitability for membership as a volunteer firefighter with their department. I further understand that this information may be used to verify records and statements I have made concerning my application and will be analyzed by members of the department concerning my suitability for the volunteer position.

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

I do not authorize the re-release of information by any third party. A photocopy of this document shall serve as authorization and be treated in the same manner as the original. Conversations by phone by the representatives of this document shall also be authorized pursuant to the terms of this signed release.

I, the above signed, affirm that I have read the GENERAL AUTHORIZATION AND RELEASE as stated above and fully understand the possible consequences of signing same, and as such, waive any rights I may have to keep the data private or confidential.

(Date)

(Signature – Must be signed in presence of a witness)
