

**ROCKVILLE FIRE & RESCUE  
APPLICATION FOR MEMBERSHIP**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PRESENT EMPLOYER:**

Employer	Address	Telephone
_____	_____	_____
	Dates Employed	
_____	_____	_____
Job Title	From	To

Would your Employer allow you to leave for a fire or rescue call during working hours?  
Yes \_\_\_\_\_ No \_\_\_\_\_

What hours do you work? \_\_\_\_\_

Are you willing to take a 40 hour First Responder Course? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take Firefighter Training? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to attend monthly Meetings and Drills? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you? Swim Yes \_\_\_\_\_ No \_\_\_\_\_ Scuba Yes \_\_\_\_\_ No \_\_\_\_\_  
Dive Yes \_\_\_\_\_ No \_\_\_\_\_ Drive Trucks Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any experience with?  
Electrical work Yes \_\_\_\_\_ No \_\_\_\_\_ Mechanical work Yes \_\_\_\_\_ No \_\_\_\_\_  
Computer/Clerical work Yes \_\_\_\_\_ No \_\_\_\_\_

Or any other experience which will benefit the department? If yes explain \_\_\_\_\_

Do you have a valid Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you agree to a Drivers License check? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you agree to a Criminal History check? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any job-related training received in the United States military.

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List Several Reference

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

List reasons you would like to join Rockville Fire & Rescue.

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Upon signing this application I agree to take a physical exam, be responsible for any and all equipment issued to me and return it upon my resignation or discharge from the Department.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Informed Consent  
City of Rockville  
229 Broadway Street East  
P.O. Box 93  
Rockville, MN 56369  
(320) 251-5836

Date: \_\_\_\_\_

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

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print):  
\_\_\_\_\_

**Maiden, Alias or Former**(please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_  
Month/Day/Year

**Social Security Number** (optional): \_\_\_\_\_

**Driver's License Number** \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to (City of Rockville for the purpose of (employment, volunteering, adoption, etc.) with this agency.

The expiration of this authorization shall be one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_  
Your signature must be notarized

Notary:  
STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Notary

My Commission Expires:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

### VETERAN'S PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points you must:

1. Be 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, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. Subd. #3 Veteran's preference credit under this section may not be used by any veteran who is currently receiving or is eligible to receive a monthly veteran's pension base exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

You must supply a copy of your DD214. Disabled Veterans must also supply Form FL-802 or an equivalent letter form a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or Death Certificate.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERAN'S BONUS POINTS     YES     NO

If you answered yes, your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

#### VETERAN'S PREFERENCE POINTS APPLICATION

Veteran <input type="checkbox"/> Self <input type="checkbox"/> Spouse		If spouse, veteran's name					
Branch of Service:		Period of Active Duty From: _____ To: _____					
Rank at Discharge:	Type of Discharge:	Date of Final Discharge:	Service No.:				
Are you receiving or eligible for a military pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a compensable service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Preference Requested: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Veteran</td> <td style="text-align: center;"><input type="checkbox"/> Disabled Veteran</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Spouse of Disabled Veteran</td> <td style="text-align: center;"><input type="checkbox"/> Spouse of Deceased Veteran</td> </tr> </table>				<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> Spouse of Deceased Veteran
<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran						
<input type="checkbox"/> Spouse of Disabled Veteran	<input type="checkbox"/> Spouse of Deceased Veteran						

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded in a timely manner.

Supporting documentation:  is attached     will be submitted within 7 days  
of application deadline

<b>CHART #1</b>	<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> 5 points <input type="checkbox"/> 10 points
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