

**ROCKVILLE FIRE & RESCUE
APPLICATION FOR MEMBERSHIP**

Date: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

PRESENT EMPLOYER:

Employer	Address	Telephone
Job Title	Dates Employed 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 _____

(Please include a copy of your Drivers License)

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.

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.

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

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:
____/____/____

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: <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

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