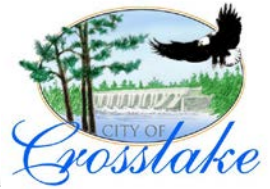




City of Crosslake, Minnesota  
**FIRE DEPARTMENT**



**Crosslake Fire Department**  
**Member Application**

**The position you are applying for is Paid on Call Firefighter**

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

Last

First

Middle

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

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

DL#: \_\_\_\_\_ SS#: \_\_\_\_\_

- 1) Are you legally authorized to work in the U.S.? YES\_\_\_ NO\_\_\_
- 2) If hired, can you provide proof that you are at least 18 years of age? YES\_\_\_ NO\_\_\_
- 3) Do you have any health or physical limitations that could interfere with your performance on the job as a Firefighter? YES\_\_\_ NO\_\_\_

If you answered yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) Do you have any commitments or responsibilities that might prevent you from meeting job requirements? YES\_\_\_ NO\_\_\_

If you answered yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5) Do you have any relatives on the Fire Department? YES\_\_\_ NO\_\_\_

If yes, who? \_\_\_\_\_

- 6) Have you previously applied for membership with the Crosslake Fire Department?

YES\_\_\_ NO\_\_\_ If you answered YES, when did you apply? \_\_\_\_\_

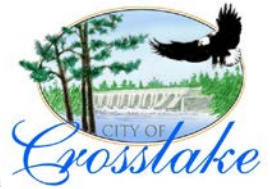
- 7) Have you ever been convicted as an adult of a felony? YES\_\_\_ NO\_\_\_

If YES, date and place: \_\_\_\_\_

Nature of offense: \_\_\_\_\_



City of Crosslake, Minnesota  
**FIRE DEPARTMENT**



### Education and Training

- 1) High School: \_\_\_\_\_ Graduate? YES \_\_\_ NO \_\_\_
- 2) College/Trade School: \_\_\_\_\_
  1. Subject/Trade: \_\_\_\_\_
  2. Did you earn your degree? YES \_\_\_ NO \_\_\_
- 3) Please list any skills which you feel relate to this position: `

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- 4) Have you received Firefighter training in the past? YES \_\_\_ NO \_\_\_
  1. If YES, What type of Firefighting Training: \_\_\_\_\_
  2. Date: \_\_\_\_\_
- 5) Have you received First Aid training/EMR/EMT? YES \_\_\_ NO \_\_\_
  1. If YES, What Type of training: \_\_\_\_\_ Date last Certification: \_\_\_\_\_

### Availability

- 1) What hours are you available to respond to calls: \_\_\_\_\_
  1. Approximate minutes from home to Fire Station: \_\_\_\_\_
  2. Approximate minutes from work to Fire Station: \_\_\_\_\_
- 2) Can you be available for the following and training sessions?
  1. Second Wednesday of the month, 7:00pm-10:00pm YES \_\_\_ NO \_\_\_
  2. Fourth Wednesday of the month, 7:00pm-10:00pm YES \_\_\_ NO \_\_\_
- 3) Can you attend a NFPA 1001 Fire Fighter I Class/Haz Mat Operations Class in the next year (Approximately 144 Hours)? YES \_\_\_ NO \_\_\_
- 4) Can you attend a 40 hour EMR training within the next 2 years? YES \_\_\_ NO \_\_\_

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