



**Employment History:**

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

1. Employer:		Length of Service	Work Performed
Address:			
Telephone:			
Job Title:	Supervisor		
Reason for leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Employer:		Length of Service	Work Performed
Address:			
Telephone:			
Job Title:	Supervisor		
Reason for leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Employer:		Length of Service	Work Performed
Address:			
Telephone:			
Job Title:	Supervisor		
Reason for leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Employer:		Length of Service	Work Performed
Address:			
Telephone:			
Job Title:	Supervisor		
Reason for leaving:			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			



**Applicant Statement:**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to: (i) Cancel further consideration of this application, or (ii) Immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. At the conclusion of that time, if I have not heard from the employer, and wish to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

***DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.***

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant: \_\_\_\_\_

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

**For Personnel Department Use Only**

**Arrange for Interview:**

**Remarks:**

**Employed:**

**Date:**

**Job Title:**

**Hourly Rate:**

**NOTES:**

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

## **APPLICATION FOR EMPLOYMENT....**

Position Being Applied For: Fire Fighter

**PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION.**

In accordance with the Minnesota Government Data Practices Act, the Zimmerman/Livonia Joint Powers Board is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you but not available to the public. This application for the Zimmerman/Livonia Joint Powers Board contains private information as defined by Minnesota State Statutes 15.1692, Subd. 1-5.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to become an employee of the Zimmerman/Livonia Joint Powers Board. You are not required to provide the information requested on the application form; however this information is vital to determine your eligibility to become an employee of the Zimmerman/Livonia Joint Powers Board. Failure to provide this information could result in you not being considered for employment with the Zimmerman/Livonia Joint Powers Board.

The dissemination and use of the private data we collect is limited to that necessary to determine your eligibility to become an employee of the Zimmerman/Livonia Fire District. Persons with whom this information may be shared include:

The Sherburne County Sheriff's personnel administering to records collection and dissemination  
The Bureau of Criminal Apprehension  
The National Crime Information Center

Any other agency, authorized by you, that may be able to provide information about your eligibility to become an employee of the Zimmerman/Livonia Joint Powers Board.

Unless otherwise authorized by State Statute or Federal Law, other government agencies utilizing the reported private data must also treat the information as private.

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.**

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(Signature of Applicant)

(Date)