



City of Norwood Young America
310 Elm Street West - PO Box 59
Norwood Young America, MN 55368
Phone: 952/467-1800
Website: www.cityofnya.com

Volunteer Firefighter Application

We welcome you as an applicant for employment with the City of Norwood Young America. It is our policy to provide equal opportunity in employment. The City of Norwood Young America will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, status with regard to public assistance, local human rights commission activity or any other basis protected by law. Complete this accurately and completely. You may attach any other information which provides additional detail about your qualifications for employment.

Personal Information		
LAST NAME	FIRST	MIDDLE
STREET ADDRESS		
CITY, STATE, ZIP		
PHONE	ALTERNATE PHONE	
EMAIL		

Availability

Indicate the hours that you are able to respond to calls during the week (Monday - Friday).

Morning (6:00am - 12:00pm):	_____
Afternoon (12:00pm - 5:00pm):	_____
Evening (5:00pm - 11:00pm):	_____
Overnights (11:00pm - 6:00am):	_____

Indicate the hours that you are able to respond to calls during the weekend (Saturday - Sunday).

Morning (6:00am - 12:00pm):	_____
Afternoon (12:00pm - 5:00pm):	_____
Evening (5:00pm - 11:00pm):	_____
Overnights (11:00pm - 6:00am):	_____

Requirements

	YES	NO
Are you legally eligible to work in the United States? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a high school diploma or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live within eight minutes of the fire station?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid MN Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>

Other

If you have previous experience as a firefighter. List the department and dates of service.

List any specialized training you have pertaining to firefighting and/or medical emergencies.

List any current licenses, registrations, or certificates that you possess which may be related to this position.

Authorization

I certify that all information I have provided in this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials or during interviews, can be justification for refusal of employment. Misrepresentation, regardless of the length of employment, is grounds for termination. I understand that criminal background checks may be conducted. Furthermore, I understand that a physical ability test will be conducted to assure the ability to effectively and safely perform the duties of a firefighter.

Signature

Date