



# Foley Fire Department

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81 Norman Avenue South • P.O. Box 709 • Foley, MN 56329 • 320-968-7260

Thank you for expressing interest in becoming a member of the Foley Volunteer Fire Department. This organization has a long and distinguished history of providing skillful emergency services to the residents of our area. The hours of training are many, the work hard, the schedule unpredictable, but the feeling of accomplishment makes it all worthwhile.

Enclosed is a brief job description for membership per the City of Foley Code of Ordinances, Section 230. This is provided so you can better understand the duties and expectations of the position of volunteer firefighter and employee of the City of Foley.

In addition, you will find the City of Foley Employment Application. I encourage you to fill this out as completely and honestly as possible. After you have completed the application form, please place it in the envelope provided, seal it and deliver it to the City Administrator's office at Foley City Hall. This is the first step in the membership process.

Should you have any questions regarding the membership process, I would encourage you to contact someone from the Membership Committee or myself. Once again, allow me to thank you for your interest in becoming a volunteer fire department member.

Sincerely,

A handwritten signature in cursive script that reads "Mark Pappenfus".

Mark Pappenfus, Fire Chief  
Foley Fire Department

**Position Description**  
**City of Foley**  
**Firefighter**

**Desired Qualifications:** High School Diploma or equivalent, previous knowledge, training or experience in the Fire Service or as a First Responder. Experience operating large motor vehicles, must possess a valid State of Minnesota Drivers License without record of suspension or revocation in any State during the past three (3) years, must be able to meet the physical demands of the position, previous community volunteer experience desirable.

**Supervision Received:** Fire Chief, Assistant Chief, Captains and Lieutenants

**Job Summary:** Firefighters have the responsibility of protecting life and property from the hazards of fire and other hazardous situations. This protection is offered by applying fire suppression methods to control and stop property damage, by saving lives through rescue from fire or other hazardous environments, and through safety inspections; and public fire safety education. Firefighters also respond to emergency calls to provide efficient and immediate care to the critically ill and injured. Firefighters also lend assistance at the scene of automobile, industrial and agricultural accidents.

**Duties and Responsibilities:**

1. Responds to fire calls and other emergency calls, extinguishes or controls fires as a member of a team under the direction of an officer.
2. Maintains fire apparatus and equipment.
3. Attends regular and assigned training sessions to maintain and upgrade firefighting and emergency medical skills.
4. Performs as a driver/operator of fire apparatus.
5. Responds to emergency medical calls and rescue calls to provide care to the critically ill and injured at the First Responder level.
6. Promotes fire prevention in the community and assists with fire inspections and pre-fire planning of buildings as part of a team.
7. Assists in developing training drills and planning for special assignments.
8. Represents the Fire Department at a number of community events and in a manner that is consistent with all department and city policies and goals.
9. Attends initial and recurrent training at the Firefighter I level, minimum.
10. Performs other duties as assigned.



*City of Foley*

251 4<sup>th</sup> Avenue N

PO Box 709

Foley, MN 56329

(320) 968-7260 Fax (320) 968-6325

*www.ci.foley.mn.us*

## Employment Application

All persons are welcome to apply with the City of Foley. No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, sexual preference, religion, or status with regard to public assistance, disability, handicap, or conviction of a crime, unless, the crime relates directly to the position sought.

*Thank you for your interest in employment with the City of Foley.*

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data. Please print in ink or use typewriter.

Position applied for:	Date of application:
Have you ever applied for employment with us before: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when?	

### PERSONAL DATA

Last Name	First	Middle	Home Phone Number
Street Address			Work Phone Number
City, State, Zip Code		E-mail Address	Cell Phone Number

### EDUCATION and TRAINING

	Educational Institutions	Years Completed	Diploma, Degree or Credits Earned	Course of Study
High School	Name:			
	City/State:			
College or University	Name:			
	City/State:			
Technical / or Other School	Name:			
	City/State:			
Other School	Name:			
	City/State:			

List any training, skills, experience or volunteer work acquired that is relevant to this position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY** - List below last four employers, with most current one listed first.

Company Name:	Telephone
Street Address:	Employment Dates From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Summary of Job Duties and Responsibilities	
Reason for Leaving:	

Company Name:	Telephone
Street Address:	Employment Dates From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Summary of Job Duties and Responsibilities:	
Reason for Leaving:	

Company Name:	Telephone
Street Address:	Employment Dates From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Summary of Job Duties and Responsibilities:	
Reason for Leaving:	

Company Name:	Telephone
Street Address:	Employment Dates From _____ to _____
City, State, Zip Code:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Name and Title of Supervisor:	Your Job Title:
Summary of Job Duties and Responsibilities:	
Reason for Leaving:	

**MILITARY** - Please complete this section if you served in the U.S. Armed Forces and wish to apply for Veteran's Preference Bonus Points. In addition, complete the attached Veteran's Preference Form.

Branch of Service	Length of Active Duty	Rank at Discharge
Describe your duties and any special training:		

**OFFICE EQUIPMENT / COMPUTER SOFTWARE PROGRAMS**

What office machines do you operate proficiently?
List computer Software Applications you can operate:

**LICENSES** - If relevant, list other current professional registrations, licenses or certificates you have.

License/Certificate/Registration	Date Issued	Date of Expiration

**REFERENCES** - Please provide the name, address and phone number of three references who are **not** related to you and are **not** previous employers.

Name	Phone Number
Address, City, State and Zip	Relationship
Name	Phone Number
Address, City, State and Zip	Relationship
Name	Phone Number
Address, City, State and Zip	Relationship

**JOB STATUS DESIRED:**

Full-time	Part-time	Temporary	Seasonal	Substitute

## Employment Position

**POSITION APPLYING FOR:**

Public Works					
Parks					
Fire Department					
Office / Other					
Municipal Swimming Pool	<input type="checkbox"/> Guarding	<input type="checkbox"/> Teaching	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Manager	<input type="checkbox"/> Substitute

**LICENSES** - If relevant, list other current professional registrations, licenses or certificates you have. Please provide copies and attach to application.

License	Date Completed	Expiration Date
WSI		
R94 Certification		
First Aid Certification		
CPR for the Professional Rescue		
Other		

**AVAILABILITY TO WORK:** *Please note that the City of Foley Municipal Swimming Pool and the City Parks are open 7 days a week; mornings, afternoons, evenings, weekends and holidays. Therefore, as an employee of the City of Foley you may be asked to work shifts during any of these times.*

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekends	<input type="checkbox"/> Holidays
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time			

Available Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

- Are you at least 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you legally eligible for employment in the U.S. \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Has any of your education or experience been under another name? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to this position may result in your being rejected for this position.)
- How did you hear about the position? \_\_\_\_\_

Please complete this application fully. You may attach any additional information that you believe qualifies you for the position for which you are applying. The attached material must supplement the application and not be in lieu of requested data.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Veteran's Preference

The Minnesota Veteran's Preference Act grants veterans a limited preference over non-veterans in hiring and promotion of public employment. Please complete this form if you wish to apply for veteran's preference bonus points.

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

Position applied for: \_\_\_\_\_

**Eligibility:** Preference points are awarded to qualified Veterans and spouses of deceased or disabled veterans to add to their training and experience examination 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 United States armed forces 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) NOT be currently receiving or eligible to receive a monthly veteran's pension based 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.

**Instructions:** YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, AND THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

*Please Print.*

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

If Spouse, Veteran's Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates of Active Duty: \_\_\_\_\_ to \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Date of Final Discharge: \_\_\_\_\_

Are you receiving or eligible for a military pension? Yes \_\_\_ No \_\_\_

Do you have a compensable service-related disability? Yes \_\_\_ No \_\_\_

Do you wish to claim a Veteran's Preference? Yes \_\_\_ No \_\_\_

\_\_\_\_ **Veteran** (defined as a person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

\_\_\_\_ **Disabled Veteran** (a veteran having a compensable service-connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces, which disability is currently existing).

\_\_\_\_ **Spouse of a disabled veteran**, who is unable to use preference due to disability.

\_\_\_\_ **Spouse of deceased veteran.**

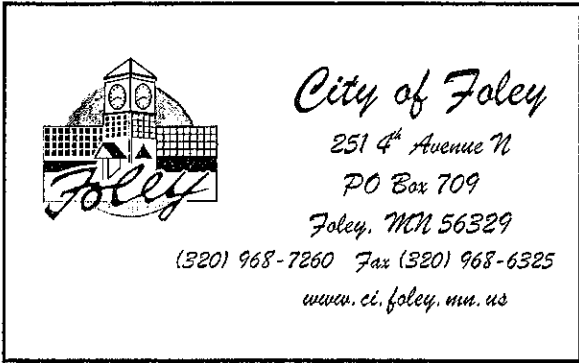
Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than 7 calendar days after the application deadline for the position in order to guarantee points are awarded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

\_\_\_\_\_ Attached

\_\_\_\_\_ Will be submitted within 7 days

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Terms of Application and Employment  
(Tennesen Warning)

The Minnesota Government Data Practices Act requires that you be informed of the purposes and intended uses of the information you provided to the City of Foley during the application process or during employment. Any information about yourself that you provide to the City of Foley during the application and interview process will be used to identify you as an applicant and to assess your qualifications for employment with the City. Although you are not legally required to supply information, you are required to provide the information requested in the Employment Application, if you wish to be considered for employment. If you do not supply the information requested, your application may not be considered. All materials submitted in support of an application are normally retained with the applications and are not returned. You should not submit an original document if it is your only copy.

You are hereby advised that, under Minnesota law, the following information given by an applicant is considered to be public: veteran status, relevant test scores, rank on our eligible list, job history, education and training, and work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or when applicants are considered by the appointing authority to be finalists for a position with the City of Foley. "Finalist" means an individual who is selected to be interviewed by the appointing authority prior to selection.

The data concerning you, which is placed in your application folder or in your personnel file and which is not listed as public, is private. This private data will be shared with you and those members of the City Staff who need it to process the application, update your personnel record, evaluate your work performance, and if you are disabled, provide the necessary accommodations. It may also be shared with the following: persons authorized to have access to the information under State or Federal law, persons authorized by Court Order to have access to the information, and person to whom you consent in writing to have access to the information.



I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained herein and the references and employers listed in this Application for Employment as may be necessary in arriving at an employment decision. Moreover, I hereby release the City of Foley and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person. I understand that this application is not, and is not intended, to be a contract for employment and all employment at the City is on an "at-will basis" and that employment may be terminated by either the City of Foley or myself at anytime, with or without notice.

In the event of employment, I understand that false or misleading information given in my application, or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the City of Foley.

I certify that I have read and understand the information given above regarding the Minnesota Data Practices Act (MN Statutes 13.01-13.90), and I understand my rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only	
Date Received:	_____
Interview Date:	_____
Interview Time:	_____