CITY OF AUDUBON
Volunteer Fire Department
AUDUBON, MINNESOTA 56511
APPLICATION FORM

PERSONAL INFORMATION

FULL NAME: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____ (STREET) _____ (CITY) _____ (ZIP CODE)

DATE OF BIRTH: _____ (OPTIONAL)

TELEPHONE NUMBER: _____

EDUCATION (if additional space is needed, please attach separate page)

HIGH SCHOOL 1 2 3 4 NAME AND ADDRESS: _____

COLLEGE 1 2 3 4 NAME AND ADDRESS: _____

OTHER: _____

MILITARY EXPERIENCE

_____

_____

OTHER INFORMATION

MN DRIVER'S CLASS: A B C D

MN DRIVER'S LICENSE NUMBER: _____

OCCUPATION: _____

NAME AND ADDRESS OF EMPLOYER: _____

_____

AUTHORIZATION (READ CAREFULLY BEFORE SIGNING BELOW):

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND THAT I HAVE NOT OMITTED ANY INFORMATION. I UNDERSTAND THAT FALSIFICATION OR OMISSION OF INFORMATION MAY DISQUALITY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT OR RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

I AUTHORIZE THE SCHOOLS AND MY EMPLOYER LISTED TO PROVIDE MY RECORDS, AND ALL OTHER INFORMATION THEY MAY HAVE CONCERNING ME, AND I RELEASE ALL PARTIES FROM ANY/ALL LIABILITY OR CLAIMS FOR DAMAGE WHATSOEVER THAT MY RESULT THEREFROM.

I ALSO AUTHORIZE THE RELEASE OF ANY PRIOR CRIMINAL ACTIVITY, ARRESTS, OR CONVICTIONS CONTAINED IN MY FILE TO THE CITY OF AUDUBON / AUDUBON VOLUNTEER FIRE DEPARTMENT. THIS INFORMATION MAY BE USED ONLY FOR DETERMINING MY STATUS FOR MEMBERSHIP IN THE AUDUBON VOLUNTEER FIRE DEPARTMENT.

I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

_____ (DATE) _____ (SIGNATURE OF APPLICANT)