

**CITY OF HOYT LAKES  
POSITION OPENING  
EMERGENCY MEDICAL SERVICES**

The City of Hoyt Lakes will accept applications for the full-time position of EMS Director to perform supervisory, administrative, and managerial work for the daily operations of Emergency Medical Services; will also respond to emergency calls as needed. Minimum education and experience: Associates Degree in Emergency Medical Services-Paramedic or related field, five (5) years' experience in emergency services as a paramedic, and a minimum of five (5) years' supervisory experience.

For an application packet and further information, please contact the City Clerk's Office, 206 Kennedy Memorial Drive, Hoyt Lakes MN 55750, (218)225-2344, and/or the City of Hoyt Lakes website: [www.hoytlakes.com](http://www.hoytlakes.com). Deadline for applications is 2:00 pm on Monday, May 20, 2019.

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Post: May 1, 2019  
Publish: City of Hoyt Lakes Website: May 1, 2019  
East Range Shopper: May 6, 2019  
Mesabi Daily News – May 5 and 12, 2019  
Duluth News Tribune – May 5 and 12, 2019  
LMC Website  
LMC Association of Townships  
Minnesota Ambulance Association  
Minnesota State Fire Chiefs Association  
Minnesota State Colleges and University System  
Chicagofirewire.com  
MinnesotaWorks.net  
Minnesota Fire Department Association  
Indeed.com

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Deadline for Applications: May 20, 2019 – 2:00 pm  
Hiring Committee to “vet” Applications: May 20, 2019  
Interview Calls to Candidates: May 21, 2019  
Panel Interviews: Week of June 3, 2019  
Tri City Ambulance Meeting: June 20, 2019 - 5:30 PM  
Final Recommendation to Hoyt Lakes City Council: June 24, 2019  
Possible Start Date: July 1, 2019

## **City of Hoyt Lakes EMS Director**

Date: April 23, 2019

### **General Statement of Duties**

Performs supervisory, administrative, and managerial work in managing the daily operations of Emergency Medical Services. Responds to emergency calls as needed.

### **Distinguishing Features of the Class**

Work involves the responsibility for the operational functions of the emergency medical services program. The employee develops plans and reports on short and long-range budget preparation; development of operational structure and staffing; projection of needs, service expansion and delivery; and overseeing daily operations. Work includes participation in the hiring process, training, performance evaluations, discipline action, and final authority with the City in hiring and dismissal. Employee may assist with responding to emergency response scenes to provide patient care/drive medic unit, coordinate the activities of various agencies and to ensure availability of necessary equipment, supplies and staffing. Work is performed in accordance with State and Federal regulations, department best practices, established EMS procedures and under local medical director approved protocols. The employee is exposed to the normal hazards of emergency rescue work, including risk of exposure to human body fluids and infectious diseases, thus the work is subject to the OSHA requirements for blood borne pathogens. Employee must maintain ability to respond to emergency situations, as required. Work is performed independently requiring initiative, sound judgment, tact and diplomacy and work is reviewed by discussion, reports and public acceptance of services.

### **Duties and Responsibilities**

#### **Essential Duties and Tasks:**

- Coordinates and supervises emergency medical services daily operations, training activities and staff; coordinates procedures and regulations with agencies served; develops and maintains up to date procedures manual for employees, and agencies served.
- Plans, organizes and directs the delivery of emergency services throughout the response area; development and updates of the City emergency medical services plan including local training of first responders; provides input on organizational staffing and delivery approaches; involves the City Clerk in planning and budgeting process.
- Recommends budget needs; provides justification for recommendations; builds budget requests based on input of staff; researches, recommends and purchases needed equipment and medical supplies; ensures proper maintenance of equipment.

- Ensures adherence to medical and response protocols and best practices; participates in development, evaluation and revision of protocols and best practices.
- Handles personnel functions for staff; ensures training meets State certification requirements; monitors and evaluates work.
- Provides liaison services between the City, the hospital and other public safety agencies, including communicating with the Medical Director on a monthly basis.
- Applies for grants and completes grants reports.
- Provides supervision over fleet maintenance and medical equipment and supplies.
- Researches technology and implements revised programs and services.
- Responds to complaints, questions, and information about the services.
- Assures the maintenance and completion of records, reports, and other information required in this field.
- Prepares and submits various reports as required by local, state and federal governments; oversees filing and maintenance of reports, records, and other documents as required by federal, state and local laws and regulations.
- Attends seminars, conferences, workshops, classes, lectures, etc., and reviews professional literature, as appropriate, to enhance and maintain knowledge of trends and developments in fields of emergency services response.
- Maintains readiness to respond to emergency situations, as required; responds to emergency calls as needed; and coordinates the provision of medical services making assessments and providing emergency medical care at the EMT-Paramedic level.
- Performs related duties as required. Develops and administers community service programs to citizens, special interest groups, and businesses.

## **Recruitment and Selection Guidelines**

### **Knowledge, Skills and Abilities:**

- Thorough knowledge of federal, state, and local policies, procedures, and regulations pertaining to emergency services including rescue operations and natural and man-made disaster planning and operations.
- Thorough knowledge of resources available for emergency assistance from local, state and federal agencies.
- Thorough knowledge of emergency medical principles, practices and procedures. Considerable knowledge of management, supervision and administrative techniques. Considerable knowledge of modern and effective supervisory principles and practices.
- Considerable knowledge of and skill in administering emergency medical procedures and techniques.
- Considerable knowledge of anatomy and physiology.
- Skills to supervise staff of emergency medical technicians.
- Skills in work as a Paramedic.
- Ability to plan, organize, and supervise EMT services; to develop and to organize programs and activities to achieve the level of emergency medical services required by the citizens; and to interpret, to explain and apply a wide variety of policies, procedures, and regulations.
- Ability to respond quickly, effectively and professionally in emergencies and stressful situations.
- Ability to safely drive an emergency medical vehicle in adverse conditions and according to motor vehicle laws.
- Ability to prepare reports and to make effective public presentations.
- Ability to use sound judgment and determine best options and decisions for handling emergency matters.

- Ability to establish and maintain effective working relationships with law enforcement agencies, volunteer fire services, public officials, hospitals, schools, and the general public.
- Ability to supervise EMT staff, including knowledge of budgeting, personnel, and purchasing requirements, and to train and mentor other employees.

**Physical Requirements:**

- Must be able to perform the physical life functions of climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, and repetitive motion.
- Must be able to perform very heavy work exerting in excess of 100 pounds of force occasionally, and/or up to 75 pounds of force frequently, and/or 50 pounds of force constantly to move objects.
- Must possess visual acuity to prepare and analyze data and figures, perform accounting functions, operate a computer terminal, operate a motor vehicle, do extensive reading and use measurement devices.

**Minimum Education and Experience:**

- Associate degree in Emergency Medical Services-Paramedic, or related field.
- Five years' experience in emergency services as a Paramedic.
- A minimum of five years supervisory experience.

**Preferred Education and Experience:**

- Bachelor's degree from an accredited college with a major in Emergency Medical Services, or related field.
- Ten years' experience in Emergency Services as a Paramedic.
- Five years supervisory experience in Emergency Services field.
- AHA ACLS, PALS, and BTLS Instructor
- AMLS and PHTLS Certification

- Possession of firefighter certification.

**Special Requirements:**

- Certification by the Minnesota Emergency Services Regulatory Board as an EMT-Paramedic.
- Possession of a valid driver's license.
- ACLS, PALS, CPR and BTLS certifications

## **City of Hoyt Lakes Employee Benefits\* - EMS Director**

At present, this position is classified as Supervisory.

New employees will receive no less than 90% of the amount indicated in the current salary schedule. This amount will increase by 5% every year of employment under the Hoyt Lakes Supervisory Agreement until the employee reaches the full rate for that position. The City Council reserves the right to slot new employees into the current salary schedule commensurate with experience and qualifications. The current full wage is \$26.91/hour.

All supervisors will be required to own and maintain a cell phone which is capable of sending and receiving cell phone signals in Hoyt Lakes. The number for this cell phone will be made available to department staff and the City Clerk-Treasurer. All supervisors will respond to City communications from this cell phone. In compensation for the use of this employee owned cell phone for City business, the City will reimburse all supervisors \$40 per month. In December of each year, all supervisors will provide the employer with a copy of his cell phone monthly billing. From this billing the City will reimburse all supervisors for the entire current calendar year (\$480).

1½ paid holidays; two (2) weeks' vacation after one year with three (3) weeks after four years, four (4) weeks after ten years and five (5) weeks after nineteen years.

Sick leave accrues at 1-¼ days per month up to a maximum of 150 days; employees shall also receive two (2) extra personal days each year which shall be charged to accumulated sick leave

\$20,000 group term life plus \$20,000 accidental death and disability, health and dental, PERA, opportunity for deferred compensation program participation. Present employee paid premium portion for health insurance is \$150/month-family and \$25/month-single. The City is currently paying the full deductibles of \$4,000/family coverage and \$2,000/single coverage for active full-time employees. As per Article 16 of the Hoyt Lakes Supervisory Association Agreement, employee participation in the Post-Retirement Health Care Plan is \$350/month.

\* This is only a summary of present benefits; specific conditions are part of the Hoyt Lakes Supervisory Association Agreement.



Municipal Building  
 206 Kennedy Memorial Drive  
 Hoyt Lakes, Minnesota 55750-1140

www.hoytlakes.com  
 email: [info@hoytlakes.com](mailto:info@hoytlakes.com)

Phone: (218) 225-2344  
 FAX: (218) 225-2485

**EMPLOYMENT APPLICATION  
 -INSTRUCTIONS-**

**\*PLEASE READ AND FOLLOW THESE INSTRUCTIONS\***

**GENERAL INFORMATION**

- **IMPORTANT! You MUST complete all parts of the application.**  
 Read the job announcement carefully before you apply.  
 Announcements may contain special instructions and requirements.
- Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies are acceptable.
- We cannot be responsible for failure of other agencies or postage services to forward applications by the deadline. Applications will not be accepted after the closing date of the job announcement.
- If your application is incomplete or does not clearly show the experience and/or training required, your application may be rejected at the City's discretion.
- For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application form and any addendum/supplement provided by the City. Pay close attention to items 14-19. Be complete.
- Your application and all attachments become the property of the City and will not be returned.

**\*KEEP A COPY OF YOUR COMPLETED APPLICATION\***

**IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION**

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43 Subd.2). If you are employed, the data will be available to the Department of Finance, the Internal Revenue Service and the Social Security Administration for payroll and tax purposes. If you disagree with the data we have about you, notify the City Clerk by letter.

Office use: 1. Position Announcement \_\_\_\_\_ 4. Rating Points \_\_\_\_\_  
 2. Position Description \_\_\_\_\_ 5. ADA Job Factors \_\_\_\_\_  
 3. Benefits Statement \_\_\_\_\_

Last Revised 10/17

PRIVATE DATA	WHY WE ASK FOR IT	ARE YOU LEGALLY OBLIGATED TO PROVIDE IT	WHAT MAY HAPPEN IF YOU DON'T PROVIDE IT
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help insure we do not confuse your records with those of others.
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Conviction Record	To determine whether we may process an application from you and to determine whether your record may be a job-related consideration.	Yes	We will not be able to make determinations required by law. Failure to provide relevant conviction information may be grounds for dismissal.

Office Use: Date Received \_\_\_\_\_  
 Initials \_\_\_\_\_

**CITY OF HOYT LAKES  
 APPLICATION FOR EMPLOYMENT**

BE SURE TO READ INSTRUCTION PAGE BEFORE COMPLETING APPLICATION

**GENERAL INFORMATION**

1) Title of specific position for which you are applying _____ When will you be available for employment? (Check one) <input type="checkbox"/> Now <input type="checkbox"/> Beginning _____ <input type="checkbox"/> Upon _____ weeks notice to current employer	2) Date of Application _____ Phone # _____
3) Last Name: _____ First Name: _____ M.I.: _____	4) Social Security # _____
5) Street Address: _____ City: _____ State/Zip: _____	6) Email Address _____
7) Are you fluent in a language, including sign language, other than English? Yes _____ No _____ If so, which _____	8) May we contact you at work: Yes _____ No _____
9) Have you previously been employed by the City of Hoyt Lakes? Yes _____ No _____ If yes, Date _____ Position _____	10) Are you over the age of 18? Yes _____ No _____ If no, please give date of birth _____
11) Are you able to work the schedule hours for this position? Yes _____ No _____	12) Are you legally eligible to work? Yes _____ No _____
13) Your employment may involve use of a public vehicle. Do you have a valid driver's license? Yes _____ No _____ MN Drivers License # _____ Class _____	

**EDUCATION**

**PLEASE BE COMPLETE: Experience and Training Points are determined by items 14-19.**

14) Education: Did you graduate from high school or receive a GED? Yes _____ No _____ School Attended: _____ If No, last grade in high school completed: _____			
Name and location of College, University, Technical Schools	Did you Graduate?	Certificate or Degree	Major Course of Study
	Yes _____ No _____		
	Yes _____ No _____		
	Yes _____ No _____		
	Yes _____ No _____		

**WORK EXPERIENCE**

List your present or most recent experience first

15 A)

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_

Length of Employment:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Total: Years \_\_\_\_\_ Months \_\_\_\_\_  
 Full-time  Part-time Hours Per Week \_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Number and Type of Positions You Supervised \_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_

May we contact this Employer? Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_

15 B)

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_

Length of Employment:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Total: Years \_\_\_\_\_ Months \_\_\_\_\_  
 Full-time  Part-time Hours Per Week \_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Number and Type of Positions You Supervised \_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_

May we contact this Employer: Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_

## WORK EXPERIENCE

List your present or most recent experience first

<p>15 C)</p> Employer Name _____ Address _____ Phone Number _____ Your Job Title _____ Supervisor's Name & Title _____ _____	<p>Length of Employment: From ____/____/____ to ____/____/____ Total: Years____ Months____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours Per Week ____ Reason for Leaving: _____ _____</p>
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Number and Type of Positions You Supervised \_\_\_\_\_  
\_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this Employer? Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

<p>15 D)</p> Employer Name _____ Address _____ Phone Number _____ Your Job Title _____ Supervisor's Name & Title _____ _____	<p>Length of Employment: From ____/____/____ to ____/____/____ Total: Years____ Months____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours Per Week ____ Reason for Leaving: _____ _____</p>
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Number and Type of Positions You Supervised \_\_\_\_\_  
\_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact this Employer: Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

## WORK EXPERIENCE

List your present or most recent experience first

15 E)

Employer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Your Job Title \_\_\_\_\_  
 Supervisor's Name & Title \_\_\_\_\_  
 \_\_\_\_\_

Length of Employment:  
 From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total: Years \_\_\_\_\_ Months \_\_\_\_\_  
 Full-time  Part-time Hours Per Week \_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

Number and Type of Positions You Supervised \_\_\_\_\_  
 \_\_\_\_\_

Description of job duties - **Be Complete** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact this Employer? Yes \_\_\_\_ No \_\_\_\_

If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

## PROFESSIONAL MEMBERSHIPS, REGISTRATIONS or LICENSES

16) List relevant current professional memberships, registrations or licenses. Include date first issued:

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

## VOLUNTEER AND UNPAID WORK EXPERIENCE

Do not specify Organization

Kind of Volunteer Activity	Major Responsibilities	# Hours/Month	How Long? From To

### ADDITIONAL EXPERIENCE OR TRAINING

18) Describe any additional experience or training that qualifies you for this position (Be Specific).

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19) What machines or equipment do you operate? (i.e. computers, construction equipment, tools, etc).  
Please describe software/hardware you are familiar with.

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20) In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

21) Police and Fire Position Applicants only:

Have you served a sentence in jail or prison, plead guilty for or been convicted of a felony, gross misdemeanor for which a jail sentence could have been imposed? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside or purged, or if you have been pardoned pursuant to the law.

NO     YES

If "yes" please attach a separate sheet with explanation. Information concerning this question will not automatically disqualify you from employment, unless adversely related to the position for which you are applying. **In addition to Police and Fire positions, other positions applied for may require a criminal background check as a condition of employment.**

### REFERENCES

List at least four people other than relatives who can be contacted regarding your qualifications, work habits and character.

NAME	ADDRESS	PHONE NUMBER	OCCUPATION AND RELATIONSHIP



**SIGNATURE & AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand this employer has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S.43A.39.

In connection with this application for employment, I authorize this employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to my current and past employment and applications for employment, my records maintained by an educational institution relating to academic performance (such as transcripts), a criminal history check, background check, and/or driver's license record review. Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person. A photocopy of this authorization will be treated in the same manner as the original.

\_\_\_\_\_YES

\_\_\_\_\_YES, but not present employer until job is offered.

\_\_\_\_\_NO (we may be unable to hire you without this information).

I declare that any and all statements in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (do not print)

**City of Hoyt Lakes  
206 Kennedy Memorial Drive  
Hoyt Lakes, MN 55750  
(218) 225-2344**

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

The following named individual has made application with this agency for employment.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex (M or F):** \_\_\_\_\_  
Month/Day/Year

**Social Security Number** (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Hoyt Lakes for the purpose of Employment with this agency.

The expiration of this authorization shall be one year from the date of my signature.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

Please sign in front of a Notary:

\_\_\_\_\_  
Notary

# City of Hoyt Lakes

## CONSENT FORM

PERSONAL INFORMATION (Please Print)			
First Name	Last Name	Middle Name	
Maiden, Alias or Former and Dates Used		Date of Birth	Sex
Social Security Number		Driver's License Number and State	

### ACKNOWLEDGEMENT/AUTHORIZATION

I, \_\_\_\_\_ (Full Name: *first, middle, last*), am the person named in an application for employment with the City of Hoyt Lakes for the position of (fill in).

I realize I am not legally required to sign this form, but if I do not, the City of Hoyt Lakes will not be able to determine whether my driving record or conviction record, if any, is a job-related consideration. I understand that if I am rejected as a candidate for the position cited above on the basis of a criminal conviction, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by *Minnesota Statutes, Chapter 364*. I understand that information prepared by the City's Police Department or other agent acting on the City's behalf is private data; that is, it may be released only pursuant to the statutory provisions of *Minnesota Statutes, Chapter 13*. I acknowledge I have read the notification on the reverse side of this form.

I hereby authorize the City's Police Department or any agent acting on its behalf to inspect and gather information retained by local, county, state, and federal agencies as necessary to determine whether any convictions of a crime or moving traffic violations, for which a jail sentence or more than 90 days could have been imposed, directly related to the position of employment sought by me.

I specifically authorize the Hoyt Lakes Police Department to Disclose all criminal history and driving record information to the City of Hoyt Lakes for the purpose of determining my suitability for employment with the City. Moreover, I hereby release the City of Hoyt Lakes, its agents, and any agency named above from any and all liability.

The duration of this authorization shall be for a period no longer than one year from the date of my signature although I understand this authorization can be revoked by me if I indicate such intent in writing. Criminal history background checks will not be conducted on applicants, except for Police and Fire applicants, unless and until the applicant is selected for an interview.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT FACTS ABOUT INFORMATION ON THIS FORM**

Certain information requested on this form is considered private; that is, it may be released only to you and agencies where you may be considered for employment. This form is part of the City of Hoyt Lakes' employment application materials. Information in your application that is defined by law as *public* may be released on request and includes: veteran status; relevant test scores; rank on eligible list; job history; education and training; and work availability. Your name is private data except when certified as eligible for appointment to a vacancy or when you are considered by the appointing authority to be a finalist for a position in public employment. (To comply with M.S. 13.43, Subd. 2 and Subd 3). A summary of your rights under the Fair Credit Reporting Act will be provided to you prior to any adverse action taken by the City of Hoyt Lakes, regarding your application for employment, based on information obtained through the use of this form.

<b>Private Data</b>	<b>Why We Ask For It?</b>	<b>Are You Legally Obligated To Provide It?</b>	<b>What May Happen If You Don't Provide It?</b>
Name	To distinguish you from all other applicants.	Yes	Failure to provide may be cause for rejection of your application.
Maiden Name/Date of Birth/Sex/Social Security Number/Driver's License Number	To be able to conduct criminal background and driver's license checks.	No	Failure to provide may be cause for rejection of your application.