

**CITY OF HOYT LAKES  
PUBLIC NOTICE**

Is there a FIRE in you? The City of Hoyt Lakes will receive applications for the position of **Firefighter/Ambulance Technician**. Applications are available at the Office of the City Clerk, Municipal Building, 206 Kennedy Memorial Drive, Hoyt Lakes, MN 55750. Be part of the tradition. Be part of the excitement. Be part of the community. Apply today! [www.hoytlakes.com](http://www.hoytlakes.com)

Tony House  
Fire Chief

**FIREFIGHTER/EMERGENCY MEDICAL TECHNICIAN**

**DESCRIPTION OF WORK**

General Statement of Duties: Performs emergency services involving protection and safety of the community through prevention and control of fire and care and transportation of the sick and injured. Performs related duties as required. Officer positions also have duties of this position.

Supervision Received: Works under the general supervision of the Fire Chief, Assistant Chief, Captains or Secretary / Treasurer, then most senior firefighter on the fire scene and by the Fire Chief, Ambulance Director, Assistant Ambulance Director, Assistant Chief, Captains, Secretary/ Treasurer or most senior firefighter on the EMS scene.

Supervision Exercised: If no officer available, senior firefighter on scene will be in control as Incident Command. Upon arrival of an officer on scene, Incident Command will be transferred to that officer.

**TYPICAL DUTIES PERFORMED**

- Responds to emergency call to provide efficient and immediate care to the critically ill and injured and safely transports patients to medical facilities.
- After receiving the call from the dispatcher (Midway), safely drives the emergency vehicles to the address or location given, using the most expeditious route, depending upon traffic and weather conditions.
- Determines the nature and extent of illness or injury and establishes priority for required emergency care.
- Renders emergency care on scene and enroute to medical facility under MnDOT, EMSRB and medical direction guidelines.
- Responds with fire department to fire or emergency alarm.
- Reassures patients and bystanders by working in a professional, confident, efficient manner.

(continued next page)

**(Firefighter/Emergency Medical Technician)**

- When patients need extrication from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient. Also uses the prescribed techniques and equipment for removing the patient safely.
- Radios the dispatcher for additional help or special rescue and/or utility services, as needed.
- Complies with State and local regulations when handling the deceased, notifies authorities and arranges for protection of property and evidence at the scene.
- Assists in lifting the stretcher, placing it in the ambulance and seeing that the patient and stretcher are secured and emergency care is continued without leaving the patient unattended at any time.
- From the knowledge of the condition of the patient, the extent of injuries, and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by the dispatcher or a physician.
- Reports directly to the emergency department or control center, the nature and extent of injuries, number being transported and destination to assure prompt medical care upon delivery. For serious cases, may ask for additional advice from the hospital physician or emergency department personnel.
- Participates in continuing education and training programs including a minimum of one business meeting and one regular work meeting per month. An officer shall be notified if member will be on vacation, sick leave or at work.
- Will be required to respond to work minimum 24 hours of on call shifts per month minimum. These will run from January 1<sup>st</sup> to June 30<sup>th</sup> and July 1<sup>st</sup> to December 31<sup>st</sup>. Inability to meet this quota will result in disciplinary action as written in the personnel policy section.
- Identifies diagnostic signs which may require radio communication with a medical facility for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.
- Verbally and in writing, reports observations and care of the patient at the emergency scene and in transit, to the emergency department staff for record and diagnostic purposes.
- Observes the patient enroute to the emergency facility and administers additional care as indicated or directed by physician.

**(continued next page)**

**(Firefighter/Emergency Medical Technician)**

- After each call, ensures that all supplies are restocked and equipment is clean and ready for next use; maintains the vehicles in efficient operating condition; determines if the vehicles are in proper operating condition by checking gas level, oil, water in battery and radiator and tire pressure; maintains familiarity with specialized equipment items used by the ambulance and fire service.
- All firefighters are required to wear appropriate P.P.E. for the duties they will be performing. This includes; an SCBA, mask, full turn out gear or full wildland fire gear, according to the situation.
- All special trained firefighters are required to wear required P.P.E. and special equipment and will follow all S.O.G.'s for; Special Rope Rescue, Diving / Water Rescue, and Auto Extrication
- Carries, places and climbs ladders for rescue or ventilation operations.
- Searches burning buildings for persons who may be inside.
- Walks or crawls through smoke filled areas, drags or carries trapped victims from burning buildings.
- Connects hoses to water sources.
- Carries hose bundles into buildings and up stairways.
- Performs cleanup operations after the fire has been extinguished.
- Cleans and maintains fire equipment and apparatus.
- Performs equipment inspection and fire inspection activities and file appropriate reports.
- Follow department operating guidelines as outlined in department S.O.G. section.
- Follow directions of department officers and perform such duties that may be assigned by them, unless the firefighter deems the assigned task unsafe or the Safety Officer or other officer deems the task unsafe.
- Must be signed off on all required training protocols annually for Fire and EMS by an officer, this will be kept in members personnel file.
- Must receive an annual physical and SCBA fit test to meet the City of Hoyt Lakes and OSHA standards, which will be paid for by the Fire Department.

**(continued next page)**

**(Firefighter/Emergency Medical Technician)**

- Participate in defensive driving course annually.

**REQUIRED KNOWLEDGE, SKILLS AND ABILITIES**

- Motor coordination in administering emergency care of the critically ill and injured, in lifting and carrying patients and in driving emergency equipment.
- Manual dexterity and physical coordination in carrying, lifting, extricating, climbing, hoisting and other similar maneuvers in a manner not to be detrimental to the patient, coworkers or self.
- Considerable ability to analyze situations and determine appropriate action.
- Considerable skills to expertly drive an emergency vehicle under any conditions.
- Considerable ability to respond quickly and appropriately to crisis and emergency situations.
- Considerable ability to give and receive verbal and written directions and instruction including following department operating procedures.
- Must meet and maintain minimum work performance qualifications of the department.

**MINIMUM QUALIFICATIONS**

Must have a minimum of a high school education or equivalency qualification. Must be 18 years of age or older. Must pass work performance test. Must have valid Minnesota Drivers License. Must pass physical examination and drug test. Must pass written abilities test. Must maintain their normal daily residence within a five minute response time, while driving within legal limits, to Hoyt Lakes Ambulance / Fire Hall. Within two (2) years of date of hire, must obtain and maintain EMT certification; and within three and one half (3 ½) years of date of hire, must obtain and maintain Firefighter I/II rating; failure to obtain or maintain either will result in immediate dismissal.

CITY OF HOYT LAKES

AMERICANS WITH DISABILITIES ACT - PHYSICAL & ENVIRONMENTAL JOB FACTORS

Position: Firefighter/Ambulance Attendant Date: 9/18/2000

PHYSICAL FACTORS	CODE	ENVIRONMENTAL FACTORS	CODE
Standing Stationary	C	Work Alone	O
Moving About	C	Work With Others	C
Sitting	C	Work Around Others	C
		Public Contact	C
<b>PHYSICAL STRENGTHS &amp; DEMANDS</b>		Shift Work	O
<i>Lifting - Push &amp; pull while stationary</i>		Extended Day	V
Sedentary - up to 10 lbs.	C	Inside	F
Light Work - 11 to 20 lbs.	C	Outside	F
Medium Work - 21 to 50 lbs.	C	Confined Area	O
Heavy Work - 51 to 100 lbs.	C	Extreme Hot	C
Very Heavy Work - over 100 lbs.	C	Extreme Cold	C
		Wet and/or Humid	C
<i>Carrying - Push &amp; Pull while moving about</i>		Noise	C
Sedentary - up to 10 lbs.	C	Vibration	O
Light Work - 11 to 20 lbs.	C	Mechanical Equipment	O
Medium Work - 21 to 50 lbs.	C	Electrical Equipment	O
Heavy Work - 51 to 100 lbs.	C	Pressurized Equipment	O
Very Heavy Work - over 100 lbs.	C	Burning Material/Equipment	C
		Explosive Material/Equipment	C
Climbing	V	Radiant Energy	O
Balancing	V	Moving Objects	O
Stooping	C	High Places	O
Kneeling	C	Fumes/Odors	C
Crouching	C	Dirt/Dust	F
Crawling	V	Gases	C
Reaching	C	Poor Ventilation	F
Twisting - Sitting	C	Other (specify)	
Twisting - Standing	C	Other (Specify)	
Handling	C		
Fingering	V		
Feeling	C		
Talking	C		
Hearing	C		
Seeing - Near Vision	C		
Seeing - Far Vision	C		
Seeing - Depth Perception	C	V = Very Infrequent, 1 to 2 times a week	
Seeing - Accommodation	C	O = Occasional, Up to 1/3 of time a week	
Seeing - Color Vision	C	F = Frequent, 1/3 to 2/3 of time a week	
Seeing - Field of Vision	C	C = Constant, more than 2/3 of time a week	
Smelling	C		
Walking	C		
Reading	C		
Driving	C		
Night Vision	C		
Other (specify)			



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 5/12

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 _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours Per Week ____ Reason for Leaving: _____ _____
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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: \_\_\_\_\_

## 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

## VETERAN'S PREFERENCE POINTS APPLICATION

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam 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 armed forces of the United States 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
- 2) 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
- 3) NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

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, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

A letter from the Veteran's Administration can serve as documentation of a compensable service-connected disability.

ARE YOU APPLYING FOR VETERAN'S PREFERENCE POINTS?  Yes  No

If "yes," your DD214 or other documentation must be received no later than 7 calendar days after the application deadline for the position.

Preference Requested:  Veteran  Disabled Veteran  
 Spouse of Disabled Veteran  Spouse of Deceased Veteran

If Spouse, veteran's name \_\_\_\_\_

Branch of Service \_\_\_\_\_  
Rank at Discharge \_\_\_\_\_  
Type of Discharge \_\_\_\_\_  
Date of Final Discharge \_\_\_\_\_  
Service Number \_\_\_\_\_

Period of Active Duty: From \_\_\_\_\_  
To \_\_\_\_\_

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

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

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.

Supporting Documents: \_\_\_\_\_ are attached \_\_\_\_\_ will be submitted within 7 days of application deadline.

FOR OFFICE USE ONLY: \_\_\_\_\_ 10 Points \_\_\_\_\_ 15 Points

**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.