

Anoka-Champlin Fire Department Supplemental Application
Paid On-Call Firefighter

YOU MUST COMPLETE & RETURN THIS FORM TO BE CONSIDERED AS AN APPLICANT. PLEASE DO NOT LIST "SEE RESUME" AS A RESPONSE.

NAME: _____ (please print)

- 1) Do you have a high school diploma or the equivalent to the completion of twelfth grade? Yes No

- 2) Do you have a valid, unrestricted Minnesota Driver's License? Yes No

- 3) Do you have a Minnesota Firefighter I Certification from the MFSCB? Yes No
If YES, please list when and where you received this certification.

- 4) Have you completed First Responder level medical training pursuant to USDOT standards and certification at this level with the Minnesota EMSRB? If YES, please list when and where you received this training. Yes No

- 5) Are you proficient in Microsoft Word, PowerPoint and/or Excel? Yes No
If YES, please list specific training you have received.

I certify that all answers to the above questions are true and understand that any false information on, or omission of information from this supplemental application may be cause for rejection or termination of my employment without notice or benefits.

Signature

Date