

CITY OF MANTORVILLE
VOLUNTEER FIRE AND RESCUE DEPARTMENT EMPLOYMENT APPLICATION
21 – 5TH STREET EAST
PO BOX 188
MANTORVILLE, MN 55955
(507) 635-5170 Fax (507) 635-5300
www.mantorville.com

Application for Employment

We welcome you as an applicant for employment with the City of Mantorville Volunteer Fire and Rescue Department. It is the City of Mantorville's policy to provide equal opportunity in employment. The City of Mantorville will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, sexual preference, status with regard to public assistance, local human rights commission activity or any other basis protected by law.

Please furnish complete information, so we may accurately and completely assess your qualifications. You may attach any other information, which provides additional detail about your qualifications for employment in the position you seek. Please refer to the Applicant Data Practices Advisory for information regarding what is considered public and private information as an applicant, and if you are selected for the position, as an employee.

The City of Mantorville accommodates qualified persons with disabilities in all aspects of employment, including the application process. If you believe you need a reasonable accommodation to complete the application process, please contact City Hall at (507) 635-5170.

Please print in INK or type when completing this application

Personal Information

Name:	(Last)	(First)	(MI)	(Prior)
Street Address				
City, State, Zip				
Phone Number			Alternate Phone	
Email				

Title of position applying for:

Are you legally eligible to work in the United States in the position for which you are applying? <i>Proof of citizenship or work eligibility will be required as a condition of employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Educational Information

School Name	Address	Course of study	Degree	Did You Graduate?
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical/Vocational:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				

List any other courses, seminars, or workshops attended that may provide you with skills related to this position:

List any current licenses, registrations, or certificates you possess which may be related to this position:

Employment Experience

List present or most recent employer first. Please note “see resume” is not an acceptable response for any entries on this application. Resumes will only be considered in addition to, but not in lieu of, this application.

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company	Name of last supervisor	Hrs/Week
Address	Start Date	Starting Salary
City, State, Zip	End Date	Final Salary
Phone Number	Last job title	
Reason for leaving (be specific):		
Describe your work in this job:		
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Unsalared Experience

Describe any unsalaried or volunteer experience relevant to the position for which you are applying (you may exclude, if you wish, information which would reveal race, sex, religion, age, disability, or other protected status).

I certify that all information I have provided in this application for employment to the City of Mantorville Volunteer Fire and Rescue Department is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, will be grounds for dismissal, regardless of length of employment or when the misrepresentation or omission is discovered.

I further acknowledge my understanding that employment with the City of Mantorville Volunteer Fire and Rescue Department is “at will,” and that employment may be terminated by either the City of Mantorville or me at any time, with or without notice.

With my signature below, I am providing the City of Mantorville authorization to verify all information I provided within this application packet, including contacting current or previous employers. However, I understand that if, in the Employment Experience section I have answered “No” to the question, “May we contact your current employer?” contact with my current employer will not be made without my specific authorization.

I further understand that criminal history checks may be conducted, after I have been selected for an interview, and that a conviction of a crime related to this position may result in my being rejected for this job opening. I also understand it is my responsibility to notify the City of Mantorville in writing of any changes to information reported in this application for employment.

Signature

Date

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Mantorville appreciates your cooperation in our efforts to ensure affirmative action and equal opportunity.

Position(s) for which you are applying:

Gender: Male Female

With which racial/ethnic group do you identify?

- Black or African American
- Hispanic or Latino
- American Indian or Alaskan Native through Tribal affiliation or community recognition
- Caucasian/White
- Asian
- Native Hawaiian or other Pacific Islander
- Two or more races

Disability status, defined as:

- 1) Has a physical or mental condition that substantially or materially limits a major life activity (such as walking, talking, seeing, hearing or learning);
- 2) Has a history of a disability (such as cancer that is in remission);
- 3) Is regarded as having such impairment.

Do you claim disability status? Yes No

Applicant Data Practices Advisory

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of Mantorville. First, under “Rights of Subjects of Data” (Minn. Stat. § 13.04), when an applicant is asked to provide information about him/herself, the City must advise you of:

- The purpose and intended use of the data;
- Whether you may refuse or are legally required to supply the requested data;
- Any known consequences arising from your supplying or refusing to supply the data; and
- The identity of other persons or organizations authorized by State or Federal law to receive the data you provide.

Second under “Personnel Data” (Minn. Stat. §13.43) the following data on you as an applicant for employment by a public agency is automatically public:

- Your veteran’s status;
- Your job history;
- Your education and training;
- Your relevant test scores;
- Your rank on our eligibility list; and
- Work availability.

As an applicant, your name is considered private until you are certified as eligible for appointment to a position or are considered by the appointing authority to be a finalist for a position in public employment. If you are hired, the following additional data about you will be considered public information:

- Your name;
- Your employee identification number (which is not your Social Security number);
- Your actual gross salary, contract fees, salary range, and actual gross pension;
- The value and nature of employer paid benefits;
- The basis for and the amount of any added remuneration, including expense reimbursement, in addition to your salary;
- Your job title, bargaining unit (if applicable) and job description;
- The dates of your first and last employment with us;
- The status of any written complaints or charges against you while you work for the City of Mantorville, regardless whether or not they have resulted in disciplinary action, the final disposition of any disciplinary action and supporting documentation;
- Your work location and work telephone number;
- Your education and training background;
- Work-related continuing education;
- Honors and awards you have received;
- Payroll timesheets or other comparable data that are only used to account for your work time for payroll purposes: except to the extent that release of time sheet data would reveal employee’s reasons for the use of sick or other medical leave or other non-public data;
- Your previous work experience;
- The “complete” terms of any settlement agreement (including buyout agreements) except that the agreement must include the specific reasons if it involves the payment of more than \$10,000 of public money; and
- Your badge number. This data is private if the candidate is applying for or is hired for an undercover law enforcement position.

All data concerning you which is placed in your personnel file and which is not addressed in statute as public data (see above listing) is private data. This private data will be available to you and those members of city staff needing it to process city records. In addition, the following persons or organizations are authorized by state and federal law to receive this data if they so request in certain circumstances:

- The Bureau of Census;
- Federal, State and County Auditors;
- The State Department of Public Welfare;
- The Department of Human Rights;
- Federal Officials investigating compliance of Affirmative Action and Equal Employment Opportunities;
- Labor organizations and the Bureau of Mediation Services;
- Data may also be made available through court order.

If you have any questions, please contact the City of Mantorville at 635-5170.

Respirator Medical Recommendation Form

Employee name: _____

Agency name: Mantorville Fire and Rescue Department

This form outlines the results of the Occupational Safety and Health Administration (OSHA) Respirator Medical Evaluation.

This form must be completed by a licensed medical provider.

Based on review of the [OSHA Respirator Medical Evaluation Questionnaire \(Mandatory\)](#) this individual is:

_____ Medically approved for all respirators, with the exception of SCBA, and subject to fit test.

_____ Not approved for respirator use at this time. Follow-up medical evaluation is needed.

Date: _____

Signature: _____



Infectious Disease Epidemiology, Prevention and Control

612-676-5414 If you require this document in another format, such as large print, please call 612-676-5414. – TDD/TTY 651-215-8980 –
www.health.state.mn.us

OSHA Respirator Medical Evaluation Questionnaire

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: I
- Subpart Title: Personal Protective Equipment
- Standard Number: [1910.134 App C](#)
- Title: OSHA Respirator Medical Evaluation Questionnaire (Mandatory).

Note: OSHA requires that all fire fighters have this form in their physician's medical file. Your medical physician must acknowledge review of this form and authorize the use of Self Contained Breathing Apparatus (SCBA) on the fire department medical form that you return to the Department.

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the Employer:

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the Employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: Volunteer Fire Fighter Mantorville Fire and Rescue Department

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

OSHA Respirator Medical Evaluation Questionnaire

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you *ever had* any of the following conditions?

a. Seizures: Yes/No

b. Diabetes (sugar disease): Yes/No

c. Allergic reactions that interfere with your breathing: Yes/No

d. Claustrophobia (fear of closed-in places): Yes/No

e. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems?

a. Asbestosis: Yes/No

b. Asthma: Yes/No

c. Chronic bronchitis: Yes/No

d. Emphysema: Yes/No

e. Pneumonia: Yes/No

f. Tuberculosis: Yes/No

g. Silicosis: Yes/No

h. Pneumothorax (collapsed lung): Yes/No

i. Lung cancer: Yes/No

j. Broken ribs: Yes/No

k. Any chest injuries or surgeries: Yes/No

l. Any other lung problem that you've been told about: Yes/No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath: Yes/No

OSHA Respirator Medical Evaluation Questionnaire

- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No
6. Have you *ever had* any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No

OSHA Respirator Medical Evaluation Questionnaire

- c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
 - e. Heartburn or indigestion that is not related to eating: Yes/No
 - d. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you *currently* take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
 - b. Heart trouble: Yes/No
 - c. Blood pressure: Yes/No
 - d. Seizures: Yes/No
8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: Yes/No
 - b. Skin allergies or rashes: Yes/No
 - c. Anxiety: Yes/No
 - d. General weakness or fatigue: Yes/No
 - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No
11. Do you *currently* have any of the following vision problems?
- a. Wear contact lenses: Yes/No
 - b. Wear glasses: Yes/No
 - c. Color blind: Yes/No
 - d. Any other eye or vision problem: Yes/No

OSHA Respirator Medical Evaluation Questionnaire

12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes/No

13. Do you *currently* have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you *ever had* a back injury: Yes/No

15. Do you *currently* have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them:

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

OSHA Respirator Medical Evaluation Questionnaire

- a. Asbestos: Yes/No
- b. Silica (*e.g.*, in sandblasting): Yes/No
- c. Tungsten/cobalt (*e.g.*, grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures:

4. List any second jobs or side businesses you have:

5. List your previous occupations: _____

6. List your current and previous hobbies:

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

OSHA Respirator Medical Evaluation Questionnaire

a. HEPA Filters: Yes/No

b. Canisters (for example, gas masks): Yes/No

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than 5 hours *per week*: Yes/No

d. Less than 2 hours *per day*: Yes/No

e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____hrs._____mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____hrs._____mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. c. *Heavy* (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____hrs._____mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

OSHA Respirator Medical Evaluation Questionnaire

If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, and security):

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012]

City of Mantorville
Decline Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I have read this form and understand its contents.

Employee Signature

Date

Employee Printed Name

.....
Received by the City Clerk on _____
Date

Signature of City Clerk or Other Official

City of Mantorville
21 5th Street East, PO Box 188
Mantorville, MN 55955
P (507)635-5170 F (507) 635-5300
www.mantorville.com

Date: _____

The following named individual has made application with this agency for:

Last Name of Applicant: _____

First Name of Applicant: _____

Middle Name of Applicant: _____

Maiden, Alias, or Former: _____

Date of Birth: _____ Sex: (M or F) _____

Social Security Number: _____

I authorize the Dodge County Sheriff's Department and/or the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Mantorville for the purpose of a background check on a potential employee or for city licensing purposes.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Notary:

Notary Signature

Date