



LAKE JOHANNA FIRE DEPARTMENT

5545 Lexington Ave. No. • Shoreview, MN 55126

Office 651-481-7024 • Fax 651-486-8826

Web site: www.ljfd.org

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APPLICATION

PERSONAL INFORMATION				
Last Name:		First Name:		Middle Name:
Present Address:		How long: Own or Rent?	City:	Zip:
Date of Birth:	Age:	Home Phone:		Social Security Number:
Work/Pager Phone:		Mobile Phone:		Email Address:
In emergency notify:		Phone:		Relationship:
Are you a United States citizen? Yes No				
Do you have a valid Minnesota Drivers License? Yes No				
D/L #:		Expires:	State:	Class:
Have you had your driver's license suspended or revoked? Yes No If Yes, give details:				
Any driver license endorsements? Yes No If Yes, give details:				
Do you have any physical condition(s) which might limit you in performing the duties expected of a firefighter? Yes No If Yes, give details:				

FIRE DEPARTMENT SERVICE		
Have you ever been a member of any U.S. Fire Department? Yes No If Yes, list below:		
Department name and location:	From:	To:
Positions held:		
Name of Fire Chief:	Phone:	
Attach separate sheets if needed.		

MILITARY SERVICE		
Have you ever been a member of the military? Yes No If Yes, list below:		
Branch of service:	From:	To:
Type of discharge:	Rank at discharge:	
Present military obligations:		

EDUCATION				
SCHOOL NAME AND LOCATION	Name & Address of School	Year (s)	Degree or Certificate Earned	DEGREE, DIPLOMA, MAJOR/MINOR
High School				
College or University				
Technical				

TRAINING / EXPERIENCE (Attach copies of certificates)				
Fire or EMS Training Or Experience	Name & Address of School	Year (s)	Job Experience	DEGREE, DIPLOMA, MAJOR/MINOR
Fire				
EMS				
Other				

EMPLOYMENT HISTORY – Minimum of 10 years (make additional copies as needed)	
Current Employer:	
Address:	
Supervisor Name:	Phone:
Job Title:	Employment dates:
Reason for leaving:	
Summarize your job duties:	
Previous Employer:	
Address:	
Supervisor Name:	Phone:
Job Title:	Employment dates:
Reason for leaving:	
Summarize your job duties:	
Previous Employer:	
Address:	
Supervisor Name:	Phone:
Job Title:	Employment dates:
Reason for leaving:	
Summarize your job duties:	

REFERENCES

List three *Professional* references who are familiar with your qualifications:

Name	Address	Phone

List three *Personal* references who are familiar with your qualifications: (No family members)

Name	Address	Phone

All finalists considered for employment as a firefighter are subject to a criminal background investigation.

Have you ever been convicted of a felony, gross misdemeanor or misdemeanor? Yes No

If yes, please briefly describe the circumstances of your conviction indicating date, nature and place of the offense and disposition of the case. Your answer is looked upon as only one of the factors considered in the decision and is evaluated in terms of nature, severity and date of the offense.

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Please explain why you believe you would be an asset to our organization.

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I certify that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand that my statements are subject to verification. I also understand that falsification on this application will disqualify me from acceptance or could result in subsequent dismissal. I understand that it is my responsibility to submit any changes in my availability or phone and address in writing.

Signed:

Date:

If accepted for probationary membership you will have to pass a physical prior to starting any fire department duties.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion or national origin.