



**CITY OF ORONOCO
APPLICATION FOR EMPLOYMENT
Fire Department and/or First Responders**



Please fully complete this form.

APPLICANT INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Driver's License #: _____

Mobile Phone Number: _____ Home Phone Number: _____

Email Address: _____

Department Applying For: Fire Department First Responders
(Circle one or both)

*The Fire Department meets on the 2nd, 3rd, and 4th Mondays of the month at 6:30PM.
The First Responders meet on the 1st Monday of the month at 6:30PM.*

Do you have any prior firefighting or EMS experience and/or certifications? Please describe.

Are you working towards a career in firefighting or EMS? Please describe.

EMERGENCY CONTACT INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

AGREEMENT:

I agree to provide a one year commitment to the City of Oronoco Fire Department or First Responders after training is completed; otherwise I will reimburse the City of Oronoco for training expenses.

Applicant Signature: _____ Today's Date: _____



CITY OF ORONOCO INFORMATION RELEASE AGREEMENT



Applicant Full Legal Name: _____ Today's Date: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Oronoco Fire Department/First Responders. The department(s) needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department(s).

I hereby authorize any representative of the Oronoco Fire Department/First Responders/Oronoco City Hall bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Oronoco Fire Department/First Responders, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Oronoco Fire Department/First Responders to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of the Olmsted County Sheriff's Department, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Oronoco Fire Department/ First Responders regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Oronoco Fire Department/First Responders acceptance and processing of my application for employment I agree to hold the Oronoco Fire Department/First Responders, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Oronoco Fire Department/ First Responders. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Oronoco First Responders/Fire Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of ninety days from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Signature: _____ Today's Date: _____