

**CITY OF INTERNATIONAL FALLS
IS ACCEPTING APPLICATIONS FOR
EMT (EMERGENCY MEDICAL TECHNICIAN)**

1. This part-time position offers a flexible schedule of standby and sign-up shifts.
2. The 2023 pay rate is \$22.00/hour for sign-up shifts and transports are \$75/transport plus \$1.00/loaded mile.
3. Duties include responding to emergency and non-emergency calls providing basic life support including CPR, administering oxygen, controlling bleeding and other life-saving skills. All conduct must be safe and courteous. The focus is on high-quality care and transportation of patients.
4. Minimum qualifications required and maintained throughout employment:
 - High school diploma or GED
 - Valid Minnesota EMT certification or higher
 - CPR certification
 - BLS certification
 - Valid Class D driver's license or higher
 - Motor Vehicle Record must meet requirements of insurability of City's auto insurance provider
5. Ideal candidates will possess:
 - Excellent verbal, written and interpersonal communication skills
 - Legible handwriting
 - Effective critical thinking skills
 - Team-oriented nature
 - The ability to perform all physical aspects of the position
6. If you are selected for employment, the offer may be contingent based on passing a criminal background investigation, pre-employment drug / alcohol test and verification of a valid Minnesota Driver's license.
7. Applications can be picked up at City Hall (600 4th Street). You may also contact Sherri Stensland, Human Resources / Safety Director (T: (218) 283-7984 | E: sherris@ci.international-falls.mn.us).

POSITION OPEN UNTIL FILLED.

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City of International Falls
 600 4th Street
 International Falls, MN 56649
 T: (218) 283-9484 | F: (218) 283-3590
 W: www.ci.international-falls.mn.us

EMPLOYMENT APPLICATION

We welcome you as an applicant for employment with the City of International Falls. It is the City's policy to provide equal opportunity in employment. The City will not discriminate on the basis of race, color, creed, age, religion, national origin, marital status, disability, sex, sexual orientation, familial status, 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 Advisories for guidance regarding how your application information will be used, the consequences of providing or not providing your information, and more.

The City of International Falls 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 Sherri Stensland (218) 283-7984.

Position applying for:

Check: Full-time Part-time
 Temporary Seasonal

Personal Information

Name: (First / Middle / Last)

Address: (Street)

(City / State / Zip Code)

Today's Date: (mm/dd/yyyy)

Cell Phone:

Email Address:

Alternate Phone:

Are you legally eligible to work in the United States? (Proof of citizenship or work eligibility will be required as a condition of employment.)

Yes No

Are you 18 years or older or 17 years old if summer staff?

Yes No

Are you able to perform the essential functions of the job for which you are being considered?

Yes No

Education & Licensing

Name / Location of High School:

Did you graduate or obtain a GED? Yes No

List post-secondary schools attended:

| Name and Address of School | Course of Study | Completed | Diploma / Degree |
|----------------------------|-----------------|--|------------------|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

Do you have a valid driver's license? Yes No

If yes, what type? (Proof of a valid license may be required as a condition of employment.)

A B C D Other

Employment Experience (List work history beginning with the most recent experience first.)

Please note "see resume" is **not** an acceptable response for any entries on this application. Resumes will be considered in addition to, but not in lieu of, this application.

| | |
|--|--|
| Employer: <i>(current employer)</i> | Job Title: |
| Address: <i>(Street)</i> <i>(City / State / Zip Code)</i> | Dates Employed: <i>(mm/yyyy)</i> to |
| Reason for Leaving | Work Phone: |
| May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other |

| | |
|--|--|
| Employer: | Job Title: |
| Address: <i>(Street)</i> <i>(City / State / Zip Code)</i> | Dates Employed: <i>(mm/yyyy)</i> to |
| Reason for Leaving: | Work Phone: |
| | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other |

| | |
|--|--|
| Employer: | Job Title: |
| Address: <i>(Street)</i> <i>(City / State / Zip Code)</i> | Dates Employed: <i>(mm/yyyy)</i> to |
| Reason for Leaving: | Work Phone: |
| | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other |

| | |
|--|--|
| Employer: | Job Title: |
| Address: <i>(Street)</i> <i>(City / State / Zip Code)</i> | Dates Employed: <i>(mm/yyyy)</i> to |
| Reason for Leaving: | Work Phone: |
| | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other |

Unpaid Experience

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

Military Experience

Did you serve in the Armed Forces? Yes No

Do you wish to apply for Veteran's Preference points? Yes No

Describe your duties in the Armed Forces.

If you are requesting Veteran's Preference Points, you must complete the "Veterans' Preference form" and submit the application and required documentation by the application deadline of the position for which you are applying.

References (Do not include immediate family members.)

| Name | Phone | Years Known | Relationship |
|------|-------|-------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Applicant Data Advisories (according to Minn. Statute § 13.04)

The City must advise you of the following purposes and intended use of the data. The City collects this information for purposes of selecting a candidate for hire. Your data will be used to verify your identity and assess your qualification for the position. For public safety positions or in the event you are selected for hire, your data may be used to perform a criminal background check, including using the BCA's website. Consultant, city staff and elected officials involved in the hiring process will have access to the data provided. Data may be shared upon court order or provided to the state or legislative auditor, upon request.

Filling out this application for employment and supplying data is voluntary. The more complete the application, the better your chances of conveying to the City you are the best candidate for the job. Except for explicitly optional requested information, refusal to provide a complete application may result in immediate disqualification from consideration for a position.

Minors submitting this application have the right to request that parental access to private data be denied. If you wish to make this request, please submit the request in writing to the Human Resources Director, 600 4th Street, International Falls, MN 56649.

Authorization

I certify that all information I have provided in this application for employment 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 acknowledge that I have received a copy of the job description summary for the position(s) for which I am applying. I further acknowledge my understanding that employment with the City of International Falls is "at will," and that employment may be terminated by either the City of International Falls or me at any time, with or without notice.

With my signature below, I am providing the City of International Falls 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 have read the included Applicant Data Advisories, and I further understand that criminal history checks may be conducted (after I have been selected for an interview, in the case of non-public safety positions) 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 International Falls in writing of any changes to information reported in this application for employment.

Applicant Signature

Date (mm/dd/yyyy)

VETERANS' PREFERENCE FORM

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING VETERANS' PREFERENCE

Veterans' Preference Points cannot be considered without supporting documentation. Attach a copy of "Member Copy 4" or your Veteran's DD214 or other documentation verifying service. Documentation must be received by the application deadline of the posting in order to be considered. (Veteran is defined by Minn. Stat. §197.447)

You must submit a PHOTOCOPY of your "Member Copy 4" or your DD214 or other documentation verifying service to substantiate the services information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance obtaining documentation verifying service, contact your County Veteran's Service Office.

The City of International Falls operates under a point preference system, which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled veterans on open competitive examinations; Fifteen (15) points are awarded if the veteran has a service-connected compensable disability as certified by the US Department of Veterans Affairs (USDVA).

To qualify for preference for a **competitive exam**, you must have earned a passing score and been 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, or after having served the full period called or ordered for

federal, active duty and be a United States citizen or resident alien. Veteran's preference may be used by the surviving spouse of a deceased veteran, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

To qualify for preference of a **promotional exam**, a veteran must have earned a passing exam score and received a USDVA active-duty service-connected disability rating on 50% or more. For a promotional exam, a qualified disabled veteran is entitled to be granted five (5) points. Disabled veterans eligible for such preference may use the five points preference only once when applying for the first promotion after securing public employment.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If the documentation verifying service, is submitted to our office separate from this sheet, please attach a note with it indicating the position for which you are applying and your current address.

| | |
|--|--|
| Name: <i>(first / middle / last)</i> | Position for Which you Applied Closing Date: <i>(mm/dd/yyyy)</i> |
| Address: <i>(Street)</i> <i>(City / State / Zip Code)</i> | Phone Number: Are you a US Citizen or Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No |

VETERAN (10 points): "Member Copy 4" of DD214 or DD215, or other documentation verifying service, must be submitted to receive points. Honorably discharged veteran: Yes No

DISABLED VETERAN (15 points): "Member Copy 4" of DD214 or DD215, or other documentation verifying service, and USDVA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points. Percent of Disability: _____% Have you ever applied for promotion in public employment? Yes No

SPOUSE OF DECEASED VETERAN (10 points or 15 points if the veteran was disabled at time of death): "Member Copy 4" of DD214 or DD215, or other documentation verifying service, photocopy of marriage certificate, spouse's death certificate and proof veteran is deceased must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran. Date of Death: *(mm/dd/yyyy)* _____ Have you remarried? Yes No

SPOUSE OF DISABLED VETERAN (15 points): "Member Copy 4" of DD214 or DD215, or other documentation verifying service, and US VA Summary of Benefits Letter of disability rating decision of 10% or more must be submitted to receive points. How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT: I hereby claim Veterans' Preference points for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of International Falls by the required application deadline.

Signature

Date (mm/dd/yyyy)

INFORMATION REGARDING CLAIMING VETERANS' PREFERENCE

Preference points are awarded to qualified veterans as defined by Minn. Stat. § 197.447, and to certain spouses of deceased or disabled veterans subject to the provision of Minn. Stat. §§ 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien;
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either:
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service-connected disability, or
 - iii. have completed the minimum active-duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1) Attach a copy of the "Member Copy 4" of your DD214 or DD215, or other documentation verifying service. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
- 2) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active-duty service.
- 3) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's "Member Copy 4" DD214 or DD215, or other documentation verifying service, USDVA verification that veteran died, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the City of International Falls. Please contact our office at (218) 283-7984 or your local County Veterans' Service Office, if you have any questions regarding veterans' preference.

GENERAL INFORMATION ON THE MINNESOTA GOVERNMENT DATA PRACTICES ACT FOR APPLICANTS, EMPLOYEES AND VOLUNTEERS

The Minnesota Government Data Practices Act (Minn. Stat. §§ 13.01 – 13.90) includes two sections affecting applicants seeking employment with the City of International Falls. 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.

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 International Falls, regardless of 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, 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 organization 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.

With the exception of the optional data requested, the data you provide is needed to identify you and assist in determining your suitability for the position for which you are applying. Furnishing the optional data requested about you is voluntary.

NOTICE REGARDING SOCIAL SECURITY NUMBER: This information will be used for payroll taxes, insurance purposes, and retained in the employee’s data record.

NOTICE TO MINORS: Minors from whom private data or confidential data is collected have the right to request that parental access to the private data be denied.

If you have any questions regarding your rights as a subject of data, please contact the City of International Falls Human Resources Department at 600 4th Street, International Falls, MN 56649. **This information is subject to change consistent with subsequent amendments to the Minnesota Government Data Practices Act.**

NOTICE REGARDING REQUEST FOR MARRIAGE CERTIFICATE FOR VETERANS’ PREFERENCE DOCUMENTATION: This information will be used for documentation purposes for verifying marital status for requesting applicable spousal Veterans’ Preference credits.

EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION

The United States Government requires all employers to verify new employees' eligibility for employment in the United States. The City of International Falls must decline to hire prospective employees if they fail to present adequate proof of eligibility and identity.

You may present one document from List A or a combination of one document from List B and one document from List C. A list of acceptable documents is below. All documents provided must be **unexpired**.

If you are hired, you must submit the required document(s) before you begin employment. Please be prepared to provide these documents when requested.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|--|----|---|-----|---|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security |