

Minnesota Lake Ambulance Application for Volunteer Services

Personal Information:

Name: _____ Social Security #: _____ - _____ - _____

Home Address: _____
Street/PO Box City State Zip

Contact Information:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Position Desired: EMT: _____ First Responder: _____ Driver: _____

Education:

Are you a High School graduate: Yes _____ No _____

List below post secondary institution if attended:

Name	Major/Minor	Graduate (Y/N)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History: (please list current employer first)

Employer	Phone Number	Position Held	Start/End Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If currently employed may we contact employer for a reference Yes or No

References: (only 1 reference may be current/past Ambulance member)

Name	City	Phone Number	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Emergency Contact:

In case of emergency I give the Minnesota lake Ambulance or a representative permission to contact:

Name	City	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please list below why you feel you are a good candidate for the Minnesota Lake Ambulance:

I verify that the above statements are true and factual.

Signature: _____ Date: _____

**CITY OF MINNESOTA LAKE
103 MAIN ST N
PO BOX 98
MINNESOTA LAKE MN 56068
507-462-3277**

Date: _____

The following individual has made an application with this agency for a position on the Ambulance Service.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **(Month/Day/Year)** **Sex (M or F):** _____

Driver's License Number: _____

Social Security Number: (Optional) _____

Have you ever been charged with a misdemeanor or felony? Yes or No
If yes, please explain the nature of the charge and the circumstances.

_ Were you convicted and/or did you plead guilty? Yes or No

List the date, city, county and state where convicted:

I authorize the City of Minnesota Lake Police Department to disclose all criminal history record information for the purpose of the Ambulance Service.

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

**FARIBAULT COUNTY CENTRAL SERVICES
PRE-EMPLOYMENT AUTHORIZATION AND RELEASE**

To: _____

I, _____, am an applicant for a position with Faribault County Central Services. A thorough investigation of my employment and personal history is being conducted to evaluate my qualifications and suitability for this employment.

I hereby authorize any representative of Faribault County Central Services bearing this release to obtain any information in your files pertaining to my employment and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Faribault County Central Services, whether said records are of public, private, or confidential in nature.

The intent of this authorization is to give my informed consent for full and complete disclosure. I reiterate and emphasize, that the intent of this authorization is to provide full and free access of all information maintained by you for the specific purpose of pursuing a background investigation that may provide pertinent data for Faribault County Central Services to consider in determining my suitability for employment. It is my intent to provide access to all information however personal and confidential it may appear to be.

I consent to your release and photocopying 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, education and training 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 me or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my 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 specifically consent to and authorize you to provide photocopies of any polygraph reports, recording tapes or written reports in your possession, which concern me to Faribault County Central Services.

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 damages pursuant to any state or federal laws. I hereby release any custodian of any such records, including the officers, employees and agents of any custodian, 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 the request of a representative of Faribault County Central Services regardless of any agreement I may have made with you previously to the contrary. Faribault County Central Services requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

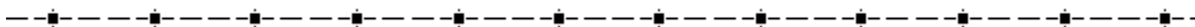
I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and Minnesota State Statute 13.05, Subd. 4, the Minnesota Data Privacy Act, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Faribault County Central Services in conjunction with employment procedures. Should there be any question as to the validity of this release, you may contact me at the address on this form.

This authorization shall be valid for a period of 1 (one) year from the date of my signature, but I reserve the right to cancel this written authorization by providing written notice to Faribault County Central Services or to you of the fact. I agree to indemnify and hold harmless any person to whom this request is presented and his/her agents and employees, for and against all claims, damages, losses and expenses, including reasonably attorney's fees, arising out of or by reason of complying with this request.

Full Name: _____ Date: _____

Current Address: _____ State: _____ Zip: _____

Telephone Number: DAY _____ NIGHT _____



Background check: Drivers License Number: _____
Date of Birth: _____

Signature: _____

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 Minnesota Lake. 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 Minnesota Lake, 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;

Applicant Data Practices Advisory Cont'd.

- 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 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 you assist in determining your suitability for the position for which you are applying. The optional data is used in summary form by the city's Affirmative Action Program to monitor protected class employment and meet federal, state and local reporting requirements. 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 Minnesota Lake's City Clerk at PO Box 98, Minnesota Lake, MN 56068. **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.

MINNESOTA DATA PRACTICES ACT

TENNESSEN WARNING

The Minnesota Data Practices Act seeks to protect the privacy of individuals about whom government agencies and their subdivisions, and agencies under contact with the government collect data. The Act also facilitates a release of information, which is public. The information on this sheet applies to your current and future contacts with the City of Minnesota Lake, whether the contact is in person, by mail, or by phone.

The Act requires that whenever the city ask you to provide information, which is private or confidential, that you be told:

1. The purpose and intended use of the data within the City;
2. The legal requirements, if any, of providing the information;
3. The consequences of providing or refusing to provide the information requested;
4. The identity of other persons or agencies authorized by statute to receive the information.

I. Purpose of the information collected:

1. Determine whether you meet City requirements pertaining to the eligibility for employment.
2. Evaluate the employment application.
3. Investigate the accuracy of all information and statements contained in the application.
4. Investigate and collect background information pertaining to you to determine your qualifications and fitness for employment with the City.

II. Legal Requirements

You are not legally required to provide the information requested. If you do not provide the information requested, the City will not be able to determine your eligibility for employment and your application will, in all likelihood, be denied if you do not provide the information requested.

III. Sharing of Information

The data provided pursuant to the employment application may be shared with officers and employees of the City who have a need to know such information in order to process and make a decision on a recommendation concerning your employment, and ultimately a determination by the governing body concerning your employment.

1. This information may be provided to others in the following circumstances:
 - a. To individuals, persons, agencies, institutions or organizations you authorize sharing the information with by means of a valid consent for release of information.
 - b. To appropriate law enforcement personnel who are acting in an investigation on proceedings relating to the application.
 - c. To a Court pursuant to a valid court order.

IV. Other Rights:

You have the right to know what information is maintained about you; you have the right to view all public and private information about you maintained by the City, and this includes the right for you to authorize other persons or agencies to view it.

1. You have the right to have the data to which you have accessed explained to you.
2. You have the right to request copies of the information to which you have access, but you may be charged a reasonable fee for the cost of the copies.
3. You have the right to challenge the accuracy or completeness of any private information in your records. If you want to challenge any information, you must write to the City. You may also

talk to the individual at the City with whom you are working. Your challenge will be answered within thirty (30) days.

4. You have the right to insert your own explanation of anything you object to in your records. That explanation will be attached anytime the information is shared with another agency. You have the right to appeal decisions made by the City about the accuracy to completeness of your records to the Commissioner of Administration, Data Privacy Act, State of Minnesota, 51 Sherburne Avenue, St. Paul, MN 55155.

If you do not understand this document, or if you have further questions, you should discuss these with the City staff person to whom you provided the statement.

I have read this explanation of my privacy rights and understand the purposes and consequences of giving the information and who is authorized to use it.

Applicant Signature

Date

Print Name