City of Austin
Paid/On-Call Firefighter Application Supplement

To All Job Applicants
Completion of this supplement is required as part of the City of Austin's employment process to accurately evaluate your qualifications and abilities for the position of paid/on-call firefighter. Please answer **all** questions completely.

Applicant Information

Name_____

Address:_____

_____

Telephone Number:_____ Alternate Number:_____

Do you have a Minnesota Driver's License? ☐ Yes ☐ No

Driver's License Number:_____

Residency
How long have you lived at the above address? _____

Important Notice:
Successful candidates must be able to respond from their residence to the fire station **within 11 minutes**. Your address and travel time will be verified prior to the completion of the hiring process.

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1. What motivates you to serve as a paid on-call firefighter, and how do you see yourself contributing to our department and the community?

_____
_____
_____
_____
_____
_____
_____
_____
_____

2. After reviewing the job description for the Paid/On-Call Firefighter position included in this application packet, do you feel confident that you can fulfill the requirements of this role? Please explain your response.

_____
_____
_____
_____
_____
_____
_____

3. Do you have any hobbies, commitments, or personal interests that may require frequent travel or limit your availability to respond to fire calls?

_____
_____
_____
_____

4. **Current Employment and Availability**
   Please provide details of your current employment, including your typical work schedule (Example: Hours and days of the week):

   _____
   _____
   _____
   _____

   Does your current employer allow you the flexibility to leave work immediately in the event of a fire or emergency call?
   ☐ **Yes** ☐ **No**

   If yes, has your employer confirmed their willingness to allow you to leave during work hours to respond to fire calls?
   ☐ **Yes** ☐ **No**

   Please explain in detail your availability and how your work schedule may affect your ability to respond to emergency calls:

   _____
   _____
   _____
   _____
   _____

5. **Physical and Environmental Comfort**

   Do you experience any uneasiness with any of the following:

   - Heights
   - Confined spaces
   - Wearing face masks or respiratory equipment

   ☐ **Yes** ☐ **No**

   If yes, please explain:

   _____

   _____

   _____

I certify that all the information I have provided on this supplement is correct and that I have not omitted any information. I understand that giving false information or omitting requested information may disqualify me from further consideration for employment or result in dismissal, if discovered later.

I authorize the City of Austin to verify this information to determine whether I am qualified for the position for which I am applying.

_____

Applicant Name (please print)

_____ _____

Signature Date