

Osakis First Responder Application Part 1

Full Legal Name _____

First

Middle

Last

Date of Birth _____

Current Address _____ City _____

Home Phone _____ Cell Phone _____

Work Phone _____ Employer _____

Previous Experience

Department/ Affiliation _____

Certification _____

Card # _____ Expiration _____

Contact Person _____

Family

Next of Kin _____ Relationship _____

Address _____ City _____ State _____

Home Phone _____ Cell _____ Work _____

Employment

Company _____ Title _____

Address _____ City _____ Phone _____

Reference _____ Can we contact them _____

Company _____ Title _____

Address _____ City _____ Phone _____

Reference _____ Can we contact them _____

Drop off or mail to Osakis City Hall

PO Box 580

Osakis MN

Osakis First Responder Application Part 2

Do you have a convicted criminal Back Ground? _____

If yes, Explain _____

We will do a public background check on you

Any medical conditions? _____ (back injuries, disability, etc.)

If yes, Explain _____

Drivers License # _____ Any Previous Driving citations _____

If yes, Explain _____

You must provide a Driving Record from a Law Enforcement Center

If you were found to have something that you did not list above, you will be terminated from the Osakis First Responder Squad immediately. You will repay the city immediately for the initial class/refresher class, depending where you are in your licensing.

Applicant

Date

President

Date

Secretary

Date