



Albert Lea Fire Department Supplemental Application
(Attachment of Application)

In addition to completing the application form, please answer the following questions. If you indicate that you have any of the information listed below submit prove of license or certifications/training:

Name: _____

1) Do you possess a vailed Minnesota driver's license? _____

What class? _____

2) If not do you possess a valid driver's license from another state? _____

What state? _____

3) Are you certified as an Emergency Medial Responder? _____

What level? _____

4) Do you have a Minnesota Firefighter I certification or equivalent? _____

Please list your certification: _____

5) Do you have prior firefighter experiences? _____

Please describe your experience: _____

Signature: _____ Date: _____