



ST. LUCIE COUNTY FIRE DISTRICT
5160 NW Milner Dr., Port St. Lucie, FL 34983
772.621.3323/ FAX 772.621.3609
www.slcfcd.com

FIREFIGHTER APPLICATION

Revised 1/09/09

INSTRUCTIONS: READ CAREFULLY

APPLICATIONS MUST BE FULLY COMPLETED AND ALL REQUIRED COPIES AND NOTARIZATIONS MUST BE DONE PRIOR TO SUBMISSION OF APPLICATION TO FIRE DISTRICT'S HUMAN RESOURCES DEPARTMENT.

Full Legal Name of Applicant: _____

Mailing Address: _____
PO Box or Street City State Zip Code

Legal Address (if not above): _____
PO Box or Street City State Zip Code

Home Telephone No.: _____ Cell Phone No.: _____ E-Mail Address: _____

Applicant's Social Security No: ____-____-____ Date of This Application: _____

Copies of the following documentation SHALL be submitted in the following order:

- Valid State of Florida Firefighter Certificate of Compliance.
- Valid State of Florida EMT Certification, if any.
- Valid State of Florida Paramedic Certification, if any.
- Valid CPR Card.
- Valid ACLS Certification, if Paramedic.
- Valid State of Florida Driver's License, Class or Commercial.
- Birth Certificate.
- High School Diploma or GED Certificate.
- Social Security Card.
- College Degree(s), if any.

GENERAL INFORMATION:

1. The Fire District will hire only individuals who are U.S. citizens, or aliens authorized to work in the United States.
2. Notice of applicant's change of address should be promptly sent to the Fire District's Human Resources Department.
3. **The Fire District may reject an application for any of the following reasons:**
 - (a) For not possessing the established minimum requirements.
 - (b) For the current use of illegal drugs, or the abuse of controlled substances, including alcohol.
 - (c) For being physically unfit; failure to pass a physical agility test and/or a pre-employment medical examination as prescribed by Florida Fire Standard Council. **Applicant shall be responsible for fees associated with physical agility tests or pre-employment medical examinations required by Indian River State College.**
 - (d) For being convicted of a felony and applying within a period of four (4) years after expiration of sentence or final release by the Parole Commission unless the applicant, prior to the expiration of the four (4) year period, has received a full pardon or has had his or her civil rights restored.
 - (e) **FOR OMISSIONS OR MAKING FALSE OR MISLEADING STATEMENTS IN THE FILING OF THIS APPLICATION.**
4. Under the ADA, reasonable accommodations will be made by the Fire District in completing the application.
5. If applicant needs additional space to respond to any question, please use ADDENDUM page provided , and submit with application form.



Give name(s) and relationship(s) of relatives working for the Fire District (past and present):

Have you ever been convicted of a felony, or a misdemeanor directly related to the position of employment sought, or pled *nolo contendere* to any charge of a felony by a court or military tribunal? Yes _____ No _____

If "yes," when? _____ On what charge? _____

What Court? _____ Give details: _____

A conviction record will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness, and nature of the violation, and rehabilitation will be taken into account.

PRIOR EMPLOYMENT RECORD:

Provide the following information for your last four (4) employers. List the most recent position **FIRST**.

Length of Employment From: Mo. Yr.	Firm Name	Mailing Address	City / State / Zip	
To: Mo. Yr.	Type of Business	Your Title	Name/Title of Supervisor	Phone #
Salary at time of leaving	DUTIES: Describe, in detail, the nature of the work personally performed by you.			
Reason for Leaving				

May we contact this employer for a reference? Yes _____ No _____

Length of Employment From: Mo. Yr.	Firm Name	Mailing Address	City / State / Zip	
To: Mo. Yr.	Type of Business	Your Title	Name/Title of Supervisor	Phone #
Salary at time of leaving	DUTIES: Describe, in detail, the nature of the work personally performed by you.			
Reason for Leaving				

May we contact this employer for a reference? Yes _____ No _____

Length of Employment From: Mo. Yr.	Firm Name	Mailing Address	City / State / Zip	
To: Mo. Yr.	Type of Business	Your Title	Name/Title of Supervisor	Phone #
Salary at time of leaving	DUTIES: Describe, in detail, the nature of the work personally performed by you.			
Reason for Leaving				

May we contact this employer for a reference? Yes _____ No _____

Length of Employment From: Mo. Yr.	Firm Name	Mailing Address	City / State / Zip	
To: Mo. Yr.	Type of Business	Your Title	Name/Title of Supervisor	Phone #
Salary at time of leaving	DUTIES: Describe, in detail, the nature of the work personally performed by you.			
Reason for Leaving				

May we contact this employer for a reference? Yes _____ No _____

**DEPARTMENT OF INSURANCE AND TREASURER
DIVISION OF STATE FIRE MARSHAL BUREAU OF FIRE STANDARDS AND TRAINING**

AFFIDAVIT

I, _____, do hereby affirm that I have
(Name of Applicant)
not been a user of tobacco or tobacco products for at least one year immediately preceding my application for a position as a Firefighter, in accordance with Section 633.34(6), Florida Statutes. Under the penalties of perjury, I declare that I have read the foregoing affidavit, and that the facts stated in it are true.

SIGNED on this ____ day of _____, 20 ____.

(Signature of Applicant)

STATE OF FLORIDA }
COUNTY OF _____ }

The foregoing instrument was acknowledged before me this _____ day of _____ 20 ____
by _____,
(Name of Applicant)

who is personally known to me or who has produced _____ as
identification. **(Type of Identification)**

(Signature of Notary)

(Name of Notary typed, printed, or stamped)

Commission No.: _____

My Commission Expires: _____

(Seal)

EDUCATION:

Provide the information requested below on all schools you have attended.

High School: _____ Year graduated: _____
(Name & State)

If you did not graduate, did you receive a G.E.D. certificate? Yes ___ No ___

If "yes," Date received: _____ Issuing agency: _____

Fire School: _____ from: _____ to: _____
(Name & State) (Date) (Date)

FL State certified? _____ When? _____

EMS School: _____ from: _____ to: _____
(Name & State) (Date) (Date)

FL State certified EMT? _____ When? _____

FL State certified Paramedic? _____ When? _____

University/College: _____ from: _____ to: _____
(Name & State) (Date) (Date)

Major: _____ Degree earned: _____ Date issued: _____

Continuing Education in EMS/Fire Science: Please list certifications, number of hours, etc.:

FIREFIGHTER / EMT/ PARAMEDIC / VOLUNTEER SERVICE:

List below all Firefighter/EMT/Paramedic/Volunteer history with any Fire, Fire/Rescue, or Emergency Medical Services organizations, starting with your present position, if any.

Present Firefighter/EMT/Paramedic Service:

_____ from: _____ to: _____
(Name of Agency) (Date) (Date)

_____ Telephone No.: _____
(County & State)

Supervisor's Name: _____ Title: _____

Your Position/Title: _____

Previous Firefighter/EMT/Paramedic Service:

_____ from: _____ to: _____
(Name of Agency) (Date) (Date)

_____ Telephone No.: _____
(County & State)

Supervisor's Name: _____ Title: _____

Your Position/Title: _____

Present Volunteer Service:

_____ from: _____ to: _____
(Name of Agency) (Date) (Date)

_____ Telephone No.: _____
(County & State)

Supervisor's Name: _____ Title: _____

Your Position/Title: _____

Previous Volunteer Service:

_____ from: _____ to: _____
(Name of Agency) (Date) (Date)

_____ Telephone No.: _____
(County & State)

Supervisor's Name: _____ Title: _____

Your Position/Title: _____

MILITARY SERVICE RECORD:

Were you ever in the U.S. Armed Forces? Yes ___ No ___ If yes, which branch? _____

Date of duty: From: _____ To: _____ Type of discharge: _____

List duties in the Armed Forces, including special training:

Are you currently a member of any branch of the Military or Naval Reserves? Yes ___ No ___

If yes, please indicate the date your military obligations will expire: _____

VETERAN’S PREFERENCE INFORMATION

Are you claiming Veteran’s Preference on your Application? Yes ___ No ___

If you answered “yes”, please check on the appropriate line below:

_____ Based upon service in the Persian Gulf War.

_____ Based upon active duty during wartime or Vietnam Era.

_____ As a Veteran with a compensable Service Connected Disability.

_____ As the spouse of a Veteran who cannot qualify for employment due to a Total and Permanent Service Connected Disability or the spouse of a Person Missing in Action, Captured or Forcibly Detained by a Foreign Power.

_____ An unmarried widow or widower of a Veteran who died of a Service Connected Disability.

NOTE: The burden of proof for Veteran’s Preference is on the Applicant.

You must provide documentation of service, such as a discharge or DD Form 214. Any person claiming preference based upon a Service Connected Disability shall provide documentation of the extent of the disability, such as a document from the Department of Defense, Veterans Administration, or the Division of Veterans Affairs.

Should you feel that you have not been awarded your Veteran’s Preference rights as required by Florida Statute, you may file an appeal with the State of Florida Division of Veterans Affairs. The appeal must be filed within twenty-one (21) days of notice to hire.

Applicants may file an appeal with the State Department of Veterans Affairs, 11351 Ulmerton Road, Suite 311-K, Largo FL 33718-1630.

MISCELLANEOUS:

Applicant's Date of Birth: _____

Aliases, maiden name or legally changed name (circle which): _____

Are you a U.S. Citizen or national, a lawful permanent resident alien, or an alien authorized by the Immigration and Naturalization Service to work in the United States? Yes _____ No _____*

* Every offer of employment is contingent upon the employee completing an Employment Verification Form (Form I-9), and showing original documents designated by law to prove identity and right to work.

Are you presently involved in any work or business, whether self-employed or for another employer, which you intend to continue working should you be employed by the Fire District?

Yes _____ No _____ If "yes," please explain below:

Is there anything that could:

- a. Prohibit you from working on particular days or hours? Yes ___ No _____
- b. Prohibit you from working overtime? Yes _____ No ___
- c. Prohibit you from working shift work? Yes ___ No ___

If you answered "yes" to any of the above, please explain:

Have you ever applied for a position with any Federal, State, Local Government, Law Enforcement Agency or Fire Department? Yes _____ No ___

Have you ever applied for any position with the Federal, State, or Local Government for which a background investigation was initiated? Yes _____ No _____

List the name of each organization above and year of application:

List details of any special skills, such as typing, computers or use of equipment, which you believe are relevant to being a Firefighter?

Do you speak a foreign language? Yes ___ No ___ Which language(s): _____

APPLICANT'S STATEMENT:

Please read the following statements carefully before signing this form.

I understand that the Fire District may reject this application for consideration for any of the reasons listed on Page 2 above.

I hereby state that the answers given by me to the foregoing questions and statements are true and correct without any falsifications, omissions, or misleading statements of any kind whatsoever. I agree that the Fire District shall not be held liable in any respect if my employment is terminated, because of the falsity of statements, inaccuracies or omissions made by me in this application, without regard to either my knowledge of the inaccuracy, omissions or falsity or the length of employment. I authorize previous employers, schools, or persons named above to give any information regarding my employment together with any information they may have regarding me, whether or not it is in their records, unless I have otherwise indicated above. I hereby release all companies, employers, schools, or persons from all liability for any damage for issuing this information.

If accepted for employment, I agree to abide by the rules and policies of the Fire District and to work whatever hours the Fire District requires. I hereby agree that I will submit myself to a pre-hire drug test and I understand that failure to pass such test may prevent me from being employed.

I hereby authorize an investigation of all statements made by me, whether or not I am employed.
I hereby agree to be employed for a probationary period pursuant to the Fire District's Rules and Regulations.
I hereby agree to comply with the Fire District's residency requirement should I become employed by the Fire District.

Applicant's Signature: _____

Print name of Applicant: _____ Date: _____

STATE OF FLORIDA }
COUNTY OF _____ }

The foregoing instrument was acknowledged before me this __ day of _____, 20____
by _____,

(Name of Applicant)

who is personally known to me or who has produced _____
as identification.

(Signature of Notary)

(Name of Notary typed, printed, or stamped)

Commission No.: _____

My Commission Expires: _____

(Seal)

AFFIRMATIVE ACTION SUMMARY:

The St. Lucie County Fire District, as part of its commitment to equal opportunity, asks that applicants fill out this Voluntary Form. The information contained on this Voluntary Form will be maintained in a separate file from your application and used for statistical purposes only.

POSITION APPLIED FOR: _____ DATE: _____

DATE OF BIRTH: _____ SEX (Check One): _____ MALE _____ FEMALE

ETHNIC GROUP (Check One):

_____ CAUCASIAN _____ AMERICAN INDIAN/ALASKAN NATIVE

_____ HISPANIC _____ ASIAN/PACIFIC ISLANDER

_____ BLACK

HOW DID YOU LEARN ABOUT THIS VACANCY? (Check One)

_____ FIRE DISTRICT EMPLOYEE _____ NEWSPAPER

_____ PHONE CALL _____ INTERNET

_____ JOB ANNOUNCEMENT _____ OTHER: (Please specify) _____

**RETURN COMPLETED PAGES 1 – 11, PLUS ADDENDUM, IF USED,
TO FIRE DISTRICT’S HUMAN RESOURCES DEPARTMENT.**

