

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

**GENERAL APPLICATION**

1. It is our intention to hire only individuals who are U.S. citizens or aliens authorized to work in the United States. Every offer of employment is contingent upon the employee completing an Employment Verification Form (Form 1-9), and showing original or certified documents designated by law to prove identity and right to work.
2. Please answer all questions completely. **Under the ADA, reasonable accommodations will be made in completing the application.** You may submit a résumé, but this application is still required to be completed. Incomplete applications will be rejected from consideration for employment.
3. Applications are only considered for the position that you apply. You must reapply for any other job postings. Applications shall remain on file for a period of two (2) years after the application deadline.
4. Whenever the demands of service may require, the Human Resources Department of the Fire District will notify applicants, who possess the minimum requirements, and whose applications have been filed, accepted, and are on record to appear for an interview at the time and place to be specified in such notification.
5. Notice of applicant's change of address should be promptly sent to the Human Resources Department of the Fire District.
6. The Human Resources Department of the Fire District may reject consideration of the application of any person 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 failing to pass the pre-employment physical.
  - (d) For having been dismissed from public service or from other employment.
  - (e) For making omissions, misleading or false statements in the filing of this application.
7. If you are claiming Veteran's Preference, please attach a copy of your DD-214 to this application.
8. For additional space to respond to any question(s), please attach additional pages marked "Addendum".
9. **Applicants must submit copies of their high school diploma or GED; social security card; driver's license; and birth certificate. College graduates must submit a copy of official transcript(s) and degree(s).**

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I wish to apply for the following Position: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Print)

Mailing Address: \_\_\_\_\_  
P.O. Box or Street City State Zip

HM Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**APPLICATIONS MUST BE FULLY COMPLETED AND ALL REQUIRED COPIES AND NOTARIZATIONS ARE TO BE DONE PRIOR TO SUBMISSION. INCOMPLETE APPLICATIONS WILL BE DISQUALIFIED.**

1. I have lived in St. Lucie County since \_\_\_\_\_; in Florida since \_\_\_\_\_
2. Give name(s) and relationship(s) of relative(s) working for the Fire District:  
\_\_\_\_\_
3. Have you ever been dismissed from employment? \_\_\_\_\_  
 (a) If so, Name of Employer \_\_\_\_\_  
 (b) Please explain: \_\_\_\_\_  
 \_\_\_\_\_
4. Have you ever been convicted, had adjudication withheld and/or plead nolo contendere to a crime whether it be a felony, misdemeanor or driving offense such as driving under the influence by a court or military tribunal, excluding minor traffic violations?  
 Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, then please explain \_\_\_\_\_  
 \_\_\_\_\_

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. The Fire District may consider a conviction during the hiring process and will consider the following factors: economic and human risk; nature and gravity of the offense; nature of the job; the time since the conviction or completion of the sentence.

If you answered "yes" to any of the above, please attach a separate sheet giving complete details for each incident.

**EDUCATION:**

<b>SCHOOLING</b>	<b>NAME &amp; ADDRESS OF SCHOOL</b>	<b>DEGREE RECEIVED OR GRADE COMPLETED</b>	<b>CITY &amp; STATE</b>
<b>High School</b>			
<b>College – Copy of Transcripts required.</b>			
<b>Vocational/Other Training</b>			

**EDUCATION:**

Provide the information requested below on all schools that you have attended since tenth (10<sup>th</sup>) grade.

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High School: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
(Name & State) (Date) (Date)

Highest grade completed: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

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Community College: \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
(Name & State) (Date) (Date)

Subject(s)/Major: \_\_\_\_\_ Earned degree? \_\_\_\_\_ What degree? \_\_\_\_\_

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

Subject(s)/Major: \_\_\_\_\_ Earned degree? \_\_\_\_\_ What degree? \_\_\_\_\_

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**EMPLOYMENT RECORD:** (Provide the following information for all employment, including part-time employment as far back as age 18. 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\_\_\_\_\_

**MISCELLANEOUS:**

Is there anything, which would in any way?

- Restrict or prohibit you from working on particular days or hours? \_\_\_\_\_

Can you work overtime? Yes\_\_\_\_\_ No\_\_\_\_\_ Can you work shift work? Yes\_\_\_\_\_ No \_\_\_\_\_

List any training you have received that will help you perform this job:

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List any other skills, especially computer skills, that you possess to perform this job:

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Have you ever applied for a position with any federal, state, or local law enforcement agency or any fire department? \_\_\_\_\_

- Have you ever applied for any position with the federal, state, or local government for which a background investigation was initiated? \_\_\_\_\_
- Have you ever been denied employment by any federal, state, or local law enforcement agency or fire department? \_\_\_\_\_

If you answered "yes" to any of the above three (3) questions, provide complete details below with regard to all such positions applied for. Be sure to include the name of each organization applied to, the position applied for, the date of your application, and the reason you were not employed in each instance:

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**FOREIGN LANGUAGE:** Enter foreign language and indicate your knowledge of each.

LANGUAGE	READING (EXC/GOOD/FAIR)	SPEAKING (EXC/GOOD/FAIR)	UNDERSTANDING (EXC/GOOD/FAIR)	WRITING (EXC/GOOD/FAIR)

Aliases, maiden name or legally changed name (specify which): \_\_\_\_\_

Date of birth\*: \_\_\_\_\_

\*The Florida Human Rights Act of 1992 prohibits discrimination based on age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals whom are at least 40 years of age.

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? \_\_\_\_\_

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.

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### CONFLICT OF INTEREST

An outside personal economic relationship, such as those described below, which affords present or future financial benefits to an employee, his/her family or individuals with whom he/she has business or financial ties may be considered a conflict of interest requiring evaluation by the Fire District. Family members include: spouse, children (biological, step, adopted), father, mother (biological/step), sisters, brothers (biological/step), grandparents, father/mother-in-law), brother/sister-in-law. Florida Statutes 112, Part III also prohibits financial conflict of interest.

1. The employee is engaged in a private business or financial relationship, which may secure advantage of goods, services, or influence due to the position of the employee with the Fire District.
2. The employee designates sources for procurement or procures parts, materials, services, supplies and facilities by purchase or lease, or sells or leases to the Fire District his/her own name or the name of others.
3. The employee acts as director, officer, agent, sole proprietor, partner, stockholder (if owning in excess of five (5) percent of securities outstanding), employee, paid consultant or advisor to a supplier.

Describe below, all personal outside economic interests as noted in 1-3 above.

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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", explain below:

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**DRIVING RECORD:**

**Do you currently have a valid Florida Driver's license?**\_\_\_\_\_

**Do you currently have a valid Florida Class "D" license?** Yes\_\_\_\_\_ No\_\_\_\_\_

Provide the information requested below on all Florida driver licenses that are now or have been issued to you.

ISSUING STATE	LICENSE NUMBER	EXPIRATION DATE	TYPE OF LICENSE

Is your driver's license now or has it ever been:

Denied?\_\_\_\_\_ Suspended?\_\_\_\_\_ Revoked?\_\_\_\_\_

Subject to any other similar penalty or action?\_\_\_\_\_

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

If there is anything you wish to state about your driving record, please use the space below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been the driver of a vehicle involved in a motor vehicle accident within the last ten (10) years? If "yes", give complete details below. Include at a minimum, date place, fault, injuries, and name of police department that made the report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVING RECORD** (continued):

At any time since you first began driving, have you ever been the driver of a vehicle involved in a motor vehicle accident, where there was loss of life, personal injury, or damage in excess of \$500.00? If "yes", please give complete details below. Include at a minimum, date, place, fault, injuries, and name of the police department that made the report:

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Indicate below all traffic violation or citations (EXCLUDING PARKING TICKETS) that you have received within the last ten (10) years including but not limited to, such violations as speeding, reckless driving, changing lanes without caution, defective equipment, stop sign violations, and red light violations. List each incident below:

DATE	VIOLATION/CHARGE	LOCATION CITY & STATE	POLICE AGENCY	FINAL DISPOSITION	AMOUNT OF FINE	POINTS



**MILITARY DATA:**

**Military Service:** **If none, check [ ] NONE**

Branch of Service	Primary M.O.S./A.F.S.C.	Dates of Active Duty (entered/released)	Officer or Enlisted	Service Number During This Period

**Reserve Service:** **If none, check [ ] NONE**

Branch of Reserve Service	Date of Membership (began/ended)	Officer or Enlisted	Service Number During This Period

**National Guard Membership:** **If none, check [ ] NONE**

Branch: (Army or Air)	State	Date of Membership (began/ended)	Officer or Enlisted	Service Number During This Period

List your organization and address here: \_\_\_\_\_

Type of Discharge (i.e., Character of Service): **\*\*SEE BOTTOM OF SECTION**

Highest rank attained: \_\_\_\_\_ Were you recommended for re-enlistment after each period  
of military duty? \_\_\_\_\_ If no, explain: \_\_\_\_\_

Have you ever received a less than honorable discharge from the armed forces? \_\_\_\_\_ If "yes", explain\*\*:

Were you ever subjected to any disciplinary action (judicial or non-judicial) while in the armed forces?  
\_\_\_\_\_

Were you ever the subject of any criminal investigation that was being conducted by military authorities  
concerning any alleged misconduct on your part? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**\*\*IF DISCHARGED FOR MEDICAL OR PSYCHOLOGICAL REASONS, THE FIRE DISTRICT WILL NOT USE THAT INFORMATION IN MAKING A DECISION OF WHETHER TO OFFER EMPLOYMENT. THIS INFORMATION WILL ONLY BE AVAILABLE TO THE EXAMINING PHYSICIAN AFTER AN OFFER OF EMPLOYMENT.**

## VETERAN'S PREFERENCE INFORMATION

Are you claiming Veteran's Preference on your application? \_\_\_\_\_. If you answered "yes", please check the appropriate box 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 forcible detained by a Foreign power.

\_\_\_\_\_ An unremarried widow or widower of a Veteran who died of a service connected disability.

### Eligibility:

The following information is provided to all applicants for positions with the St. Lucie County Fire District. Florida Statutes (Chapter 295.07) specifies the procedures for awarding hiring and retention preference to those eligible Veterans and spouses of Veterans that have honorably served in the United States Armed Forces. This law does not apply to anyone discharged under less than honorable conditions.

Eligible Veterans and spouses of Veterans are entitled to have their written scores augmented by either five (5) or ten (10) points as outlined below.

Ten Points – You must have a service-connected disability or be the spouse of a person with a total and permanent service connected disability who is missing in action, captured in the line of duty by a hostile force, or is being forcibly detained or interred in the line of duty by a foreign government or power.

Five Points – The Veteran of any war, and discharged honorably, or the unmarried widow or widower of a Veteran that died of a service connected disability. The law specifies that for such service to be creditable it must have occurred during the following periods:

World War II:	December 7, 1941 – December 31, 1946
Korean Conflict:	June 27, 1950 – January 31, 1955
Vietnam Era:	February 28, 1961 – May 7, 1975
Persian Gulf War:	August 2, 1990 – January 2, 1992
Operation Enduring Freedom:	October 7, 2001, and ending on the date thereafter prescribed by presidential proclamation or by law
Operation Iraqi Freedom:	March 19, 2003, and ending on the date thereafter prescribed by presidential proclamation or by law

The law provides that preference in employment, reemployment, promotion, and retention, shall be given to an eligible veteran pursuant to ss. 295.07, 295.08, 295.085 and 295.09 as long as the veteran meets the minimum eligibility requirements and has the knowledge, skills, and abilities required for the particular position.

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.

Social Security Number Collection

The St. Lucie County Fire District collects your social security number for the following purposes: identification and verification; credit worthiness, data collection, reconciliation, tracking, benefit processing, tax reporting, and identification and verification. **SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.**

The St. Lucie County Fire District is a drug-free workplace. All employees are placed on probation for one (1) year.

This is a public document. Under Florida law, applications cannot be kept confidential.

I understand that the Human Resources Department of the Fire District may reject this Application for consideration for any of the reasons listed on Page 1, #6 (a-e).

Should I qualify and become a regular employee of the Fire District, I understand there will be deductions from my salary for Retirement and other items required or allowed by law.

Please read the following statements carefully before signing this form:

I certify 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 employer 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 employer and to work whatever hours are required by the employer. 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 further understand and agree that failure of the employer to request a medical or physical examination shall not be construed as an admission by the employer that I am medically or physically qualified to perform any specific type of service.

I 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 employer's policy.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

## Fair Credit Reporting Act Disclosure & Authorization

### Disclosure

The Fire District, at any time when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may obtain and use a “consumer report” from a “consumer reporting agency” for employment purposes. These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. As an applicant for employment or employee of the Fire District, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business which, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, such as the Fire District.

A “consumer report” is any written, oral other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

If the Fire District obtains a “consumer report” about you, and if the Fire District considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. If the Fire District procures or causes to be prepared an investigative consumer report, you have the right to request the employer to provide you with a complete and accurate disclosure of the nature and scope of the investigation requested. You also have the right to request and receive a written summary of your rights under the Fair Credit Reporting Act. You also may contact the Federal Trade Commission about your rights under FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

### Authorization

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize the Fire District to obtain “consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” when making decisions regarding my employment at the Fire District. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness’ Name

\_\_\_\_\_  
Date

## Prescribed Summary of Consumer Rights

The prescribed for this summary is as a separate document, on paper no smaller than 8x11 inches in size, with text no less than 12-point type (8-point for the cart of federal agencies), in bold or capital letters as indicated. The form in this appendix prescribes both the content and the sequence of items in the required summary. A summary may accurately reflect changes in numerical items that change over time (e.g., dollar amounts, or phone numbers and addresses of federal agencies), and remain in compliance.

## A Summary of Your Rights

### **Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if **you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>)**. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. **There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action.** You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you do, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of the CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA.

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks, (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal” Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051



## AFFIRMATIVE ACTION SUMMARY

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

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) \_\_\_\_\_