

FORT MYERS BEACH FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT



Apply@fmbfire.org

(PLEASE PRINT CLEARLY)

DATE: _____ 20_____

YOU MUST FULLY COMPLETE THE APPLICATION AND SUBMIT ALL REQUIRED CERTIFICATIONS STATED IN THE APPLICATION PROCESS.

INCOMPLETE APPLICATIONS WILL BE REJECTED.

FILL IN ALL BLANKS.

NAME (Last)	(First)	(Middle)	Area Code and Telephone Number	
MAILING ADDRESS		City, State, Zip Code		Alternate Telephone (Cell)
E-MAIL ADDRESS		DRIVERS LICENSE NO.		EXPIRATION DATE STATE ISSUED
ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			HOW SOON CAN YOU BEGIN WORK?	
HOW DID YOU HEAR ABOUT THIS POSITION?			POSITION FOR WHICH YOU ARE APPLYING	

EDUCATION ATTACH CERTIFICATE OF HIGHEST DEGREE					
HIGH SCHOOL DIPLOMA/GED	NAME	LOCATION	YEAR GRADUATED OR ATTAINED GED		
COLLEGE	NAME	LOCATION	MAJOR	MAJOR	YR. GRAD.
GRADUATE SCHOOL	NAME	LOCATION	MAJOR	MAJOR	YR. GRAD.
VOCATIONAL SCHOOL	NAME	LOCATION	MAJOR	MAJOR	YR. GRAD.
OTHER TRAINING					

ATTACH CERTIFICATES(S) IF APPLICABLE

FLORIDA STATE CERTIFIED FIREFIGHTER – WHERE OBTAINED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CERTIFICATE NUMBER
FLORIDA STATE CERTIFIED EMT – WHERE OBTAINED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CERTIFICATE NUMBER
FLORIDA STATE CERTIFIED PARAMEDIC – WHERE OBTAINED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CERTIFICATE NUMBER
FLORIDA STATE CERTIFIED FIRE INSPECTOR – WHERE OBTAINED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CERTIFICATE NUMBER
LIST ANY OTHER SPECIAL QUALIFICATIONS/CERTIFICATIONS:			
LIST ANY VOLUNTEER OR PAID FIREFIGHTER EXPERIENCE AND TRAINING:			

EMPLOYMENT HISTORY

Name of Employer:					Job Title:		
Address:			City:		State:	Zip Code:	
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:	To:		Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

Name of Employer:					Job Title:		
Address:			City:		State:	Zip Code:	
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:	To:		Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

Name of Employer:					Job Title:		
Address:			City:		State:	Zip Code:	
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:	To:		Salary	Start:	End:	
Description of Duties Performed:							
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Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:	To:		Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

Name of Employer:					Job Title:		
Address:			City:		State:	Zip Code:	
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:	To:		Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

VETERANS' PREFERENCE

Check the appropriate block if you are claiming veterans' preference. **A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application.**

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Have you claimed and been employed using veterans' preference since October 1, 1987? Yes No

If "Yes" _____
Name of Employer

NOTE: Under Florida Law, preference in appointment shall be given by the state first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

REFERENCES (3 REQUIRED) (Excluding Former Employer or Relatives)

Name and Occupation	Must have COMPLETE mailing address	Area Code and Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The following is a list of requirements that must be met at various times during the hiring process.

YOU MUST READ AND SIGN THIS.

- I. **Rules of the Department of Insurance, Division of the State Fire Marshal, Rule Chapter 69A-37 “Firefighters Standards and Training”, Florida Statute 633.412 and The Fort Myers Beach Fire Department require the following:**
1. **You must have a high school diploma or equivalent. (69A-37.034) (F.S. 633.412 (1))**
 2. **Neither have been convicted of a felony nor of a misdemeanor directly related to the position of employment sought, not have pled nolo contendere to any charge of a felony. F.S. 633.412(2)**
 3. **You must pass a post offer medical examination. (69A-37.037), F.S. 633.458**
 4. **You must complete a background and driving record investigation form.**
 5. **Any material, misrepresentation or deliberate omission of a fact in any application may be justified for refusal of, or if employed, termination of employment.**
 6. **You will be required to pass a physical ability test.**
 7. **Be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by a sworn affidavit of the applicant.**

I further understand that fulfillment of the above requirements does not guarantee employment.

I have read and understand the above.

APPLICANT SIGNATURE

DATE

FORT MYERS BEACH FIRE DEPARTMENT

NON-TOBACCO USE AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my employment as a firefighter in accordance with section 633.412(6), Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

I also agree and understand that:

- 1) I will not use tobacco products on or off duty.
- 2) If I do use tobacco products on or off duty after this date, I will be subject to discipline, up to and including discharge.
- 3) Although employees have the right to grieve disciplinary actions after their initial probationary periods have been completed, I agree that the non-tobacco use policy will not be grieved.

Signature of Applicant

Date

Subscribed and sworn to (or affirmed) before me, this _____ day of _____ 20_____
by _____ who is personally known
to me or has produced _____ as identification.

Notary Public

Date

Seal