

APPLICANTS OF FIRE FIGHTER/EMT

The documentation listed below must be completed, notarized, and stapled to the back of your employment application and returned to the Personnel Department. Applications not completed properly will not be processed.

CHECK LIST

1. Employment application must be completed.
2. A copy of your high school diploma or GED certificate.
3. A copy of your military discharge Form DD-214 (if applicable).
4. A copy of your birth certificate.
5. A copy of your current Florida Fire Fighter Certificate or Compliance.
6. A copy of your Florida EMT Certification.
7. Copies of any other certificates that are relative to the position.
8. A copy of your Florida Drivers License.
9. A copy of your Social Security Card.
10. Authorization and Release to Obtain Information Form (attached). Must be completed and signed before turning in application.
11. Background Form (attached). Must be completed and signed before turning in application.
12. A handwritten letter stating why you wish to become a DeLand Fire Fighter/EMT.
13. Fire Fighter Affidavit (attached).
14. Tobacco Substance Affidavit (attached).

THE CITY OF DeLAND

FIRE/EMT EMPLOYMENT APPLICATION

“AN EQUAL OPPORTUNITY EMPLOYER”
 120 S. FLORIDA AVENUE
 DELAND, FLORIDA 32720-5422
 HUMAN RESOURCES DIVISION
WWW.DELAND.ORG
 (386) 626-7000

Instructions: This application must be filled out completely and accurately. Failure to complete application in its entirety may be cause for disqualification. All statements are subject to investigation. Exaggerated, false, or misleading statements are cause for rejection and/or termination. PLEASE PRINT CAREFULLY or type all information.

 (Last Name) (First) (MI) Social Security Number
 [][][] - [][][] - [][][][]

 Mailing Address, Include Apartment Number Date Available for Work

 (City) (State) (Zip Code) Phone Numbers
 Bus: () -
 Res: () -

 Street Address

Position Applied For:		Date of Application:	
Are You Applying For Veteran's Preference? [] YES [] NO BRANCH _____ DATES: FROM _____ TO: _____ Veteran's Preference: Documentation substantiating your claim (e.g. DD-214 and/or letter establishing eligibility to receive disability compensation from the Department of Defense or equivalent certification) must be furnished at the time of application.			Did you receive an Honorable Discharge? [] YES [] NO
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	Are you a U.S. Citizen? [] YES [] NO	Minimum Salary Acceptable:	
Check One: [] High School Diploma [] Did not Graduate [] Received GED Attach Copy of Diploma or GED to Application		If you received GED, supply issuing Authority	

COLLEGE OR UNIVERSITY	LOCATION	FROM	TO	HRS	DEGREE	DATE	MAJOR
BUSINESS/TRADE CERT. LICENSES/CERT.	LOCATION	FROM	TO	HRS	LICENSE/ CERT REC'D	SUBJECTS TAKEN	

EXPERIENCE: Describe below any employment or occupation you have had, including experience in the armed forces or volunteer work. Begin with your present or most recent employment in block 1 and work backward consecutively. Count each promotion as a separate job, applicants may be required to furnish satisfactory proof of experience claimed. Be sure to include all relevant details. **Do not leave blank and state "see resume". Use additional sheets if more space is required.**

1. Dates of Employment TO/PRESENT		
Month	Day	Firm Name Address City, State
Year		Type of Business Name/Title/Phone of Immediate Supervisor Your Title
FROM:		<i>Duties:</i> Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Month	Day	
Year		
Total Hours Per Week		Reason for Leaving:
Start Salary:		
Last Salary:		

2. Dates of Employment TO/PRESENT		
Month	Day	Firm Name Address City, State
Year		Type of Business Name/Title/Phone of Immediate Supervisor Your Title
FROM:		<i>Duties:</i> Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Month	Day	
Year		
Total Hours Per Week		Reason for Leaving:
Start Salary:		
Last Salary:		

3. Dates of Employment TO/PRESENT		
Month	Day	Firm Name Address City, State
Year		Type of Business Name/Title/Phone of Immediate Supervisor Your Title
FROM:		<i>Duties:</i> Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
Month	Day	
Year		
Total Hours Per Week		Reason for Leaving:
Start Salary:		
Last Salary:		

Driver's License? [] YES [] NO State: _____ License Number: _____

Commercial Driver's License? [] YES [] NO License Number: _____
State: _____ Class Code: _____ Endorsements: _____

Have you been convicted, pleaded guilty or nolo contendere to a misdemeanor or felony involving false statement or perjury? [] YES [] NO

Have you ever been in violation of traffic law? [] YES [] NO

If yes, please explain for what, where and when: _____

Have you ever been employed by the City? YES [] NO [] If yes, where and when? _____

Are any members of your family or relatives employed by the City: YES [] NO []

If yes, please give name and their position: _____

Have you ever been discharged/fired from employment: YES [] NO []

Have you ever resigned/quit after being informed that your employer intended to discharge you? YES [] NO []

If yes to either question, complete the following: Employer: _____

Address: _____ Date: _____

Explanation (Use additional sheets if necessary): _____

Signature Certification and Release of Information:

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:

I certify that each answer to any question herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitutes full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete or false statements or information, furnished by me may subject me to disqualification or to discharge at any time. If employed by the City of DeLand, I agree to comply with all its orders, rules and regulations.

Signature (Sign application in dark ink):

Date Signed (Month/Day/Year)

HUMAN RESOURCES USE ONLY:

Date Received

Meets Qualifications

[] YES [] NO

THE INFORMATION REQUESTED BELOW IS BASED IN CONJUNCTION WITH THE CITY'S AFFIRMATIVE ACTION PROGRAM. THIS INFORMATION WILL IN NO WAY AFFECT YOUR SELECTION AND IS COMPLETELY VOLUNTARY. THIS INFORMATION HELPS PROVIDE THE NEEDED INFORMATION FOR COMPLYING WITH FEDERAL REGULATIONS.

POSITION APPLIED FOR _____

GENDER Male Female

DATE OF BIRTH _____

VETERAN World War II
 Korean
 Vietnam
 Desert Storm

EDUCATION 8th and Under
 9th – 11th
 High School Graduate/Equivalent
 Post High School

ETHNIC GROUP Caucasian
 Black
 Hispanic
 American Indian
 Other

MISCELLANEOUS Handicapped
 Disabled
 Limited English
 Other _____

City of DeLand

ACCT: DeLAND

(Completed by Recruiter)

Recruiter: _____

Candidate Name: _____

(Please Print)

CANDIDATE INFORMATION

(Completed by candidate)

The following is required to conduct pre-employment verifications. Date of birth and maiden name are not considered in the employment decision. This information is utilized for accurate records verifications only.

Social Security Number	Maiden or other name used	Year last used	Date of Birth
Please provide list of cities, including state and zip, where you have lived or worked in the last 7 (seven) years. Use extra sheet if necessary. <u>Please be sure all letters and numbers are legible.</u>			
Current Address, City, State,/Zip			Since
Previous City/State/Zip	Dates	Previous City/St/Zip	Dates
Previous City/State/Zip	Dates	Previous City/St/Zip	Dates
Have you ever been convicted, entered a plea of no contest, had prosecution deferred, or adjudication withheld for any crime except for minor traffic violations? (Will only be considered in relation to specific job requirements.) Y _____ N _____ If yes, please explain.			
Drivers License Number	State		

I request that this document in its original or copied form serve as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit reporting agencies, law enforcement or criminal record agencies, and other agencies to release information about me to Maglio-Accufacts, and hereby release all such persons, institutions, agencies, employers, and organizations providing such information from liability in any or all claims and damages connected with their providing any requested information.

Authorized by Candidate:

Printed Full Name	Home Phone (include Area Code)	Work Phone (include Area Code)
Signature	Date Signed	

DISCLOSURE

This serves to advise you that in consideration for employment, a consumer report may be obtained on you. This process may include a review local, county, state, and federal government agency records, and court public records.

By signing this DISCLOSURE,

- You acknowledge receipt of this Disclosure
- You give us permission to obtain a consumer report on you for employment purposes

Received and Authorized by:

Printed Full Name

Signature

Date Signed

How did you learn about the position with the City of DeLand for which you are applying?
City of DeLand web page _____ Newspaper Ad _____ Friend _____ City employee _____ Other _____

(This signed form is to be retained in the applicant's file)

**AUTHORIZATION AND RELEASE TO OBTAIN CREDIT INFORMATION DeLAND
FIRE DEPARTMENT**

I, _____, Date of Birth: _____ Social Security Number: _____, authorize the DeLand Fire Department to conduct a background investigation in connection with my application for employment.

I, _____, understand that I will not receive, and am not entitled to a copy of the report or to know its contents, and I further understand that the contents are privileged. I agree to give any information, which may be required in reference to my past record. I fully understand all information gained from such an investigation is confidential and will be released only to authorized persons in the employment process.

I fully understand this investigation may include information from educational institutions, credit institutions, insurance companies, Physicians and/or medical records, military organizations, police, and/or court records, Department of Motor Vehicles records, personal references, developed resources, present and previous employers, and other appropriate sources. I hereby authorize the release of any information that the DeLand Fire Department may request from the aforesaid sources required for a background check. I also hereby authorize my present and former employers to give any information regarding my employment together with any information that they may have regarding me, whether or not it is on their records.

I hereby release the DeLand Fire Department, DeLand, Florida, or any of its agents or representatives and any person so furnishing information from any and all liability as a nature and kind arising from the publishing of this information whether it is verbal or written.

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, _____, a Notary Public in and for said County and State, do hereby certify that _____ personally appeared before me and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal, this the _____ day of _____, 20_____.

FIREFIGHTER/EMT AFFADAVIT

I, _____, as an applicant for the position of Firefighter/EMT with the City of DeLand, hereby, certify that I am not now nor have been a smoker of cigarettes or any other inhaled substance for the two years previous to this the _____ day of _____, 20_____.

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, _____, A Notary Public in and for said County and State do hereby certify that, _____ personally appeared before me this day and acknowledged that due execution of the foregoing instrument.

WITNESS my hand and official seal this the _____ day of _____, 20_____.

TOBACCO SUBSTANCE AFFIDAVIT

I, _____, as an applicant for the position of
(Print Name)

Fire Fighter/EMT with the City of DeLand, hereby, certify that I am not now nor have been a smoker of cigarettes or any other tobacco related substances for the two years previous to this the _____ day of _____, 20_____.

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, _____, A Notary Public in and for said County and State do hereby certify that, _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal this the _____ day of _____, 20_____.

Notary Public