

CITY OF WINTER HAVEN
APPLICATION FOR EMPLOYMENT
FIRE DEPARTMENT

READ THE FOLLOWING MINIMUM QUALIFICATIONS, AND IMPORTANT INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. TYPE OR PRINT ON ALL DOCUMENTS.

FIREFIGHTER I
MINIMUM QUALIFICATIONS

In order to qualify for, and remain a Firefighter I with the City of Winter Haven Fire Department every candidate for employment shall meet the following requirements:

1. Eighteen (18) years or older.
2. High School graduate.
 - a. The City shall consider completion of the General Education Development (G.E.D.) tests, including United States Armed Forces Institute (U.S.A.F.I.) tests to be equivalent of a High School Diploma.
 - b. High School completion Certificates or Certificates of Attendance will not be recognized by the City as meeting the requirements of a High School Diploma.
3. Drug free, nor have used illegal drugs for at least six (6) months immediately preceding hiring date, and remain drug free for the entire period of employment.
4. Pass a drug screen test as determined by the City of Winter Haven standards.
5. Physical Examination: Take a physical examination in accordance with The National Fire Protection Association. NFPA 1582, Medical Requirements for Firefighters, 1992 Edition.
6. Have not been charged, convicted or adjudication withheld for a first degree misdemeanor or any felony.
7. Have good moral character.

8. Driving Record:

- a. Must have three years of good driving experience.
- b. Must have a State of Florida Class D or E endorsement drivers license.

9. Firefighter Certification:

Candidate shall have a State Firefighter Certification
In accordance with F.S. 633, and maintain this certification
So long as employed by the City of Winter Haven.

10. Emergency Medical Technician (EMT):

- a. Candidate shall have a State of Florida Emergency Medical Technician (EMT) Certification in accordance with F.S.S., and H.R.S. Rules and Regulations Chapter 10D-66.36, or obtain EMT Certification within one year, and maintain this certification, so long as employed by the City of Winter Haven.
- b. Candidate shall obtain Defibrillation training within thirty (30) days of employment date.
- c. Candidate shall be responsible and obtain within (120) days of employment:
 - 1. Emergency Vehicle Operators Course (16 hrs.)
 - 2. Airborne and Bloodborne Pathogens (16 hrs.)
 - 3. Initial Response to Hazardous Materials (24 hrs.)
 - 4. Confined Space Training (8 hrs.)
- d. Candidate shall complete Fire Department Orientation.

I have read, and understand the requirements, and qualifications contained herein, and understand that I do presently meet these requirements or shall meet these requirements required by the City of Winter Haven, at the times specified herein, and so long as I am employed by the City of Winter Haven shall maintain these requirements.

I further understand that failure to meet, and maintain these requirements will result in my termination of employment with the City of Winter Haven.

STATE OF FLORIDA
COUNTY OF **Polk**

Subscribed and sworn to (or affirmed) before me this _____ day of _____,

20 _____. By _____, who is/is not personally known to me
(Applicant Signature)

has produced _____, as identification.
(type of Identification)

Notary Signature

Notary Stamp

For consideration of employment with the City of Winter Haven Fire Department, you must complete, and submit the following required documents: (Make sure all items are signed, and notarized as indicated below)

1. Firefighter I position Minimum qualifications (signed and notarized)
2. Fire Department Application signed
3. Authority of Release of Information (signed and notarized)
4. City of Winter Haven Application for Employment (signed)

You must furnish all requested information on the above noted documents. A resume will not be accepted in lieu of completing this application.

If you fail to answer all questions on this application, and on the required documents fully and accurately, you may not be considered for employment opportunities. So that it is understood that you did not omit any items on the application, and on the required documents, write the letters "N/A" (not applicable) beside those items that do not apply to you.

DO NOT LEAVE ANY BLANK SPACES

A. PERSONAL INFORMATION

1. Position applied for **Firefighter I**
2. Date: _____
3. Name: _____
Last First Middle
4. Social Security Number: _____
5. Present Address: _____
Number and Street

City State Zip
6. Home Phone: (_____) _____
Area Code
7. Work Phone: (_____) _____
Area Code
8. Are you over eighteen (18) years of age? Yes ___ No ___

B. EDUCATION (Attach a separate page for additional information, include your name, and social security number on each page).

1. Did you graduate from high school, or do you have a G.E.D. high school equivalency certificate, as prescribed in the Job Qualifications?
Yes ___ No ___ If yes, complete the following information:

Name listed on diploma or certificate: _____

Date Graduated: _____

School Name: _____

Address: _____
Number and Street City State Zip

2. List all other schools or training (for example, trade, vocational, Armed Forces or business, etc.) that may apply to the firefighting vocation.

School Name: _____

Address: _____
Number and Street City State Zip

Year Attended: _____ Subject: _____

School Name: _____

Address: _____
Number and Street City State Zip

Year Attended: _____ Subject: _____

3. Do you have a Florida Firefighter Certification in accordance with F.S. 633? Yes ___ No ___ List Firefighter Certification number for verification:

Number: _____ Date Issued: _____

4. Do you have a Florida Emergency Medical Technician Certification in accordance with F.S., and Chapter 10D-66? Yes ___ No ___.

List number for verification _____ Expiration Date: _____

C. EMPLOYMENT HISTORY: (List at least ten (10) years of employment. Start with the present employer and work back to the last employer). (Attach a separate page for additional information, include your name, and address on each page).

1. Dates of Employment (state month & year)

From: _____ To: _____ Telephone: _____

Employer's Name: _____

Employer's Address: _____

Number & Street City State Zip

2. Dates of Employment (state month & year)

From: _____ To: _____ Telephone: _____

Employer's Name: _____

Employer's Address: _____

Number & Street City State Zip

3. Dates of Employment (state month & year)

From: _____ To: _____ Telephone: _____

Employer's Name: _____

Employer's Address: _____

Number & Street City State Zip

4. Dates of Employment (state month & year)

From: _____ To: _____ Telephone: _____

Employer's Name: _____

Employer's Address: _____

Number & Street City State Zip

5. Dates of Employment (state month & year)
 From: _____ To: _____ Telephone: _____
 Employer's Name: _____
 Employer's Address: _____

Number & Street
City
State
Zip
6. Dates of Employment (state month & year)
 From: _____ To: _____ Telephone: _____
 Employer's Name: _____
 Employer's Address: _____

Number & Street
City
State
Zip
7. Dates of Employment (state month & year)
 From: _____ To: _____ Telephone: _____
 Employer's Name: _____
 Employer's Address: _____

Number & Street
City
State
Zip
8. Dates of Employment (state month & year)
 From: _____ To: _____ Telephone: _____
 Employer's Name: _____
 Employer's Address: _____

Number & Street
City
State
Zip
9. Dates of Employment (state month & year)
 From: _____ To: _____ Telephone: _____
 Employer's Name: _____
 Employer's Address: _____

Number & Street
City
State
Zip
10. Dates of Employment (state month & year)
 From: _____ To: _____ Telephone: _____
 Employer's Name: _____
 Employer's Address: _____

Number & Street
City
State
Zip

In the last ten years, have you ever been involuntarily terminated from any job for any reason? Yes ___ No ___ If yes, explain the reason: _____

Are you presently or have you ever been employed by the City of Winter Haven? Yes ___ No ___ If yes, list the position and dates: _____

D. **RESIDENCES:** (List at least the last five (5) years of residences. Start with your present address. Attach a separate page for additional information; include your name, and social security number on each page).

Number of Years: _____

Address: _____
Number & Street City State Zip

Number of Years: _____

Address: _____
Number & Street City State Zip

Number of Years: _____

Address: _____
Number & Street City State Zip

E. **FAMILY:** List name and complete address of the two (2) nearest relatives who do not live with you, that may be contacted in case of any emergency.

Name: _____ Relationship: _____

Address: _____
Number & Street City State Zip

Name: _____ Relationship: _____

Address: _____
Number & Street City State Zip

Do you have any relatives employed with the City of Winter Haven? Yes ___
No ___. If yes, give name(s) department(s) and position(s): _____

F. **PERSONAL REFERENCES:** List three (3) personal references who you have known for at least three years or more, and are not related to you in any way, and who were not your employer or supervisor.

Name: _____ Years Known: _____

Address: _____
Number & Street City State Zip

Individuals Occupation: _____

Title: _____

Name: _____ Years Known: _____

Address: _____
Number & Street City State Zip

Individuals Occupation: _____

Title: _____

Name: _____ Years Known: _____

Address: _____
Number & Street City State Zip

Individuals Occupation: _____

Title: _____

G. **LEGAL BACKGROUND:**(Attach a separate page for additional information, include your name, and social security number on each page).

1. Have you ever been convicted, or are you under any pending charges for any felonies or misdemeanors, or have you had adjudication withheld?
Yes ___ No ___ If yes, show each offense:

Date: _____ Charge: _____

Court: _____
Number & Street City State Zip

Action Taken: _____

Date: _____ Charge: _____

Court: _____
Number & Street City State Zip

Action Taken: _____

2. Drivers License Number: _____ State: _____
Class D or E Endorsements Yes ____ No ____

3. Have you been charged with any traffic violations or accidents within the last three years? Yes ____ No ____ If yes, show for each offense:

Date of Incident: _____

Charge: _____

Court/County: _____

City/State: _____

Action Taken: _____

Date of Incident: _____

Charge: _____

Court/County: _____

City/State: _____

Action Taken: _____

H. MILITARY HISTORY:

1. Have you ever served on active duty in the United States Military?
Yes ____ No ____ If yes, list dates, branch and serial number of all active service:

Dates: From _____ To _____

Branch of Service: _____

Serial Number: _____ Highest Rank _____

Duties: _____

2. Were you ever convicted by a court martial? Yes ____ No ____ if yes, list:

Date: _____ Charge: _____

Court Martial (Base, Post or Station) _____

Action Taken: _____

3. Were you discharged from the armed services under honorable conditions? Yes ____ No ____ If no, explain why: _____

READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS APPLICATION AND STATEMENT.

A false answer to any question in this application or attached documents (as noted on page one of the Application for Employment) may be grounds for not employing you, or terminating you, after you are employed.

I have completed this application and submitted all attached documents with the knowledge and understanding that any or all items contained herein may be subject to investigation and consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, other individual agencies to the City of Winter Haven and it's employees, and agents.

I certify that all statements made in this application and on all attached documents by me are true, complete and correct.

Date

Print Full Name

Signature

This is not an employee contract.
The City of Winter Haven is an Equal Opportunity Employer

**CITY OF WINTER HAVEN FIRE DEPARTMENT
AUTHORITY FOR RELEASE OF INFORMATION**

Applicant's Name: _____

Social Security Number: _____

I do hereby consent, and authorize with full understanding for the City of Winter Haven, Winter Haven Fire Department, and it's employees or agents to conduct any and all necessary inquiries, and investigation into my personal background to include, but not limited to, past employment, personal references, legal background, drivers license, educational institutions, etc., for the purpose of evaluating my potential employment.

I fully understand that inquiries will be made into my personal background regarding my character, employment, and other areas relating to my qualifications.

I consent to the release of any and all information by employers, educational institutions, law enforcement agencies, companies, corporations, and all other individuals or agents to the City of Winter Haven, Winter Haven Fire Department, and it's employees or agents.

I hereby further agree to release the City of Winter Haven and those agencies, corporations, or individuals from any liability arising from the disclosure of any information pertaining to me, which is obtained during said investigations, and shall hold them harmless.

Applicant's Signature: _____ Date: _____

Address: _____
Number & Street City State Zip

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

By _____, who is/is not personally known to me
(Applicant)

or has produced _____, as identification.
(type of identification)

Notary Signature

Notary Stamp