

Thank you for your interest in employment with the Winter Haven Fire Department (WHFD). This application must be either typed or printed in legible form. Non-legible applications will be returned. Applications ***must include a resume*** and be submitted to Human Resources. Incomplete applications may not be considered for employment.

Complete the application as follows:

1. Answer all questions. If they do not apply to you, place an "N/A" in the blank space provided for your answer.
2. Provide names and complete mailing addresses, including zip code of former employers, dates of employment, and your job title.
3. List complete and correct mailing and physical addresses, including zip code of former residences.
4. List complete and correct mailing addresses, including zip code of all references.
5. Notarize pages of the application before submitting it to Human Resources.

You are hereby informed that a thorough background investigation, including information regarding your character, general reputation, personal characteristics, drug test, and physical exam in accordance with NFPA 1582 will be part of the candidate selection process. This information is solely for the purpose of evaluating your qualifications and eligibility for employment with the WHFD.

Any falsification of information on your application will automatically disqualify you from consideration for employment with the WHFD.

The submission of this application carries the understanding that you are authorizing the WHFD to contact any and all available sources for the purpose of obtaining information regarding your qualifications. Expected duration of the selection process may take up to eight weeks.

This application must include certified copies of the following:

1. Birth Certificate
2. High School Diploma or State Equivalency
3. Proof of Name Change (if applicable)

This application must also include copies of the following:

1. DD 214 Form - Military Service Discharge Documents (if applicable)
2. Driver License
3. College Transcripts (Submit a sealed copy of the transcripts with the application or provide the email address humanresources@mywinterhaven.com for electronic transcripts sent directly from the educational institution.)
4. Social Security Card
5. Fire Standard Certificate F.S.633
6. Emergency Medical Technician (E.M.T.)
7. Paramedic Certificate (if applicable)
8. Valid C.P.R. Card
9. Candidate Physical Ability Test (CPAT), (RPAT, FPAT, or equivalent)

Are you claiming veteran's employment preference?			If yes, file documentation with application.
Have you ever been employed by the City of Winter Haven?			When: _____ Where: _____
Have you ever been dismissed from a job for inefficiency, delinquency, misconduct or any other reason?			When: _____ Describe circumstances: _____ _____
Have you ever been formally or informally accused of unlawful harassment or discrimination?			When: _____ Describe circumstances: _____ _____ _____
Are you now under charges for any offense against the law?			Describe charges: _____ _____ _____
Have you <u>EVER</u> at any time had adjudication withheld, plead guilty, no contest or been convicted of <u>ANY</u> offense against the law?			Describe circumstances: _____ _____ <i>Note: A conviction is not necessarily a disqualifying factor; truthfully give all facts so a decision can be made.</i>
Have you ever been a defendant in a civil action for an intentional tort?			Explain: _____ _____

EDUCATION

Level of Education	School Name Street Address City / State / Zip	Course of Study	Years to Complete or Number of Credits	Degree/Diploma Received		
				No	Yes	Type
G.E.D.						
Home School						
High School						
Trade School						
College/ University						

List other education or special courses taken; include total hours and the training provider/sponsor name.

Answer only if applicable:

Is G.E.D. sanctioned by a State Board of Education? _____ Yes _____ No

While in school were you ever suspended, expelled, or otherwise disciplined? _____ Yes _____ No

If you answer "YES" please explain:

List honors, awards, scholarships, etc: _____

Extracurricular activities: _____

Foreign language spoken: _____

Foreign language read: _____

Foreign language written: _____

Certification/License Type	Are you certified or licensed?		Issued in/by Which State	Date Issued (Mo./Yr.)	Expiration Date (Mo./Yr.)
	No	Yes			
Building Inspector					
Code Enforcement – Level I, II or III					
Emergency Medical Technician (EMT)					
Firefighter Minimum Standards					
Lifeguard					
Paramedic					
Police Officer Minimum Standards					
Wastewater Treatment Operator A, B or C					
Water Treatment Operator A, B or C					
Water Safety Instructor (WSI)					
Other:					

EMPLOYMENT HISTORY

Begin with present employer and list all jobs held since you started working.
This section must be completed even with a resume attached to the application.

<p>1. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>2. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>3. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>4. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>

<p>5. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>6. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>7. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>
<p>8. Comp. Name: _____ Street: _____ City/State/Zip: _____ Telephone Number: _____ Supervisor Name: _____ Reason for leaving: _____ _____</p>	<p>Employed: From: _____ To: _____ Pay Rate: Start: _____ End: _____ Job Title: _____ Duties: _____ _____ _____</p>

(Attach additional sheet if necessary.)

Note: Employers listed above will be contacted, unless you indicate otherwise. Please specify which employer, if any, you prefer not be contacted and state the reason why.

Do not contact: Employer Number(s) _____ Reason: _____

The information you provide from this point forward will not be presented to the pre-screening panel that determines which applications continue on in the hiring process. Only the previous pages will be viewed by the panel. If the panel agrees your application merits further consideration, then the information provided on the remaining pages will be used to conduct a background investigation.

PERSONAL DATA

Applicant Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Place of Birth: _____

City / County / State

Are you eligible to work in the United States? Yes No

Have you ever had your name legally changed? Yes No

If you answered "YES" to the above question, what was:

a. Your previous name(s): _____

b. Date and Location of Change: _____

c. Reason for Change: _____

Have you ever been known by any other name? Yes No

If "YES", list all, including nicknames and street names:

List all social networking addresses: _____

List below in chronological order all previous places of residence in the last five years. Begin with your present address and work backward. Attach a separate sheet of paper for additional residences if necessary.

From/To (Month/Year)	Address	City	State	Zip
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CAREER INTEREST

Names of relatives or friends employed by the WHFD:

Have you ever worked for or applied to the WHFD before? _____ Yes _____ No

If "YES" explain: _____

Have you ever applied to or been employed by any other Fire Department? _____ Yes _____ No

If "YES" state name of agency and dates of employment or application: _____

If you were not hired, state reason(s) for non-selection: _____

Are you now on any employment eligibility list? _____ Yes _____ No

If "Yes" state where and for what position? _____

Have you ever been dismissed, disciplined, or asked to resign employment because of misconduct or unsatisfactory service? _____ Yes _____ No

If "Yes" list those employers who either (1) Dismissed you; (2) Disciplined you; or (3) Requested that you resign or be terminated:

Employer's Name	Date	Supervisor Involved
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May we contact previous employers? _____ Yes _____ No

If "No" please state your reasons: _____

May we contact your present employer in the final post offer stages of processing? _____ Yes _____ No

If "No" please state your reasons: _____

FAMILY BACKGROUND

List alphabetically by last name first all members of your immediate family, spouse included, and all members of your spouses' immediate family. Immediate family shall include father, step-father, mother, step-mother, brothers, sisters, guardians, and/or foster parents.

Relationship	Surname, First Name, and Middle Name	Street Address, City, State and Zip Code	Occupation

MILITARY RECORD

If you have never served in the Armed Forces of the United States, please sign the below statement:

I, _____ have never served in any branch of the United States Armed Forces.
 (Print Name)

 Signature of Applicant

If you have served in the Armed Forces of the United States please complete the following.

Branch of Service: _____ Highest Rank: _____

Service #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

Branch of Service: _____ Highest Rank: _____

Service #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

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Are you now or have you ever been a member of the Reserve Unit or the National Guard? _____ Yes _____ No

If Yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps: _____

Military specialization and duties _____

Have you ever been tried on charges, or were you the subject of a summary court, court martial, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces?

_____ Yes _____ No

If yes, please provide details:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

FOREIGN MILITARY RECORD

Have you ever served in the Armed Forces of any foreign nation? _____ Yes _____ No

If "Yes" indicate the nation _____

Date of entry _____ Date of Separation _____

Highest rank held _____ Type of Separation _____

PERSONAL REFERENCES

Fill in the names of persons who have seen you frequently during the past year. List persons who are not related to you or who are not former employers. All persons that you list may be asked to appraise your character, ability, experience, personality, and other qualities.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Years Known: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Years Known: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Years Known: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Years Known: _____

Note: Please make sure to list complete address information including zip code.

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW

I, (print name) _____ affirm that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law, personnel policy or regulations. I am aware that statements made by me in this application are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligibility lists. If already appointed, I may be dismissed. I voluntarily give the City of Winter Haven Human Resources' Office, or its duly authorized representative, the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I further release from all liability and responsibility any and all persons, companies or corporations supplying such information.

Please sign below in the presence of a Notary.

Applicant Signature: _____ **Date:** _____

State of Florida

City/County of _____

Sworn to before me this _____ **day of** _____, **20** _____

Signature of Notary

**DO NOT WRITE BELOW THIS LINE
(For Human Resources' Office Use Only)**

This page is left blank intentionally.

The information requested below is used for EEO purposes only and NOT to evaluate your application for employment with the City of Winter Haven. Completion of this form by you is strictly voluntary. You are not legally required to supply this information. However, your assistance in doing so is appreciated. Thank you.

Date _____	Position Applied For _____
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Gender		Female
		Male

Age Group		16 – 22
		23 – 39
		40 – 70
		Over 70

Race Ethnic Origin		White, Non-Hispanic or Latino
		Black or Black and White, Non-Hispanic or Latino
		Hispanic or Latino
		Asian or Asian and White, Non-Hispanic or Latino
		American Indian/Alaskan Native, Non-Hispanic or Latino
		Native Hawaiian-Other Pacific Islander, Non-Hispanic or Latino
		Balance 2+ Races, Non-Hispanic or Latino

Disabled		No	Description of Disability
		Yes	

Military Status		Non-Veteran	Actively Served During (Circle Applicable)
		Veteran	WWII/Korea, Persian Gulf, Vietnam, Iraq/Afghanistan; Operation Enduring Freedom, Other
		Disabled Veteran	

How did you learn of the position you are applying for?			
	Walk-in, General Job Search		Winter Haven News Chief
	Search Firm or Employment Agency		The Lakeland Ledger
	Civic/Professional Organization		Other Newspaper
	Internet/City Web Site		Magazine/Publication
	City of Winter Haven Employee		Word of Mouth
	College or University:		Other:



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