

# NORTH RIVER FIRE DISTRICT

## APPLICATION FOR EMPLOYMENT

\* PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING YOUR APPLICATION\*

- \* Applications must be submitted Monday through Thursday by 4 pm on the posted closing date.
- \* Minimum qualifications must be met by the closing date in order for an applicant to be considered eligible.
- \* The Fire Chief and department hiring for each position will select applicants for interview. You will either be contacted for an interview or notified of the outcome.
- \* If you are disabled and need reasonable accommodation to complete the application process, you are requested to inform us so that the department can address your needs.
- \* This application must be completed in full and contain original signatures. All questions must be answered to include all employer requested information. Resumes may be submitted as supplements, but CANNOT be accepted in lieu of a completed application.
- \* Your application will not be considered unless complete answers are provided to all questions on the application and all requested documentation is attached.
- \* Print clearly; incomplete or illegible applications will not be processed.

Applications are being accepted for the current openings as shown on the JOB OPPORTUNITY list. Please indicate the exact position(s) for which you are applying.

Position: \_\_\_\_\_

Date of Application: \_\_\_\_\_ How did you learn of this vacancy? \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE INITIAL SOCIAL SECURITY #

List any other names you have used including nicknames or other surnames. If you have ever legally changed your name give date, place and court.

PRESENT ADDRESS No. Street City State Zip

HOME PHONE # BEST TIME TO CALL WORK PHONE# BEST TIME TO CALL

OR LEAVE MESSAGE WITH \_\_\_\_\_ PHONE # \_\_\_\_\_

PLEASE REFER TO THE WRITTEN JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING. STATE WHETHER YOU ARE ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATION, TO PERFORM THE ESSENTIAL FUNCTIONS. Yes \_\_\_ No \_\_\_

Have you worked for us before? If yes, when? \_\_\_\_\_ Position: \_\_\_\_\_

Date you can begin: \_\_\_\_\_ Expected Salary: \_\_\_\_\_

Work schedule limitations if any: \_\_\_\_\_

Name of any related employee or commissioner \_\_\_\_\_

Name Relationship

We are a tobacco/smoke free employer. Do you smoke or otherwise use tobacco products? Yes \_\_\_ No \_\_\_

List all places where you have lived during the past 10 years.

Number & Street	City	State	Zip	From (Mo/Yr)	To (Mo/Yr)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

## EDUCATION AND TRAINING

	Yes	No	Name and Location of Last High School Attended
G.E.D. Certificate			
High School Diploma			

College(s) Attended	# of Years	Major	Type of Degree Received

Vocational/Training, Trade, Business, Armed Forces, and Other Schools and Special Training			
School(s) Attended	Length of Program (wks, month, yrs)	Program	Type of Certificate Received

List equipment that you are experienced in operating, i.e., computers, power tools, heavy trucks, etc.: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List software packages with which you are proficient, i.e., Windows XP, Microsoft Word, Excel, PowerPoint, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

List any additional qualifications, skills, abilities, or education: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Clerical Skills:    Typing \_\_\_\_\_ wpm    Shorthand \_\_\_\_\_ wpm  
 Indicate any licenses, such as Emergency Medical Technician, Firefighter, Inspector, etc. indicating licensing authority, where the license was first issued, and the date license expires: \_\_\_\_\_  
 \_\_\_\_\_

List languages in which you are fluent: \_\_\_\_\_

### LEGAL INFORMATION

1. Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, had adjudication withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime?    Yes \_\_\_\_\_    No \_\_\_\_\_

Please state particulars. Charge: \_\_\_\_\_

Date: \_\_\_\_\_    Disposition: \_\_\_\_\_    Sentence: \_\_\_\_\_

1. Are you now on probation or otherwise involved in a pending criminal proceeding?    Yes \_\_\_\_\_    No \_\_\_\_\_    Probationary period:  
 From: \_\_\_\_\_    To: \_\_\_\_\_

2. Have you ever been sued for causing the death of, or injury to any person or damage to any property, i.e., for assault, battery, etc.?  
 ( ) Yes    ( ) No    If yes: date(s) \_\_\_\_\_ Please explain the nature of the claims in the lawsuit(s) and disposition(s)

Note: A "yes" answer to questions 1 through 3 will not necessarily disqualify you from employment. The nature, severity, and date of the offense(s) or incident(s) will be considered in relation to the position for which you are applying.

ONLY COMPLETE QUESTIONS IN THIS BOX IF APPLYING FOR A POSITION THAT REQUIRES A DRIVER'S LICENSE.

Do you have a Florida driver's license? Yes \_\_\_ No \_\_\_ CDL Yes \_\_\_ No \_\_\_ Class D W/ E - Endorsement Yes \_\_\_ No \_\_\_

Valid driver's license from another state? Please specify: \_\_\_\_\_

Have you any moving violations in the last 3 years? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If yes, for what reason? \_\_\_\_\_

### **EMPLOYMENT RECORD**

Please complete starting with present or most recent employer. Include summer employment and military experience. Indicate honorable or dishonorable discharge. For any unemployed or self-employed periods, show dates and locations. Provide all information requested on application. Resumes **CANNOT** be used in place of completing this section. All employer related information requested must be furnished for the last **TEN** (10) years including gaps in employment. If you need additional space, please use an Employment Records Supplement form.\*

PRESENT EMPLOYER (If currently employed)	JOB TITLE
ADDRESS	REASON FOR LEAVING
CITY & STATE TELEPHONE #	FROM
SUPERVISOR	NUMBER OF EMPLOYEES YOU SUPERVISED
DUTIES	

DOES YOUR PRESENT EMPLOYER KNOW YOU ARE CURRENTLY SEEKING OTHER EMPLOYMENT? YES \_\_\_ NO \_\_\_

EMPLOYER (2)	JOB TITLE
ADDRESS	REASON FOR LEAVING
CITY & STATE TELEPHONE #	FROM
SUPERVISOR	NUMBER OF EMPLOYEES YOU SUPERVISED
DUTIES	

EMPLOYER (3)	JOB TITLE
ADDRESS	REASON FOR LEAVING
CITY & STATE TELEPHONE #	FROM
SUPERVISOR	NUMBER OF EMPLOYEES YOU SUPERVISED
DUTIES	

EMPLOYER (4)	JOB TITLE
ADDRESS	REASON FOR LEAVING
CITY & STATE TELEPHONE #	FROM
SUPERVISOR	NUMBER OF EMPLOYEES YOU SUPERVISED
DUTIES	

EMPLOYER (5)	JOB TITLE
ADDRESS	REASON FOR LEAVING
CITY & STATE TELEPHONE #	FROM
SUPERVISOR	NUMBER OF EMPLOYEES YOU SUPERVISED
DUTIES	

Do you have objections to your past or present employer(s) being contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate which employer(s) and why. \_\_\_\_\_

### **PERSONAL REFERENCES**

Please give three references (not relatives or employers) who have known you well for at least five years, preferably the last five years. If any of these persons are retired, please give their former occupations.

1. \_\_\_\_\_  
 Complete Name Relationship  
 \_\_\_\_\_  
 Complete Address  
 Phone Number: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_
2. \_\_\_\_\_  
 Complete Name Relationship  
 \_\_\_\_\_  
 Complete Address  
 Phone Number: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_
3. \_\_\_\_\_  
 Complete Name Relationship  
 \_\_\_\_\_  
 Complete Address  
 Phone Number: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please give three references (not relatives or employers) who have known you well for at least five years, preferably the last five years. If any of these persons are retired, please give their former occupations.

1. \_\_\_\_\_  
Complete Name & Title \_\_\_\_\_ Company \_\_\_\_\_  
\_\_\_\_\_  
Complete Address \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

2. \_\_\_\_\_  
Complete Name & Title \_\_\_\_\_ Company \_\_\_\_\_  
\_\_\_\_\_  
Complete Address \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. \_\_\_\_\_  
Complete Name & Title \_\_\_\_\_ Company \_\_\_\_\_  
\_\_\_\_\_  
Complete Address \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_ Occupation: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING AND RELEASE OF INFORMATION**

1. The North River Fire District (NRFDD) is an EQUAL OPPORTUNITY EMPLOYER and maintains a drug/smoke/tobacco free workplace. The NRFDD does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, or citizenship status. If you feel you have been discriminated against, please report it to the NRFDD Human Resources Department.
2. Your application will not be considered unless complete answers are provided to all questions on this application. Resumes may be submitted as supplements, but cannot be accepted in lieu of this application.
3. A material omission in, or falsification of, this application, your resume, or any other information provided by you at any time may be grounds for not employing you or dismissal after you begin work.
4. Nothing in this application or in the policies, rules, or regulations of the NRFDD is intended to create a contractual relationship between the NRFDD and any employee. The NRFDD reserves the right to change its policies at any time. You will be required to adhere to all NRFDD policies.
5. Federal law (Immigration Reform and Control Act of 1986) prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment eligibility and identity. An offer of employment is contingent on your submission of satisfactory proof of your identity and your legal authorization to work in the United States. If you fail to submit this proof, federal law prohibits the NRFDD from hiring you. In the event you have begun to work and are unable to submit this required information in a timely manner, your employment with the NRFDD will be terminated.
6. Offers of employment are contingent upon successful completion of a medical questionnaire and/or physical examination to determine your ability to perform the essential functions of the job you are seeking.
7. I CONSENT freely and voluntarily to an NRFDD request for specimens for the purpose of drug/alcohol testing and the release of the results of the specimen analysis to the NRFDD. I agree to voluntarily participate in any pre-employment, reasonable suspicion, post-accident, or scheduled drug/alcohol testing program implemented by the NRFDD. I understand that in the event I refuse to be tested, refuse to execute the Informed Consent (Testing/Release of Results) form, or test positive, I will be disqualified from further employment consideration or terminated.
8. I hereby give my permission to have my medical records released to the NRFDD Senior Director of Finance & Administration or his/her designee at any time during my employment with the NRFDD.
9. I understand that Florida Statute 119.07 designates that certain personnel and job records are public documents available for review by anyone requesting access.
10. To assist the NRFDD in assessing my qualifications for the position for which I am applying, I hereby authorize the NRFDD to seek information regarding my present and previous employment, licenses, certifications, educational records, references, and any other information provided (except where otherwise indicated). I hereby release the NRFDD and any person or company who provides such information from any liability or damage which may result from furnishing requested information.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**THIS STATEMENT MUST BE SIGNED AND DATED TO BE CONSIDERED FOR EMPLOYMENT**

**VETERANS' PREFERENCE**

Preference in appointment to certain positions is extended to certain eligible veterans and spouses of veterans. Check the appropriate box if you desire to claim Veterans' Preference as

- ( ) 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
- ( ) 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
- ( ) A veteran who has served on active duty for one (1) day or more during a wartime period, excluding active duty for training, and who was discharged under honorable condition, OR
- ( ) The un-remarried widow or widower of a veteran who died of a service-related disability

Branch of service \_\_\_\_\_

Date of entry \_\_\_\_\_ Date of Honorable Discharge \_\_\_\_\_

Note: Documentation of status (DD Form 214) is required BEFORE preference can be extended, and must be attached to this application.

Have you obtained employment with the State of Florida or any political jurisdiction of the State as a result of having claimed as Veteran' Preference at any time since October 1, 1987? Yes ( ) No ( )

If you feel that you are not afforded preference in consideration for appointment to positions with the Southern Manatee Fire Rescue, you will have the right to request an investigation. To exercise this right, you must file a written complaint with the Florida Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731. Such complaint must be filed within 21 calendar days from the date you receive notice of a hiring decision or within 3 months of the date the application is filed with the employer if no notice is given.