

NORTH RIVER



FIRE DISTRICT

Employment Application

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE COMPLETING YOUR APPLICATION

- Applications may be submitted in person or emailed to admin@nrfd.org before the posted closing date and time.

In person: NRFD Admin, 1225 14th Ave. W., Palmetto, FL 34221
Monday - Thursday 8 AM - 4:30 PM

- Minimum qualifications must be met by the closing date for an applicant to be considered eligible.
 - The Fire Chief and the department head for the open position will select applicants for interview. You will receive a phone call or email invite to participate in a panel interview, or we will hold your application for one year for future consideration.
 - 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 complete and contain original signatures. All fields must be complete to include all employer-requested information. The last page in this packet has a Supplemental Form to continue any of the information should you run out of provided space in any of the sections.
 - You may attach a resume as part of the application package, but it **cannot** be accepted in place of a completed application.
 - Your application will only be considered if complete answers are provided to all questions on the application and all requested documentation is attached.
 - Incomplete or illegible applications will not be processed. Use "N/A" where not applicable, no blank spaces.
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Applicant Name _____

Application Date _____

Personal Information

Last Name		Middle Initial	First Name		SSN
Address		City		State	Zip
Phone Number	Alternate Number		Email		
Have you worked for NRPD previously?	Yes	No	If yes, when:	From	To
If yes, position held:					
Name(s) of any related employee(s) or commissioner(s):			Name	Relationship	
List any other names you have used to include nicknames or other surnames:					
Have you ever had your name legally changed:	Yes	No	If yes, list previous names:		
Date and court location of name change:					
Reason for name change:					

Position

Position applying for:	Other:	How did you hear about this opening:	Employee name			
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
Work schedule limitations if any:						
Preferred Start Date:	Desired Salary:					
We are a tobacco/smoke free employer. Do you smoke or otherwise use tobacco products?					Yes	No

Education

High School	9 th	10 th	11 th	12 th	Type of Certification/Diploma	Name / Location of (last) High School	
Highest Grade Level Completed							
College(s) Attended				# of Years	Major	Type of Degree Received	
Vocational / Training / Trade / Armed Forces / Other Schools / Special Training				Length of Program	Program Name	Type of Certificate Received	
Have you ever received any disciplinary action(s), suspension(s), expulsion(s), and/or probation(s), from ANY school or training?					Yes	No	
If yes, please provide the date(s) and details of the discipline:							

Applicant Name _____

Application Date _____

Experience

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

Blank space for listing equipment experience.

List software or systems with which you are proficient:

Blank space for listing software proficiency.

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

Blank space for listing additional qualifications.

List languages in which you are fluent:

Blank space for listing languages.

Indicate any licenses, such as Emergency Medical Technician, Firefighter, Inspector, etc.

Credentials

License	Licensing Authority	Where First Issued	Issue Date	Expiration Date

List ALL your residences for the past 10 years. Include all duty stations while in the military, any places that you lived while attending school (on campus and/or off campus), and/or any temporary residences. Begin with your most current residence. List complete addresses and include the Unit or Apartment number, where applicable. If you need additional space, please use the supplemental form on the last page of this packet.

Residential History

Number & Street	City	State	Zip	From Mo / Yr	To Mo / Yr
					Present

Applicant Name _____

Application Date _____

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 details to include charge, dates, disposition and sentence:			
2. Are you now on probation or otherwise involved in a pending criminal proceeding?		Yes	No
If yes, list probationary period dates (start and finish):			
3. 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, please provide dates:			
Please explain the nature of the claims in the lawsuit(s) and disposition(s):			
<p><i>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.</i></p>			
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 ?		Yes	No
If yes, please explain:			
Have you had any moving violations in the last 3 years?		Yes	No
If yes, please explain:			
Has your driver's license ever been suspended or revoked?		Yes	No
If yes, please explain:			

Applicant Name _____

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Please complete starting with present or most recent employer, list all your previous jobs for the past ten (10) years, accounting for any gaps of unemployment. Include summer employment, part-time, temporary, and/or seasonal jobs and military experience. Indicate honorable or dishonorable discharge. For any unemployed or self-employed periods, show dates and locations. If you need additional space, please use the supplemental form on the last page of this packet.

Employment History		
Does your present employer know you are currently seeking other employment:		Yes No
Do you have objections to your past or present employer(s) being contacted		Yes No
If yes, please indicate which employer(s) and why:		
Present Employer (If currently employed)		Job Title
Address, City & State		Supervisor's Name Phone Number
Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)	Qty of Employees You Supervised
Reason For Leaving		
Brief Description of Job Duties		

Employer		Job Title
Address, City & State		Supervisor's Name Phone Number
Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)	Qty of Employees You Supervised
Reason For Leaving		
Brief Description of Job Duties		

Employer		Job Title
Address, City & State		Supervisor's Name Phone Number
Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)	Qty of Employees You Supervised
Reason For Leaving		
Brief Description of Job Duties		

Applicant Name _____

Application Date _____

Employer		Job Title	
Address, City & State		Supervisor's Name	Phone Number
Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)	Qty of Employees You Supervised	
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Address, City & State		Supervisor's Name	Phone Number
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Employer		Job Title	
Address, City & State		Supervisor's Name	Phone Number
Start Date (Mo/Day/Year)	End Date (Mo/Day/Year)	Qty of Employees You Supervised	
Reason For Leaving			
Brief Description of Job Duties			

Applicant Name _____

Application Date _____

Please provide 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 individuals are retired, please provide their former occupations.

Personal References	
Complete Name	Relationship
Address, City & State	Phone Number
Occupation	Number of Years Known

Complete Name	Relationship
Address, City & State	Phone Number
Occupation	Number of Years Known

Complete Name	Relationship
Address, City & State	Phone Number
Occupation	Number of Years Known

Please provide 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 individuals are retired, please provide their former occupations.

Professional References	
Complete Name & Title	Company
Address, City & State	Phone Number
Occupation	Number of Years Known

Complete Name & Title	Company
Address, City & State	Phone Number
Occupation	Number of Years Known

Complete Name & Title	Company
Address, City & State	Phone Number
Occupation	Number of Years Known

Applicant Name _____

Application Date _____

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

Applicant Printed Name

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

Applicant Name _____

Application Date _____

Veterans' Preference

Preference in appointment to certain positions is extended to certain eligible veterans and spouses of veterans. Please indicate which line item below you would like to select to claim Veterans' Preference: # _____

1. A disabled veteran who has served on active duty in any branch of the U.S. Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans Affairs and U.S. Department of Defense.
2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
3. A wartime veteran as defined in s. 1.01(14), who has served at least one day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph.
4. The un-remarried widow or widower of a veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or un-remarried widow or widower of a member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of Defense.
6. A veteran as defined in s. 1.01(14), F.S. Active duty for training may not be allowed for eligibility under this paragraph.
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

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 North River Fire District, 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.

