

**NORTH FORT MYERS FIRE CONTROL  
AND RESCUE SERVICE DISTRICT**

P.O. BOX 3507, NORTH FORT MYERS, FL 33918-3507

**EMPLOYMENT APPLICATION**

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

- \* The North Fort Myers Fire Control and Rescue District (District) is an Equal Opportunity Employer. The District does not discriminate on the basis of race, color, creed, gender, religion, national origin, age, disability, marital status, citizenship, sexual orientation, veteran status or any other legally protected status.
- \* If you are disabled and need reasonable accommodation to complete the application process, you are requested to inform us so that the District can address your needs.
- \* This application must be completed in full and contain a signature. All questions must be answered to include all 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.
- \* Applicant MUST provide a copy of their current Driver License with the application.

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

Position applying for: \_\_\_\_\_

**Applicants interested in a firefighter position must hold the following certificates to be considered for employment.** Copies for each of these certificates must be attached to this application. Please attach copies of any other pertinent certifications or classes.

- Florida Certified Firefighter II
- Florida Certified EMT
- FEMA Is-100 certificate
- S-130 and S-190 certifications (wildland fire)
- CPR Certification

**Full Name:** \_\_\_\_\_  
Last First M.I.

Alias(es), Nickname, Maiden Name: \_\_\_\_\_

Have you ever had your name changed legally?  Yes  No If you answered yes, please complete A, B and C.

A. Previous Name: \_\_\_\_\_

B. Date and Location of Change: \_\_\_\_\_

C. Reason for change (include official document(s) concerning any change in name): \_\_\_\_\_

**Resident Address:** \_\_\_\_\_

Previous address, if any, within the last 5 years: \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

- Please attach copy of Driver's License to application

Have you had a traffic violation in the last three (3) years?  Yes  No If yes, please list date(s), location (city/state), nature of violation and penalty or disposition :

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

If yes, why: \_\_\_\_\_

Date(s) suspended or revoked: \_\_\_\_\_

Do you currently have any points on your license?  Yes  No

Have you ever possessed a driver's license issued by any state other than Florida?  Yes  No

If yes, please provide: State \_\_\_\_\_ D.L. # \_\_\_\_\_ Dates held: \_\_\_\_\_

Have you ever been refused a Driver's License from any state?  Yes  No If yes, provide details:

Are you legally authorized to work in the United States?  Yes  No

S. S. #: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

CRIMINAL CONVICTIONS ARE NOT AN ABSOLUTE BAR TO EMPLOYMENT, BUT WILL BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS. If yes, List charges, dates, locations and dispositions:

**EMPLOYMENT RECORD PAST 5 YEARS:** List most recent job first.

Do you object if current employer is contacted? \_\_\_\_\_

Do you object if any of the former employers are contacted? \_\_\_\_\_ If so, please explain.

From: \_\_\_\_\_ to: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Title of position \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for employment change \_\_\_\_\_  
Job description (briefly outline duties) \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Title of position \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for employment change \_\_\_\_\_  
Job description (briefly outline duties) \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Title of position \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for employment change \_\_\_\_\_  
Job description (briefly outline duties) \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Title of position \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for employment change \_\_\_\_\_  
Job description (briefly outline duties) \_\_\_\_\_

Have you ever been dismissed, asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes ( ) No ( )

If yes, Employer's name and date: \_\_\_\_\_

Reason \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide position/dates: \_\_\_\_\_

Have you applied for a position with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, dates of application(s): \_\_\_\_\_

**EDUCATION:**

Grade School: \_\_\_\_\_

Circle highest grade completed: 1 2 3 4 5 6 7 8

High School: \_\_\_\_\_

Circle highest grade completed 9 10 11 12 Year graduated: \_\_\_\_\_

College \_\_\_\_\_ Years: \_\_\_\_\_

Majored \_\_\_\_\_ Degree: \_\_\_\_\_

List any specialized training, qualifications or experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** List the names of at least three local persons (not relatives or employers)  
Who have known your character for the past five years.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

**APPLICATION FOR VETERANS' PREFERENCE**

Applicants wishing to claim Veterans' Preference in employment must complete this form and submit as an attachment to your employment application, along with required documentation.

**I wish to claim Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category: (Check one)**

- A Veteran with an existing compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the DVA and the Department of Defense.
- The spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a Veteran missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.
- A Veteran of any war who has served at least one day on active duty during a wartime period as defined in FSS 295.07, Section 1.01 (14), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America or who has been awarded a campaign or expeditionary medal.
- The unremarried widow or widower of a Veteran who died of a service-connected disability.
- The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the United States Department of Defense.
- A veteran as defined in Section 1.01 (14), Florida Statutes: The term "Veteran" means a person who served in the active military, naval, or air service and who was discharged under honorable conditions. A current member of any reserve component of the United States Armed Forces or The Florida National Guard.

**Wartime Periods:**

World War II: December 7, 1941 to December 31, 1946	Persian Gulf War: August 2, 1990 to January 2, 1992
Korean Conflict: June 27, 1950 to January 31, 1955	Operation Enduring Freedom: October 7 2001 to TBD
Vietnam Era: February 28, 1961 to May, 1975 to TBD	Operation Iraqi Freedom: March 19, 2003
TBD	Operation New Dawn: September 1, 2010,

**Character of Discharge: (Check one)**

- Honorable     General     Dishonorable     Other (explain)

Veterans, disabled Veterans, spouses of disabled Veterans and family members shall furnish a DD-214 or equivalent certification listing military status, dates of service and Character of Discharge.

Disabled Veterans shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the Veteran has a service-connected disability.

Spouses of disabled Veterans shall also furnish either a certification from the Department of Defense or the DVA that the Veteran is totally and permanently disabled or an identification card issued by the Department; spouse shall also furnish evidence of marriage to the Veteran and a statement that the spouse is still married to the Veteran at the time of the application for employment; the spouse shall also submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability.

Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power: such spouses shall also



**Applicant's Statement of Understanding and Release of Information**  
**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW**

1. The North Fort Myers Fire Control and Rescue District (District) is an Equal Opportunity Employer. The District does not discriminate on the basis of race, color, creed, gender, religion, national origin, age, disability, marital status, citizenship, sexual orientation, veteran status or any other legally protected status.
2. Your application will not be considered unless complete answers are provided to all questions on this application. Resumes can 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 District is intended to create a contractual relationship between the District and any other employee. The District reserves the right to change its policies at any time. You will be required to adhere to all District policies.
5. Federal law (immigration Reform and Control Act of 1986) prohibits the employment of unauthorized aliens. All persons offered employment must submit satisfactory proof of employment eligibility and identity. If you fail to submit this proof, federal law prohibits the District 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 District will be terminated.
6. By signing below, you consent and agree to taking any pre-employment physical examinations and such future physical examinations and any drug and alcohol tests as part of or separate from any such physical examinations, as maybe required by federal or state law/regulation, as well as District policy.
7. You further understand that Florida Statute 119.07 (1) designates that certain personnel and job records are public documents available for review by anyone requesting access.
8. To assist the District in assessing your qualifications for the position for which you are applying, you hereby authorize the District to seek information regarding your present and previous employment, licenses, certifications, educational records, references and any other information provided, (FDLE, driver's license, etc.), except where otherwise indicated. You hereby release the District and any person or company who provides such information from any liability or damage which may result from furnishing requested information.
9. In an effort to provide a safe and healthy work environment, the District adopted a policy that prohibits the use of all tobacco products (both smoking and smokeless) either on or off duty, for all employees hired after November 1, 1990. I understand that violation of this policy will be grounds for disciplinary action, up to and including suspension or termination from employment.
10. Completed applications with attachment requirements must be received by the date and time noticed, to the administration office located at 2900 Trail Dairy Circle, North Fort Myers, FL 33917. Please attach a copy of your Driver's License with application.
11. Answer every question. If a question does not apply to you, state so with an "N/A". Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is "not important"
12. Thank you for completing this application form and for your interest in employment with the North Fort Myers Fire Control and Rescue District. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for an interview, we will contact you. This application will expire 12 months after the date of the application.

**"I, \_\_\_\_\_, thoroughly understand that I am being considered for employment, and must successfully complete this application, in order to be eligible to sit for the Interview, a Background**

**Investigation, and Physical Examination. I understand that should unfavorable information be discovered, I will be denied employment.”**

**“I am seeking employment on the basis that I know no unfavorable information will be developed by the North Fort Myers Fire Control and Rescue District with the exception of what I have indicated on my application and has been explained by me in detail during the interview process.”**

**“I understand that the North Fort Myers Fire Control and Rescue District has no funds available to reimburse any expenses I may incur in seeking this position. I recognize that the time required to process and select applicants is lengthy and time consuming. No promises or commitments are expected as to a time when hiring decisions and/or actual hiring will take place.”**

**“I understand that certain non-exempt portions of the Background Investigation and Physical Examination may become available for inspection by the public pursuant to the public record law. I understand and agree to the contents of this statement.”**

**“I have read and understand all of the above instructions. I also understand that I may be required to take a polygraph (lie detector) examination to determine the truthfulness of the information provided in this application.”**

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Applicant's Signature

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Date