

**Matlacha/Pine Island Fire
Control District
5700 Pine Island Road
Bokeelia, FL 33922
APPLICATION FOR EMPLOYMENT**

| | |
|-------------------------|---------------------|
| Position(s) Applied For | Date of Application |
|-------------------------|---------------------|

PERSONAL INFORMATION

| | | |
|---------------------|----------------|---------------------|
| Last Name | First Name | Middle Initial |
| Street Address | City | State Zip Code |
| Telephone Number(s) | E-Mail Address | |

| | |
|--|--|
| Are you legally eligible for employment in the USA? YES NO | If hired, give date you will be available to start work. |
| Do you want to work full-time or part-time? | Referred by: |

| | |
|---|-------------------------|
| Have you ever been arrested? YES NO | If Yes, please explain: |
| Have you ever been charged or convicted? YES NO | If Yes, please explain: |

NOTE: An arrest or conviction will be judged in relation to circumstances and will not necessarily bar you from employment.

| |
|--|
| Have you ever been demoted, discharged, or forced to resign? YES NO If Yes, please explain: |
| Are you related to anyone employed by the Matlacha/Pine Island Fire Control District YES NO If Yes, give name and relationship: |

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|--|
| Do you have a valid Florida Driver's License? YES NO Type Number Expiration Date: |
| Explain all traffic citations received in the past (5) years: |

EDUCATION AND TRAINING: Please provide copies of all certificates or degrees

| | |
|---|---|
| Highest grade completed: | Name and Location of High School |
| Name of College or University Attended: | Course(s): |
| Number of Years Completed _____ Degree: | Other Schools Attended (Business, Technical, Correspondence, Etc.) |
| Do you have a valid trade license or certificate: YES NO If Yes, type and expiration date: | Are you a veteran of the armed forces? YES NO If Yes, give service date: |

EMPLOYMENT HISTORY

List LAST EMPLOYER first. Include military service and temporary or part-time jobs in proper time sequence. You may include any volunteer work performed. Please provide the last 5 years.

| | | | |
|------------------|---|--|---------------------|
| Employer | Dates Employed From To | | Work Performed |
| Address | | | |
| | Hourly Rate/Salary Starting Final | | |
| Telephone Number | | | |
| Job Title | | | Reason for Leaving: |
| Employer | Dates Employed From To | | Work Performed |
| Address | | | |
| | Hourly Rate/Salary Starting Final | | |
| Telephone Number | | | |
| Job Title | | | Reason for Leaving |
| Employer | Dates Employed From To | | Work Performed |
| Address | | | |
| | Hourly Rate/Salary Starting Final | | |
| Telephone Number | | | |
| Job Title | | | Reason for Leaving |

INCLUDE ADDITIONAL SHEETS IF NECESSARY

Do you have any objection to your current employer being contacted? YES NO

Describe any **special** experience, skills or qualifications you may have.

Indicate any foreign languages you

| | Fluent | Good | Fair |
|---------------|---------------|-------------|-------------|
| Speak: | | | |
| Read: | | | |
| Write: | | | |

Personal References & Acquaintances

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who have known you well for the past three (3) years.

| | |
|-------------------------------------|---------------------|
| Complete Name: _____ | Home Address: _____ |
| Last _____ First _____ Middle _____ | _____ |
| Years Known: _____ | Home Phone: _____ |
| _____ | _____ |
| Complete Name: _____ | Home Address: _____ |
| Last _____ First _____ Middle _____ | _____ |
| Years Known: _____ | Home Phone: _____ |
| _____ | _____ |
| Complete Name: _____ | Home Address: _____ |
| Last _____ First _____ Middle _____ | _____ |
| Years Known: _____ | Home Phone: _____ |
| _____ | _____ |

Would you wish to claim Veteran's Preference for this position?

YES NO

If yes, please see administration for proper form to complete.

******PLEASE NOTE THE FOLLOWING BEFORE SIGNING THIS APPLICATION******

- **If this application is incomplete or not signed in ink, it will be rejected without further notice.**
- **An employment physical will include drug screening.**
- **A criminal history background investigation will be conducted.**
- **A driver's license history will be conducted.**
- **On certain job descriptions a credit history will be conducted.**
- **Copy of driver's license, if applicable to position applied.**
- **High school diploma.**

AGREEMENT: To the best of my knowledge, I certify that answers given herein are true and complete. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. In the event of my employment, I will abide by all rules and regulations of the District and understand that **FALSE OR MISLEADING** information given herein or during my interview(s) **WILL** result in immediate discharge.

SIGNATURE

DATE

NON-DISCRIMINATION POLICY: It is the District's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations, or because of race, color, creed, sex, age, or national origin.

Applicants with disabilities will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on basis of the disability, be excluded from participation in or be denied the benefits of the services, programs, activities, or be subjected to discrimination. All complaints should be submitted in writing to the Director of General Services.

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS AND SIGN BELOW:

I hereby certify to the best of my knowledge that all of the information contained in the application is True. Any willful misrepresentation or omission of facts will give cause for my application not to be considered and if I have been employed, will be cause for my immediate discharge.

(Initials)

I hereby give my permission to the Matlacha/Pine Island Fire Control District to make investigations related to this application, and for my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerning me, whether on record or not, I release them and their company from any liability for any damage whatsoever for issuing same.

(Initials)

I understand and agree that all policies and procedures may be modified, amended, or deleted by the Matlacha/Pine Island Fire Control District with or without notice to me or such amendment, modification or deletions, that the policies and procedures, whether oral or written are to be advisory only and are not to be interpreted as a contract of employment or to give me any right of continued employment.

(Initials)

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration for employment.

(Initials)

I understand that, if the Matlacha/Pine Island Fire Control District, Florida, employs me my Employment will be at the will and pleasure of the District and may be terminated by the District at any time, for any or no reason with or without notice. As all employees serve at the will and pleasure of the District there is no requirement that the employer establish just cause for any employment action up to and including discipline, transfers, layoffs, or discharge.

(Initials)

I understand that my employment, if for a driving position, is contingent upon my having a clean driving record for the immediate past three years, and I hereby give my permission to the Matlacha/Pine Island Fire Control District to make investigation related to this contingency.

(Initials)

PERSONAL INQUIRY WAIVER

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish to the Matlacha/Pine Island Fire Control District, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the District in determining my qualifications for the position I am seeking with the Matlacha/Pine Island Fire Control District.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

Signature of Applicant

Date

Printed Name of Applicant

AGREEMENT

I understand that I am being hired by the Matlacha/Pine Island Fire Control District as a Firefighter and will abide by the following:

I agree that as a condition of my employment as a Firefighter for the Matlacha/Pine Island Fire Control District, Florida. I will agree to the following: Firefighters are permitted to live within the geographic area of five counties: Lee, Hendry, Charlotte, Glades and Collier. In order to remain employed with the Matlacha/Pine Island Fire Control District, the employee must live in the geographic area by the end of the first year of his/her employment unless their probationary period has been extended and they have been notified of said extension in writing.

Signature of Applicant

Date

Printed Name of Applicant

TOBACCO AND SUBSTANCE ABUSE AFFIDAVIT

I further agree that I will not smoke, or use any form of tobacco products, either on or off the job, during employment in the fire service of the Matlacha/Pie Island Fire Control District, Florida. I understand to do so could compromise my physical ability as a Firefighter, and create a negative impact on the Firefighters' Pension Plan. I do hereby affirm that I have not been a user of tobacco products or illegal drugs for at least one (1) year immediately preceding my application as a Firefighter with the Matlacha/Pine Island Fire Control District. Additionally, I hereby affirm that I am not addicted to the use of intoxicating beverages, substances or inhalants, illegal or "street drugs", pharmaceuticals or any other substance that may be abused in order to obtain an alteration in the Central Nervous System.

In regard to a violation of any of the above rules, I understand that this agreement / Constitutes a term and condition employment, and that for any violation of the same, I can be terminated from the fire service, and from employment with the Matlacha/ Pine Island Fire Control District, Florida.

Applicants Signature

Date

State of Florida County of _____ Sworn to and subscribed before me this
_____ day of _____, 20____, by _____ who is
Personally known by me or who has produced identification _____.

Notary Public (SEAL)

Notary Public Signature

NOTE: IN ORDER TO PARTICIPATE IN THE MATLACHA/PINE ISLAND FIRE CONTROL DISTRICT'S WRITTEN EXAM FOR THE POSITION OF FIREFIGHTER, THIS DOCUMENT MUST BE SUBMITTED WITH THE APPLICATION PRIOR TO THE CLOSING DATE AND MUST BE COMPLETED, SIGNED AND NOTARIZED.

**Matlacha/Pine Island
Fire Control District
Drug-Free Workplace
Acknowledgement & Testing Consent Form**

The Matlacha/Pine Island Fire Control District is committed to creating and maintaining a workplace free of substance abuse without jeopardizing the job security of a valued employee. To address this problem, the Matlacha/Pine Island Fire Control District has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. My initials below indicate acknowledgement and agreement to the following:

Initial

_____ I agree that Lab Corp or Quest Diagnostics may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the Matlacha/Pine Island Fire Control District for analysis. I further agree to hereby authorize the release of the test results to the Matlacha/Pine Island Fire Control District.

_____ I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

_____ I understand that my current or future use of illegal drugs may prohibit me from being employed at the Matlacha/Pine Island Fire Control District.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

_____ Pre-employment: As a part of the new-hire process.

_____ Post Accident: After causing, contributing to, or being involved in a workplace accident.

_____ Random: As a part of an unbiased and periodic testing program.

_____ Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT

Print Name: _____ Date: _____

Signature: _____

WITNESS

Print Name: _____ Signature: _____

Matlacha/Pine Island Fire Control District
5700 Pine Island Road
Bokeelia, FL 33922
ATTENTION – THIS STATEMENT MUST BE
READ

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration
- Act To report income pursuant to the Federal Department of Internal Revenue
- Service
To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act
- For Drug Screening Test
- Identification To process your
Employment Benefits

Applicant's Signature

Date

EMPLOYMENT CHECK LIST

Name: _____
 Last First Middle

| | | |
|--|-----------|----------|
| Florida Certified Firefighter | _____ Yes | _____ No |
| Florida Certified EMT | _____ Yes | _____ No |
| Florida Certified Paramedic | _____ Yes | _____ No |
| Florida Certified Practicing Paramedic | _____ Yes | _____ No |

For Fire Department Use Only
Do Not Complete Bottom Portion of this Page

Conditional Job Offer _____ Yes _____ No

- _____ Employment Packet Complete
- _____ Physical Ability Test
- _____ Written Test
- _____ Oral Interview
- _____ Education and Reference Verifications
- _____ Background checks (Drivers License and Criminal History)
- _____ Physical (Pre employment), Stress Test and Drug Screening
- _____ Swim Test
- _____ Copy of Drivers License
- _____ Provided Union Contract
- _____ Provided Administrative Guidelines
- _____ Provided Standard Operating Guidelines (SOG's)
- _____ Provided Probationary Employee Packet