



For Office Use Only

FORT MYERS SHORES FIRE PROTECTION AND RESCUE SERVICE DISTRICT FIRE FIGHTER APPLICATION

It is important that you answer all questions on this application fully, as failure to do so may delay consideration for acceptance or result in loss of acceptance opportunities. If an item does not apply to you, write NA (not applicable).

NAME _____
Last First Middle

ADDRESS _____
Street Apt.# City State Zip Code

SOCIAL SECURITY # _____ PHONE # _____

Are you related to any Fort Myers Shores Fire Protection & Rescue District employee (s)? _____
If yes, please list name and relationship. _____

Can you show proof of your eligibility to work in the U.S.? _____

Do you claim Veterans' Preference? _____ If yes, you must complete the back page of the application and submit required documentation.

Have you ever been convicted of anything other than a minor traffic violation? _____ (Note: Conviction of a crime will not necessarily be a bar to employment. Type of offense, how long ago, and related factors are important.) Please indicate the date, charge and disposition.

How did you hear about this vacancy? _____

EMPLOYMENT RECORD

Starting with your current or last job, discuss all periods of employment, including self-employment, military service and volunteer work. Please account for all periods of unemployment. Use additional sheets if necessary.

NOTE: A resume of your employment record will NOT be accepted in lieu of the requested information, although you may include a resume as a supplement to the application. Failure to submit a completed, signed application may disqualify you from consideration.

We may not, but may we contact your current employer? Yes ___ No ___

Note: Past employers may be contacted to verify your work history. List multiple positions held with one employer separately.

Name of Employer: _____

Dates of Employment: From: _____ To: _____

Address of Employer: _____

Job Title: _____

Description of Duties: _____

Supervisor's Name: _____

Business Phone: _____

Reason for Leaving: _____

Hours of Work/Week: _____

Name of Employer: _____

Dates of Employment: From: _____ To: _____

Address of Employer: _____

Job Title: _____

Description of Duties: _____

Supervisor's Name: _____

Business Phone: _____

Reason for Leaving: _____

Hours of Work/Week: _____

Name of Employer: _____

Dates of Employment: From: _____ To: _____

Address of Employer: _____

Job Title: _____

Description of Duties: _____

Supervisor's Name: _____

Business Phone: _____

Reason for Leaving: _____

Hours of Work/Week: _____

Name of Employer: _____

Dates of Employment: From: _____ To: _____

Address of Employer: _____

Job Title: _____

Description of Duties: _____

Supervisor's Name: _____

Business Phone: _____

Reason for Leaving: _____

Hours of Work/Week: _____

EDUCATION AND TRAINING

| Type of School | Name of School | Location (City and State) | Circle Last Year Complete | Major Subject | Graduated? Degrees? (Circle One) |
|----------------------------------|----------------|------------------------------|------------------------------|---------------|-------------------------------------|
| High School | | | 9 10 11 12 | | Yes No |
| College | | | 1 2 3 4 5 6 | | Yes No Degree: _____ |
| Business, Trade or Apprentice | | | | | Yes No |

REFERENCES

List three (3) professional references.

| Name | Occupation | Address | Phone # | Years Known |
|-------|------------|---------|---------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PROFESSIONAL REGISTRATION, LICENSES OR CERTIFICATION

| Type | Number | Type | Number |
|-------|--------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Valid Florida Driver's License? (circle one) Yes No Valid Commercial Driver's License? (circle one) Yes No

Driver's License # _____ Class _____ Endorsements _____ Expiration Date _____

Special Skills (include skills with computers, machines, tools, and motor equipment) _____

In your own words, explain why you are interested in working for the Fort Myers Shores Fire Protection and Rescue Service District. Be specific. _____

PRE-EMPLOYMENT STATEMENT

I hereby certify that all statements made on this application are true and that I agree and understand that any misstatements, misrepresentations, or omission of material facts herein may result in any offer of any employment made by Ft Myers Shores Fire Protection and Rescue Service District (FMSFD) to be withdrawn or my employment with the FMSFD to be terminated. FMSFD is authorized to verify information contained in this application and any attachments. I authorize anyone having such information to release it to the FMSFD.

Signature of Applicant _____ **Date** _____

VETERANS' PREFERENCE

If you are claiming veterans' preference, you must indicate the preference eligibility category that applies to you. Please check only one line below and provide the necessary documentation as indicated. All required documentation must be received by the Administration Office prior to the closing date of the vacant position in order for veterans' preference to be applied.

_____1. A veteran with a compensable 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 U.S. Department of Defense.

DOCUMENTATION: DD214 showing the character of service and certification of presently existing service-connected disability.

_____2. The spouse of a veteran who cannot qualify for employment because of spouse's total and permanent service-connected disability, or a spouse of a person on active duty missing in action, captured or forcibly detained by foreign power.

DOCUMENTATION: DD214 showing the character of service, certification of marriage to the disabled veteran and a statement that the spouses are still married, and certification of spouse's total and permanent service-connected disability; or certification from VA or Department of Defense that the person on active duty is listed as missing in action, captured or forcibly detained by a foreign power, certification of marriage to the person on active duty and a statement that the spouses are still married.

_____3. A veteran of any war must have served at least one day during a wartime era and was discharged or separated there from with an honorable discharge or under honorable conditions from the Armed Forces of the United States of America.

DOCUMENTATION: DD214 showing the character of service.

_____4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

DOCUMENTATION: DD214 showing the character of service and certification of spouse's service-connected death, marriage license, and a statement that the surviving spouse has not remarried.

Have you claimed preference eligibility and been employed using veterans' preference at anytime? Yes ___ No ___

NOTE: Under Florida Law, preference in appointment and employment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above.

If an applicant claiming veterans' preference for a vacant position is not selected for the position, he/she may file a complaint with the Department of Veterans Affairs: P.O. Box 31003, St Petersburg, FL 33732. Complaints must be filed within twenty-one (21) days of receipt of the hiring decision.

Signature _____

Date _____

NOTICE TO ALL APPLICANTS

DRUG FREE WORKPLACE AND DRUG TESTING POLICY

The Fort Myers Shores Fire Protection and Rescue Service District support the Drug Free Workplace and Drug Testing Policy. **DRUG TESTING IS REQUIRED FOR ALL FINAL CANDIDATES.** All offers of employment are contingent upon the successful completion of a pre-employment drug test. Copies of the “Drug Free Workplace and Drug Testing Policy” are available from the Administration Office.

Questions and/or concerns regarding this pre-acceptance drug testing policy can be directed to the Fort Myers Shores Fire Protection and Rescue District at 239-694-2833

APPLICANT FACT SHEET

SUBMITTING YOUR APPLICATION

You must complete an application form for each position for which you are applying. Photocopied applications with an original signature and recent date will be accepted. Failure to submit a completed, signed application may disqualify you from consideration.

If you are applying for a position requiring specific license or certification, a copy (not the original) of the document must be submitted with the application. Failure to include required copies of documents will delay the processing of your application, and may, therefore, result in non-referral for the posted position.

PROOF OF CITIZENSHIP AND EMPLOYMENT ELIGIBILITY

The Immigration Reform and Control Act requires that all employees submit proof of employment eligibility upon receiving an offer of employment. No one will be allowed to begin working for the FMSFD unless the original documents are submitted to the Administration Office for verification.