

# **Fort Myers Shores Fire Protection & Rescue Service District**



**“Service Beyond Expectation”**

**Volunteer Membership Application**

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**Applicant Name**

***Ft. Myers Shores Fire Protection and Rescue Service District***  
***12345 Palm Beach Blvd S.E. Ft. Myers Fl. 33905***  
***Phone (239) 694-2833 www.fmsfd.org***



Dear Applicant:

I would like to take this opportunity to thank you for your interest in applying to Fort Myers Shores Fire Protection & Rescue Service District (“District”). The district is comprised of approximately 16 sq miles, being served by 2 stations, and is a combination fire and rescue district.

Please read and carefully complete the attached application.

Volunteer and full-time applicants are required to submit a copy of:

- Florida State Minimum Standard Fire Certification -FFII
- Florida EMT certificate (or proof of school enrollment)
- ICS-100, ICS-200, ICS-700, S-130, S190
- AHA BLS Provider Card
- Driver’s License, from all states in which you have been issued a valid license.
- Social Security Card
- Birth Certificate
- DD214, if former military
- Any additional certificates you would like to provide.

Note: Accepted volunteers will be required to complete NFPA compliant physical prior to starting. The District will provide the medical form required to be completed by a licensed physician.

Please return your completed application with copies of all required information to the district office by mail or in person or send via email to [Rewis@fmsfd.org](mailto:Rewis@fmsfd.org). If you have any questions, please do not hesitate to contact us at (239) 694-2833 Ext 2

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Rewis".

Robert Rewis  
Fire Chief

**“Service Beyond Expectation”**



For Office Use Only  
Date Received

## FORT MYERS SHORES FIRE PROTECTION AND RESCUE DISTRICT VOLUNTEER PROGRAM APPLICATION

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

**PLEASE PRINT IN BLACK INK - NO TYPING**

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street Apt.# City State Zip Code

SOCIAL SECURITY # \_\_\_\_\_ PHONE # (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

POSITION APPLIED FOR:  ADMIN  VOLUNTEER F.F.  FULL-TIME FIREFIGHTER

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.  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must attend the volunteer bimonthly training, unless excused. I understand I am required to complete 24 hours of shift work every month. I understand that it is preferred that I start shift at 7am so I can receive daily shift training and participate with normal daily duties. (Yes/No) if no, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.**

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 \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_  
Description of Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates of Employment (M/Y)  
From \_\_\_\_\_ To \_\_\_\_\_  
Beginning Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
\_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Hrs. of work/week \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_  
Description of Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates of Employment (M/Y)  
From \_\_\_\_\_ To \_\_\_\_\_  
Beginning Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
\_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Hrs. of work/week \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_  
Description of Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates of Employment (M/Y)  
From \_\_\_\_\_ To \_\_\_\_\_  
Beginning Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
\_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Hrs. of work/week \_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
Job Title \_\_\_\_\_  
Description of Job Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Dates of Employment (M/Y)  
From \_\_\_\_\_ To \_\_\_\_\_  
Beginning Salary \_\_\_\_\_  
Ending Salary \_\_\_\_\_  
Supervisor's Name & Title \_\_\_\_\_  
\_\_\_\_\_  
Business Phone # \_\_\_\_\_  
Hrs. of work/week \_\_\_\_\_

**EDUCATION AND TRAINING**

School Name	Location (City, State)	Graduated
High School: _____	_____	Yes / No
Trade School: _____	_____	Yes / No
Trade education type: _____		
College: _____	_____	Yes / No
Degree received: _____		

**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 how you qualify for the position. 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 employment made by Ft Myers Shores Fire and Rescue District to be withdrawn or my employment with Ft Myers Shores Fire and Rescue District to be terminated. Ft Myers Shores Fire and Rescue District is authorized to verify information contained in this application and any attachments. I authorize anyone having such information to release it to Ft Myers Shores Fire and Rescue District.

**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** \_\_\_\_\_

### FOR OFFICE USE ONLY

Agility Test Results:	Score _____	Date Taken _____
Written Exam Results:	Score _____	Date Taken _____
Verbal Interview Results:	Score _____	Date Taken _____

Claim of Veterans' Preference Eligibility Under      \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed by Chief \_\_\_\_\_ Date \_\_\_\_\_

Current Board of Fire Commissioner names:

Seat 1: \_\_\_\_\_ Seat 2: \_\_\_\_\_ Seat 3: \_\_\_\_\_ Seat 4: \_\_\_\_\_  
Seat 5: \_\_\_\_\_

# **NOTICE TO ALL APPLICANTS**

## **DRUG FREE WORKPLACE AND DRUG TESTING POLICY**

The Fort Myers Shores Fire and Rescue 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-employment 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.

### **PROCESSING YOUR APPLICATION**

Once the position closes, all applications are reviewed for the posted minimum qualifications. If your application reflects that you meet minimum qualifications, it will be referred to the hiring committee. The hiring committee selects the most qualified applicants for interview and schedules the interviews. **Only those applicants who are interviewed will be notified of the results of the selection process.**

### **VETERANS' PREFERENCE**

In accordance with Chapter 295 of the Florida Statutes, Fort Myers Shores Fire and Rescue District gives preference in employment to veterans and spouses of veterans who meet eligibility criteria. Such preference will be granted, provided that you have demonstrated eligibility and have met any other employment criteria required by Fort Myers Shores Fire Protection and Rescue District. Any applicant claiming veterans' preference for a vacant position who is not selected, may file a complaint with the Division of Veterans' Affairs: P.O. Box 31003, St Petersburg, FL 33732. This complaint must be filed within 21 days notice of the hiring decision. For further information, see the Receptionist.

### **PROOF OF CITIZENSHIP AND EMPLOYMENT ELIGIBILITY**

The Immigration Reform and Control Act requires that all employees submit proof of citizenship and employment eligibility upon hire. If you are chosen for employment with Fort Myers Shores Fire Protection and Rescue District, you will need to submit the required documentation on your first day of employment. No one will be allowed to begin working unless the original documents are submitted to the Administration Office for verification.