



LEHIGH ACRES FIRE CONTROL & RESCUE DISTRICT

Equal Opportunity Employer / Drug-Free Workplace

Firefighter Reservist Application

PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING YOUR APPLICATION

*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 original signatures. 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 current passport photo, a copy of your Social Security card, AND a copy of your driver's license.

* Applicant MUST provide a copy of their 3-year driving record from the following website - <http://www.florida-drivingrecord.com> - to be included with the application.

* If you need additional space to provide requested information, please attach additional sheets to the application.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Aliases(es), Nickname, Maiden Name: _____

Have you ever had your name changed legally? Yes _____ No _____

If you responded positively to question #3, indicated as follows:

A. Previous Name: _____

B. Date and Location of Change: _____

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

Address: _____
Resident Address Apartment/Unit #

City State Zip

Address: _____
Mailing Address(if different) Apartment/Unit #

City State Zip

Phone: (_____) _____ E-Mail Address: _____

Position Applied for: _____ Date Available: _____

Please refer to the written job description for the position for which you are applying. State whether you are able, with or without accomodation, to perform the duties listed. Yes _____ No _____

Have you worked for us before? Yes _____ No _____ Position/Dates: _____

Have you applied for a position with us before? Yes _____ No _____ Date(s) of application(s): _____

Applicant Information (continued)

Are you legally authorized to work in the United States? Yes _____ No _____ Social Security Number: _____

Are you related to any District employee or commissioner? Yes _____ No _____

Do you drink alcoholic beverages? Yes _____ No _____

If yes, what is your estimated daily and weekly rate of consumption? Daily: _____ Weekly: _____

Have you ever used, tried, or experimented with marijuana, hashish, cocaine, or heroin? Yes _____ No _____

If yes, how many times and when was the last time you used, tried, or experimented with marijuana, hashish, cocaine, or heroin (explain the circumstances):

Have you ever used, tried, or experimented with other illegal drugs, opiates, barbituates, amphetamines, hallucinogens, steroids, etc? Yes _____ No _____

If yes, how many times and when was the last time you used, tried, or experimented with other illegal drugs, opiates, barbituates, amphetamines, hallucinogens, steroids, etc. (explain the circumstances)?:

List all places where you have lived during the past 5 years chronologically:

Number & Street	City	State	Zip	From (Mo/Yr)	To (Mo/Yr)

Education

High School: _____ Address: _____
 From: _____ To: _____ Did You Graduate?

Yes	No
-----	----

 GED: Yes _____ No _____
 From: _____

College or Vocational: _____ Address: _____
 Training: _____
 From: _____ To: _____ Did You Graduate?

Yes	No
-----	----

 Degree: _____

College or Vocational: _____ Address: _____
 Training: _____
 From: _____ To: _____ Did You Graduate?

Yes	No
-----	----

 Degree: _____

Were you ever expelled or suspended from ANY SCHOOL or did any school official ever discipline you? Yes _____ No _____

If so, please provide particulars: _____

Indicate special skills/licenses or qualifications you possess (pilot, radio operator, machines, equipment, computer, etc.). (Licenses: Show licensing authority, where first issued, and date the current license expires.) _____

References

Please give three local references (not relatives or employers) who have known you well for at least five years and that have a definite knowledge of your qualifications and fitness for the position for which you are applying, preferably the last five years. If any of these persons are retired, please give their former occupations. If unable to provide local references, please explain.

Please list three references.

Form for the first reference with fields for Full Name, Relationship, Company, Phone, and Address.

Form for the second reference with fields for Full Name, Relationship, Company, Phone, and Address.

Form for the third reference with fields for Full Name, Relationship, Company, Phone, and Address.

List any members of the Lehigh Acres Fire Control and Rescue District that you are acquainted with:

Previous Employment

Please complete starting with present or most recent employer. Include summer employment and military experience; indicate honorable or dishonorable discharge. For any unemployed or self-employed periods, show dates and locations. Provide all information requested on application.

Resumes CANNOT be used in place of completing this section. All employer related information requested must be furnished for the last TEN (10) years including gaps in employment. If you need additional space, please use a supplemental form.

Form for the first previous employer with fields for Company, Address, Job Title, Starting Salary, Ending Salary, Supervisor, Responsibilities, and contact permission.

Form for the second previous employer with fields for Company, Address, Job Title, Starting Salary, Ending Salary, Supervisor, Responsibilities, and contact permission.

Previous Employment (continued)

Company: _____	Phone: () _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____	
From: _____	To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? Yes _____ No _____ If no, please explain: _____	

Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? Yes _____ No _____

NOTE: If you were self-employed, provide copies of tax returns covering such period(s).

Have you ever applied for a position with any Fire Department Agency, including Lehigh Acres Fire Control and Rescue District? Yes _____ No _____

If YES, indicated on a separate sheet:

- (1) The Fire Department to which you made application;
- (2) The date on which you applied;
- (3) Whether you were rejected or accepted;
 - (1) If rejected, the reason for rejection;
 - (2) If accepted, why you refused employment;
- (4) Whether you are now on an eligibility list and for what position;
- (5) If you were ever placed on an eligibility list and were not hired, state why;
- (6) If employed, reason for leaving.

Driver's License Information

* Do you have a Florida driver's license? Yes _____ No _____ Driver's License Number: _____

* Have you had a traffic violation in the last three (3) years? Yes _____ No _____

Please explain: _____

* Has your driver's license ever been suspended or revoked? Yes _____ No _____ Driver's License Exp Date: _____

For what reason(s)? _____ Date(s) suspended or revoked: _____

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

* Can you operate a motor vehicle? Yes _____ No _____

* Have you ever possessed a driver's license issued by any state other than Florida? Yes _____ No _____ If YES, please provide:

STATE	DRIVER'S LICENSE NUMBER	DATE ISSUED	RESTRICTIONS

* Have you ever been refused a Driver's license from any state? Yes _____ No _____ If YES, give details: _____

* List below all the traffic citations you have received:

DATE	LOCATION (Street, City, State)	NATURE OF VIOLATION	PENALTY OR DISPOSITION

* Have you ever been involved in a motor vehicle accident? Yes _____ No _____ If YES, give complete details for each accident, whether collision, non-collision or hit and run:

Date: _____ Police Investigation: Yes _____ No _____

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with the accident and court disposition? _____

Injury _____ Non-Injury _____

Date: _____ Police Investigation: Yes _____ No _____

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with the accident and court disposition? _____

Injury _____ Non-Injury _____

Date: _____ Police Investigation: Yes _____ No _____

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with the accident and court disposition? _____

Injury _____ Non-Injury _____

Date: _____ Police Investigation: Yes _____ No _____

Location: _____

Cause of Accident (ran red light, careless driving, etc.): _____

Who was charged with the accident and court disposition? _____

Injury _____ Non-Injury _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Are you seeking Veteran's Preference? Yes _____ No _____ Are you in the National Guard Reserves? Yes _____ No _____

If YES, List Branch and Special Training or Duties: _____

Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard? Yes _____ No _____

If yes, indicated whether it was a United States Reserve Force or State National Guard along with other data requested:

From: _____ To: _____ Branch of Service: _____ Unit: _____

Present or Last Rank: _____ Type of Discharge: _____ Address of Unit: _____

Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? Yes _____ No _____

If YES, indicate that on a separate sheet of paper the (1) dates (2) charges against you, (3) type of court-marshal or other disciplinary proceedings, and (4) the disposition of charges.

Has your discharge or separation ever been corrected or changed? Yes _____ No _____

If YES, indicate details below:

Changed From: _____ To: _____ Authority: _____

VETERAN'S PREFERENCE

Preference in appointment to certain positions is extended to certain eligible veterans and spouses of veterans. Veterans' Preference is only available to Florida residents. Check the appropriate box if you desire to claim Veterans' Preference as:

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability, retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 1 day or more during a wartime period, excluding active duty for training, and who was discharged under honorable condition; or
- 4. A veteran who served honorably but has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom, qualifies for preference in appointment, effective July 1, 2007. The service dates are defined as follows:

Operation Enduring Freedom	October 7, 2001 to date to be determined
Operation Iraqi Freedom	March 19, 2003 to date to be determined; <u>or</u>
- 5. The un-remarried widow or widower of a veteran who died of a service-connected disability; or
- 6. Any Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veterans' Preference.

BRANCH OF SERVICE: _____ DATE OF ENTRY: _____ DATE OF DISCHARGE: _____

Note: Documentation of status (DD Form 214) is required BEFORE preference can be extended, and must be included with this application.

If you feel that you are not afforded preference in consideration for appointment to positions with the Lehigh Acres Fire Control & Rescue 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 31003, 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 given.

(Arrest, Detention, and Litigation - Show all arrests including juvenile and traffic arrests):

1. Have you ever been arrested or detained by ANY law enforcement agency? Yes _____ No _____ Provide police and court records if available (include any arrest in which the records were expunged):

Crime Charged: _____ Police Agency: _____ Date: _____
Disposition of Case: _____

2. 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 particulars: Charge: _____
Date: _____ Disposition: _____ Sentence: _____

3. Have you ever been placed on probation? Yes _____ No _____

If YES, give details: _____

4. Have you ever been required to pay a fine other than traffic? Yes _____ No _____

If YES, give details: _____

5. If you have ever been finger printed by a law enforcement agency for any reason, give details below. Your answer may be checked with the FBI and other agencies.

AGENCY: _____ DATE: _____

PURPOSE: _____

AGENCY: _____ DATE: _____

PURPOSE: _____

AGENCY: _____ DATE: _____

PURPOSE: _____

AGENCY: _____ DATE: _____

PURPOSE: _____

6. Have you ever been advised of your Miranda Rights? If yes, give complete details: _____

7. Have you ever been the subject of a police investigation? If yes, give details including police department and date: _____

8. Have you ever been the Defendant in a civil lawsuit based on charges you committed in intentional tort such as assault, battery or false imprisonment?

Yes _____ No _____ If yes: date(s) _____ Please explain the nature of the claims in the lawsuit(s) and disposition(s)

9. Have you ever had a polygraph examination? Yes _____ No _____ If yes, list:

DATE	EXAMINER'S NAME	PURPOSE	RESULTS

NOTE: A "yes" answer to questions 1 through 9 will not necessarily disqualify you from reserve status. 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.

Fire Service Qualifications

Florida State Certified Fire Fighter? YES NO Certificate #: _____ Out of State: _____

Florida State Certified EMT? YES NO Certificate #: _____ Out of State: _____

Florida State Certified Paramedic? YES NO Certificate #: _____ Out of State: _____

EVOC Certified? YES NO Date of Completion: _____

List any other special qualifications: _____

List any volunteer or paid firefighter experience and training: _____

Has any license or permit (excluding driver license or learner permit) issued by any city county, state, or federal agency ever been denied you or any corporation or partnership of which you were an officer, director or partner? Yes _____ No _____
If YES, provide details: _____

Has such license or permit been revoked, cancelled or suspended? Yes _____ No _____

Are there any incidents in your life not mentioned herein which you may reflect upon your suitability to perform the duties required of you in a Fire Department capacity or which might require further explanation? Yes _____ No _____
If YES, provide details: _____

Applicant's Statement of Understanding and Release of Information

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

- 1 The Lehigh Acres Fire Control and Rescue District (District) is an Equal Opportunity Employer. The District does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, citizenship or veteran status. If you feel you have been discriminated against, please report it to the 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 District is intended to create a contractual relationship between the District and any reservist. 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 reserve status must submit satisfactory proof of employment eligibility and identity. If you fail to submit this proof, federal law prohibits the District from accepting you. In the event you have begun to be utilized as a reservist and are unable to submit this required information in a timely manner, your reserve status with the District will be terminated.
- 6 By signing below, you consent and agree to taking any 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 will not hire any individual who is a known smoker, a known smokeless tobacco user or other tobacco user. Your signature below affirms the fact that if accepted, as a condition of reserve status, you will remain tobacco-products-free. Failure to remain tobacco-products-free is cause for separation.
- 10 Completed applications must be received by the date and time advertised by forwarding to Sue Platas, Administrative Assistant. The location and mailing address is: Lehigh Acres Fire Control and Rescue District - Station 105; 636 Thomas Sherwin Ave. S; Lehigh Acres, Florida 33974. Phone 239-303-5300.
- 11 Answer every question. If a question does not apply to you, state so with an "N/A".
- 12 Each and every question has a purpose. Do not fail to answer each question completely even if you feel it is "not important".

"I, _____, thoroughly understand that I am being considered for reserve status as a Firefighter, and must successfully complete this Application, an Oral Interview, a Background Investigation, and Physical Examination. I understand that should unfavorable information be discovered, I will no be considered a reservist."

"I understand that I may be subject to a Psychological Evaluation and/or a Polygraph Test."

"I am seeking reserve status on the basis that I know that no unfavorable information will be developed by the Lehigh Acres 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 Lehigh Acres 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 Firefighter applicants is lengthy and time consuming. No promises or commitments are expected as to a time when decisions and/or acceptance 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."

Applicant's Signature

Date

Thank you for completing this application form and for your interest in the reservist program with the Lehigh Acres 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 interview, we will contact you. This application will expire 90 days after the date of the application.

- * **Applications must be hand-delivered or submitted via USPS first-class mail or overnight (including Fed-Ex, UPS, etc.).**
- * **Faxed and/or email copies will not be accepted.**

Be sure to include the following items with this application:

- * **Current passport photo**
- * **Copy of your driver's license**
- * **Copy of your three-year driving record (found at <http://www.florida-drivingrecord.com>)**
- * **Copy of Social Security Card**