



**Employment Application**  
**Lehigh Acres Fire Control and Rescue District**

***Excellence, Safety, Valor, Integrity, Dedication***  
***Equal Opportunity Employer / Drug / Tobacco-Free Workplace***

**\*PLEASE READ ALL INFORMATION CAREFULLY BEFORE SUBMITTING YOUR APPLICATION\***

- \*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, 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 an legible signature.
- \* Resumes must 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. If a question does not apply to you, state so with an "N/A".
- \* If you need additional space to provide requested information, please attach additional sheets to the application.

**Firefighter EMT / Firefighter Paramedic**  
**Application Period: OPEN**

**Applicant Information**

**Full Name:**

Last

First

M.I

**Date:**

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:

Apartment/Unit #

City:

State:

Zip:

Mailing Address:

Apartment/Unit #

City:

State:

Zip:

Phone:

Email Address:

Position Applied for:

Date Available:

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

Have you worked for us before? Yes No

Yes

No

Position/Dates:

**Applicant Information (continued)**

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

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

Have you ever been convicted of drug charges, i.e., using 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):

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
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 GED: Yes  No   
From: \_\_\_\_\_

College or Vocational: \_\_\_\_\_ Address: \_\_\_\_\_  
Training: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did You Graduate? 

Yes	No
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 Degree: \_\_\_\_\_

College or Vocational: \_\_\_\_\_ Address: \_\_\_\_\_  
Training: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did You Graduate? 

Yes	No
-----	----

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

Are you currently enrolled in Paramedic school? YES  NO  Name of school: \_\_\_\_\_

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.

Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
Address: _____	

Full Name: _____	Relationship: _____
Company: _____	Phone: (    ) _____
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.

All employer related information requested must be furnished for the last TEN (10) years including gaps in employment.

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: _____	

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: _____	

**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

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

**Driver's License Information (continued)**

\* 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 in the last 3 years:

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	

How did you find out about this position?                      Ad on website:                      Recruiting Firm  
 Social Media                      Referred by:                      District Website

Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Are you seeking Veteran's Preference? 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 being properly 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.

1. Have you ever been convicted of a felony by any law enforcement agency? Yes No Provide police and court records if available

Crime Charged: \_\_\_\_\_ Police Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition of Case: \_\_\_\_\_

2. 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: \_\_\_\_\_

**NOTE:** A "yes" answer to any question will not necessarily disqualify you from employment. 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.

Florida Statute § 633.41692) states:

Any person applying for employment as a firefighter must: (2) Neither have been convicted of a felony or of a misdemeanor directly related to the position of employment sought, nor have pled nolo contendere to any charge of a felony. If an applicant has been convicted of a felony, such applicant must be in compliance with s. 112.011(2)(b). If an applicant has been convicted of a misdemeanor directly related to the position of employment sought, such applicant shall be excluded from employment for a period of 4 years after expiration of sentence. If the sentence is suspended or adjudication is withheld in a felony charge or in a misdemeanor directly related to the position or employment sought and a period of probation is imposed, the applicant must have been released from probation.

Professional Qualifications

Florida State Certified Firefighter? YES  NO

Certificate #: State:

Florida State Certified EMT? YES  NO

Certificate #: State:

Florida State Certified Paramedic? Preferred YES  NO

Certificate #: State:

EVOC Certified? YES NO

Date of Completion:

CPAT? 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, canceled 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 work 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, creed, gender, religion, national origin, age, disability, marital status, citizenship, sexual orientation, veteran status or any other legally protected 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 must 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 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 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 hired, as a condition of employment, you will remain tobacco-products-free. Failure to remain tobacco-products-free is cause for termination.
- 10 Completed applications must be received by the date and time advertised by emailing to Human Resource, at [Employment@lehighfd.com](mailto:Employment@lehighfd.com). The administrative office is located at Station 105; 636 Thomas Sherwin Ave S, Lehigh Acres, FL 33974. Phone 239-303-5306. Answer every question. If a question does not apply to you, state so with an "N/A".



"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 Oral 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 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 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."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in employment 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 180 days after the date of the application.

- \* **The required documentation (application, certificates, training, etc.) must be submitted via email to [Employment@lehighfd.com](mailto:Employment@lehighfd.com).**
- \* **Please send via email the following required documentation:**
- \* - Employment application
- \* - Resume
- \* - High School Diploma or GED
- \* - Florida Driver License
- \* - Florida State Firefighter Certificate of Compliance
- \* - Florida EMT License or Paramedic License
- \* - CPAT (must possess current passing score at time of offer)
- \* **Failure to provide the above required documentation may result in the denial of your employment application.**