

Date --

S.S. # --



CITY OF LAKE MARY
100 N. COUNTRY CLUB RD
MAILING ADDRESS: P. O. BOX 958445
LAKE MARY, FL 32795-8445
PHONE 407-585-1445

EMPLOYMENT APPLICATION

This City is an Equal Opportunity Employer in compliance with the laws prohibiting discrimination on the basis of race, color, sex, age, marital status, religion, national origin or handicap.

Position(s) Applied For: **PART TIME FIREFIGHTER /EMT**

Position Vacancy # **16-33**

Reference Source: Friend/Relative, Job Posting Book, Website, Other _____

APPLICANT DATA		PLEASE PRINT CLEARLY		Email address: _____	
Name _____		(Last)	(First)	(Middle Name)	
Address (Actual Place of Residence) _____		(Street No.)	(Street Name)	(Apt. No.)	
_____		(City)	(County)	(State)	(Zip)
Mailing Address (If different from above) _____		(Street No.)	(Street Name)	(Apt. No.)	
_____		(City)		(State)	(Zip)
Home Phone: (_____) _____		(Area Code)	(Number)	Business Phone: (_____) _____	
				(Area Code)	(Number) (Ext.)
Mobile Phone: (_____) _____		(Area Code)	(Number)	Date of Birth: _____	
				(Mo/Day/Yr)	
Are you known by any other Name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain: _____			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, indicate: Alien Reg. No. _____ or Type of Visa _____			

DRIVER'S LICENSE INFORMATION	
Driver's License Number _____	State of Issue _____
Classification: <input type="checkbox"/> Operator <input type="checkbox"/> Commercial	
Is your driver's license currently restricted, suspended, or expired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

Have your driver's license ever been denied, restricted, revoked, or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

Have you received a ticket or been charged with any traffic violation(s) during the past seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	

EDUCATION AND TRAINING																				
Circle Highest Grade You Completed	Grade School				High School				College				Graduate School							
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Name and Address of School					Dates Attended From To Mo./Yr.				Did you Graduate?				Major subject, degree, certificate							
High School _____ City/State																				
College _____ City/State																				
College _____ City/State																				
Business _____ City/State																				
Trade School _____ City/State																				
Technical _____ City/State																				
Other _____ City/State																				
GED <input type="checkbox"/> Yes <input type="checkbox"/> No																				

List special licenses or certificates held, showing licensing authority, license number, and expiration date.

Describe any word processing or computer skills and list all software used:

Indicate any foreign languages you can

Speak: _____ Read: _____ Write: _____

WORK HISTORY

YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. LIST YOUR MOST RECENT EMPLOYER FIRST. IF CURRENTLY UNEMPLOYED, LEAVE PRESENT EMPLOYER SECTION OF THIS APPLICATION BLANK. INCLUDE VOLUNTARY UNPAID WORK EXPERIENCE AS WELL AS MILITARY SERVICE, IF ANY, AND ANY PERIOD OF UNEMPLOYMENT. IF YOU HELD MORE THAN ONE POSITION WITH THE SAME EMPLOYER, LIST EACH POSITION SEPARATELY. YOU MUST ACCOUNT FOR ALL PERIODS OF TIME FOR AT LEAST THE **LAST TEN (10) YEARS**. IF DESIRED, INCLUDE A RESUME OR ADDITIONAL PAGES WHICH WILL HELP CLARIFY YOUR WORK EXPERIENCE. ALSO LIST ANY BUSINESS IN WHICH YOU OWN, ARE A PARTNER, OR CORPORATE OFFICER IN THE WORK HISTORY SECTION.

***NOTE: IF YOUR NAME AT YOUR PREVIOUS EMPLOYER WAS DIFFERENT THAN YOUR CURRENT NAME, PLEASE INDICATE IN THE APPROPRIATE SECTION BELOW.**

Present Employer: _____ From: _____
(Company/Agency Name) (Mo.) (Day) (Year)

Employer Address: _____ To: _____
(Number) (Street) (Mo.) (Day) (Year)

(City) (State) (Zip) Full Time Part Time

Your Job Title: _____ Number of hours worked per week: _____

Number You Supervised: _____ Employer's Phone No. (_____) _____ Starting Salary: \$ _____ per _____
(Area Code)

May we contact employer? Yes No / explain in Reason for leaving Last Salary: \$ _____ per _____

Supervisor's Name _____ *(Your Employed Name) _____

Duties in detail: _____

Reason for leaving: _____

Previous Employer: _____ From: _____
(Company/Agency Name) (Mo.) (Day) (Year)

Employer Address: _____ To: _____
(Number) (Street) (Mo.) (Day) (Year)

(City) (State) (Zip) Full Time Part Time

Your Job Title: _____ Number of hours worked per week: _____

Number You Supervised: _____ Employer's Phone No. (_____) _____ Starting Salary: \$ _____ per _____
(Area Code)

May we contact employer? Yes No / explain in Reason for leaving Last Salary: \$ _____ per _____

Supervisor's Name _____ *(Your Employed Name) _____

Duties in detail: _____

Reason for leaving: _____

WORK HISTORY (Cont'd)

Previous Employer: _____
(Company/Agency Name)

From: _____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: _____
(Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____

Number of hours worked per week: _____

Number You Supervised: _____ Employer's Phone No. (_____) _____
(Area Code)

Starting Salary: \$ _____ per _____

May we contact employer? Yes No / explain in Reason for leaving

Last Salary: \$ _____ per _____

Supervisor's Name _____ *(Your Employed Name) _____

Duties in detail: _____

Reason for leaving: _____

Previous Employer: _____
(Company/Agency Name)

From: _____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: _____
(Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____

Number of hours worked per week: _____

Number You Supervised: _____ Employer's Phone No. (_____) _____
(Area Code)

Starting Salary: \$ _____ per _____

May we contact employer? Yes No / explain in Reason for leaving

Last Salary: \$ _____ per _____

Supervisor's Name _____ *(Your Employed Name) _____

Duties in detail: _____

Reason for leaving: _____

Previous Employer: _____
(Company/Agency Name)

From: _____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: _____
(Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____

Number of hours worked per week: _____

Number You Supervised: _____ Employer's Phone No. (_____) _____
(Area Code)

Starting Salary: \$ _____ per _____

May we contact employer? Yes No / explain in Reason for leaving

Last Salary: \$ _____ per _____

Supervisor's Name _____ *(Your Employed Name) _____

Duties in detail: _____

Reason for leaving: _____

WORK HISTORY (Cont'd)

Previous Employer: _____
(Company/Agency Name)

From: _____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: _____
(Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____

Number of hours worked per week: _____

Number You Supervised: _____ Employer's
Phone No. (_____) _____
(Area Code)

Starting Salary: \$ _____ per _____

May we contact employer? Yes No / explain in Reason for leaving

Last Salary: \$ _____ per _____

Supervisor's Name _____ *(Employed Name)

Duties in detail: _____

Reason for leaving: _____

Previous Employer: _____
(Company/Agency Name)

From: _____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: _____
(Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____

Number of hours worked per week: _____

Number You Supervised: _____ Employer's
Phone No. (_____) _____
(Area Code)

Starting Salary: \$ _____ per _____

May we contact employer? Yes No / explain in Reason for leaving

Last Salary: \$ _____ per _____

Supervisor's Name _____ *(Employed Name)

Duties in detail: _____

Reason for leaving: _____

Previous Employer: _____
(Company/Agency Name)

From: _____
(Mo.) (Day) (Year)

Employer Address: _____
(Number) (Street)

(City) (State) (Zip)

To: _____
(Mo.) (Day) (Year)
 Full Time Part Time

Your Job Title: _____

Number of hours worked per week: _____

Number You Supervised: _____ Employer's
Phone No. (_____) _____
(Area Code)

Starting Salary: \$ _____ per _____

May we contact employer? Yes No / explain in Reason for leaving

Last Salary: \$ _____ per _____

Supervisor's Name _____ *(Employed Name)

Duties in detail: _____

Reason for leaving: _____

RESIDENCES

ACTUAL PLACES OF RESIDENCE FOR PAST 10 YEARS – list chronologically all addresses, including residences while at school and in military. For college on-campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Dates Mo./Yr.		Street Address	Apt. No.	City	County	State
From	To					

ARREST HISTORY/COURT DATA

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation? Yes No

If Yes, list all such matters, even if not formally charged or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral.

Date	Place & Department	Charge	Court & Place	Disposition

CREDIT DATA

Have you, or a company controlled by you, filed for bankruptcy? Yes No Declared bankruptcy? Yes No

Had a legal judgment rendered against you for a debt? Yes No If yes to any of these questions, please provide details.

PERSONAL REFERENCES & ACQUAINTANCES

List three (3) references (**not relatives, former or present employers, fellow employees, or school teachers**), who have known you well for the past **five (5) years**.

Complete Name		Home Address: _____ City, State, Zip: _____ Daytime Phone: (_____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: _____ City, State, Zip: _____ Daytime Phone: (_____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	
Complete Name		Home Address: _____ City, State, Zip: _____ Daytime Phone: (_____) _____
(Last, First, Middle)		
Yrs. Acq.	Occupation	

MILITARY SERVICE

Note: You must submit your DD-214 to be considered for veterans' preference.

Have you ever been a member of the Armed Forces of the United States (include reserve status and National Guard)?

Yes No

If Yes, Branch _____ Highest Rank _____

Entry Date _____ Discharge Date _____
Month/Year Month/Year

Was any type of disciplinary action taken against you in the Service? Yes No

If yes, explain: _____

VETERANS' PREFERENCE: Check the appropriate box if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application. All documents must clearly indicate that they are copies of originals.

- 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 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987? Yes No

If "yes", please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. An applicant eligible for veterans' preference who believes he or she was not afforded employment preference in accordance with Chapter 55A of the Florida Administrative Code may file a complaint with the Department at P. O. Box 31003, St. Petersburg, Florida 33731, requesting an investigation.

When the applicant has received notice of a hiring decision from a covered employer, the complaint shall be filed within 21 calendar days from the date that the notice is received by the applicant. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

ADDITIONAL PERSONAL INFORMATION

Answer the following questions by placing an "X" under "YES" or "NO"	YES	NO
1. Have you ever been discharged for any reason from any job? If yes, explain below.		
2. Have you ever filed an application for employment with the City of Lake Mary? If yes, indicate approximate date(s) below.		
3. Have you ever been employed by the City of Lake Mary? If yes, indicate below date(s) of employment, position(s), and reason for leaving.		
4. Are any members of your family or relatives (by blood or marriage) employed by the City of Lake Mary? If yes, indicate below their name(s), position, and relationship.		
5. HAVE YOU EVER USED, BOUGHT, SOLD, OR EXPERIMENTED WITH CONTROLLED OR ILLEGAL SUBSTANCES/NARCOTICS? IF YES, EXPLAIN BELOW.		
6. Have you ever applied to another fire department? If yes, list agency(s) below.		

Item No.	Space for detailed answers. Indicate item number to which answers apply.

CERTIFICATION

The City of Lake Mary is authorized to verify any or all of the information contained on the application form. A false answer to any question(s) in this application may be grounds for non-selection or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statements. All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement, misrepresentation, falsification or omission of facts shall cause forfeiture of all rights to employment with the City of Lake Mary. If accepted for employment I agree to abide by and comply with all rules, regulations, policies and procedures of the City of Lake Mary. I further understand and agree that my employer has the right to terminate my employment during my initial probationary period. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the City of Lake Mary.

I freely and voluntarily agree to submit to a drug/alcohol test as part of my application for and as a condition of employment. I understand that either my refusal to submit to the drug/alcohol test or my failure to qualify according to the minimum standards established by the City of Lake Mary for this examination will disqualify me for further consideration for employment.

Signature _____ **Date** _____



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FIREFIGHTER/EMT/APPLICANT
Vacancy # 16-33

(Applicant Name)

DOCUMENTATION REQUIREMENTS

All applicants are **required to provide a copy** of the following
with the submission of your application:

- | | HR Use Only |
|-------------------------------------------------------------------------------------|--------------------------|
| ➤ State of Florida Bureau of Fire Standards and Training Certificate of Compliance. | <input type="checkbox"/> |
| ➤ Firefighter I and Firefighter II Certificate. | <input type="checkbox"/> |
| ➤ State of Florida EMT Certificate (card). | <input type="checkbox"/> |
| ➤ EMT Educational Certificate. | <input type="checkbox"/> |
| ➤ High School Diploma or GED. | <input type="checkbox"/> |
| ➤ Valid State of Florida Driver's License. | <input type="checkbox"/> |
| ➤ Emergency Vehicle Operator Course (EVOC) OR | <input type="checkbox"/> |
| Certified Emergency Vehicle Operator (CEVO II) Certificate of Completion | <input type="checkbox"/> |
| ➤ Additional Training and/or Educational Certificates (if applicable). | <input type="checkbox"/> |
| ➤ Current CPR Card (Provider or Equivalent). | <input type="checkbox"/> |
| ➤ Tobacco Affidavit | <input type="checkbox"/> |
| Included in application package | |
| ➤ Personal Inquiry Waiver | <input type="checkbox"/> |
| Must be notarized when submitted with application | |

NOTE: All requirements must be met before eligibility can be established.



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Tobacco Affidavit

I _____, do hereby affirm that I have not
Name (type or print)
been a user of tobacco products for at least one (1) year immediately preceding my application for
employment with the City of Lake Mary Fire Department, in accordance with Section 633.34(6),
Florida Statutes. Under the penalties of perjury, I declare that I have read the foregoing affidavit
and that the facts stated in it are true.

Signature of Applicant

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
2016, by _____, who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Notary Public, State of Florida at Large

Commission No. _____



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**Personal Inquiry Waiver
 Authority for Release of Information**

To: Concerned Person or
 Authorized Representative of
 Any Organization, Institution
 For Repository of Records

Applicant's Name _____

Date of Birth _____

Social Security No. _____

(Print or type information above)

I respectfully request and authorize you to furnish the Lake Mary Police Department any and all information that you may have concerning my work record, school record, military record, reputation, any criminal history record and financial and credit status. This information is to be used to assist the department in determining my qualification and fitness for the position I am seeking with the City of Lake Mary, within the State of Florida.

I hereby release you, your organization, or others from any liability or damage, which may result from furnishing the information requested above.

 Applicant's Signature

 Date

 Address

Affidavit

Sworn to and Subscribed before me this _____ day
 of _____, 2016.

 Signature of Notary Public

 Printed Name of Notary Public

Personally Known or Produced Identification

Type of Identification Produced _____