

# PACE FIRE RESCUE DISTRICT EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**Use Blue or Black ink**

Pace Fire Rescue District is an Equal Employment Opportunity Employer and considers applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.

**NOTICE:** The following additional documents must be attached to this application:

1. A certified copy of birth certificate
2. A certified copy of high school diploma or approved G.E.D.
3. A copy of military discharge(s) if applicable
4. Any other certificates required throughout the application

E-mail address:: \_\_\_\_\_

Position Applying For:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Volunteer Firefighter   | <input type="checkbox"/> Firefighter 2           | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Firefighter 1           | <input type="checkbox"/> Firefighter 2 EMT       |   |
| <input type="checkbox"/> Firefighter 1 EMT       | <input type="checkbox"/> Firefighter 2 Paramedic |   |
| <input type="checkbox"/> Firefighter 1 Paramedic | <input type="checkbox"/> Administration          |   |

## INSTRUCTIONS

Application must be typewritten or printed legibly in black ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

## PERSONAL HISTORY

Full Name: (Print )

\_\_\_\_\_

Last
First
Middle
Abbv.

Other: List all names you have previously used including circumstances and time periods you used them, i.e.: maiden name(s), former name(s), alias(es), or nickname(s).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.



Other Schools (Trade, Vocational, Business, Military) Name & Address	Dates Attended Mo./Yr.		Credit Hours	Area of Study	Did You Graduate?	Type of Degree/ Certificate
	From	To	Qtr.	Sem.		

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

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5. Indicate any languages you can

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate any **Florida** firefighter or EMS education/training or certification: (Attach copy of certification)

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7. Have any of your fire or EMT certifications ever been suspended, revoked, relinquished, or subject to discipline or investigation by the Florida Bureau of Fire Administration or Florida Bureau of EMS?  Yes  No  
If yes, please explain:

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8. Describe any special abilities, interests, and hobbies including the degree of proficiency:

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9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except motor vehicle operator's license):

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10. Indicate any special skills you possess and equipment you can use which may be related to firefighter work:

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# EMPLOYMENT HISTORY

1. List reverse-chronologically, all employment for the last 10 years beginning with present employment, including part time, and summer employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Any and all employees are subject to being contacted for background information.

**Firm:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Dates of employment:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **Last Position Held:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Firm:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Dates of employment:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **Last Position Held:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Firm:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Dates of employment:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **Last Position Held:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Firm:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Dates of employment:** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ **Last Position Held:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Responsibilities:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?  Yes  No



## ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged, or received a notice of summons to appear, convicted, pled nolo contendere or pled not guilty to any criminal violation, regardless if the record was sealed or expunged?  Yes  No
2. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)?  Yes  No

Provide details for each response to questions 1 & 2.

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4. Have you ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.)  Yes  No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

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5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?  Yes  No
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?  Yes  No If yes to question 5 or 6, please provide details.

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## DRIVING HISTORY

1. Are you a licensed Florida automobile operator or chauffeur?  Yes  No License No.: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license in another state?  Yes  No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?  
 Yes  No If yes, please provide complete details including why license was suspended or revoked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MILITARY HISTORY

1. Are you registered for the Selective Service?  Yes  No If yes, Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Date of Classification: \_\_\_\_\_

Address of Local Board: \_\_\_\_\_

2. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

3. Date and type of discharge: \_\_\_\_\_

4. Are you now or have you ever been a member of a reserve unit or National Guard?  Yes  No

If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Was any type of disciplinary action taken against you in the service?  Yes  No If yes, please provide:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

6. Have you ever served in the Armed Forces of a foreign country?  Yes  No If yes, please specify countries and dates:

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7. **Veteran's Preference:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be submitted with job application.**

- a. 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.
- b. 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.
- c. 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 or training.
- d. The unremarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's 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 **a** and **b** above, and second to those persons included in **c** and **d** above. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33131.

## ORGANIZATION MEMBERSHIP

1. List all clubs and/or societies of which you have been a member:

Name	City & State	Former	Present (List position held & Describe activity)

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# PERSONAL REFERENCES & ACQUAINTANCES

1. Personal references: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name _____		Home Address: _____
(Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: ( ) _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name _____		Home Address: _____
(Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: ( ) _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name _____		Home Address: _____
(Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: ( ) _____
		Business Address: _____
		City & State: _____
		Business Phone: _____

2. Social Acquaintances: Give three(3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name _____		Home Address: _____
(Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: ( ) _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name _____		Home Address: _____
(Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: ( ) _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name _____		Home Address: _____
(Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: ( ) _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name _____		Home Address: _____
(Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: ( ) _____
		Business Address: _____
		City & State: _____
		Business Phone: _____

# CONFIDENTIAL EMPLOYEE HISTORY

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL  
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.

1. Applicants Current Address:

Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( )  
Telephone Number \_\_\_\_\_

2. Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Spouse's Name and Address (if different):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Children's Names and Ages:

5. Former Spouse's Name and Address:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Are you now able to participate in firefighting and EMS tactics, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you are applying?  Yes  No

7. This position requires a physical agility test and a medical physical exam; are you able to take this test and exam?  Yes  No

8. Do you now, or have you ever illegally experimented with, obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?  Yes  No

9. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. Please provide name and address of your personal or family physician to be contacted in case of an emergency:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I understand that the "Applicant's Certification" applies in all respects to the responses provided in numbers 1-12 above in this "Confidential Employee History."

**Pace Fire & Rescue District is an Equal Opportunity Employer-M/F/D/V- Tobacco-Free, Drug-Free Workplace.**

\_\_\_\_\_  
Signature of applicant as usually written

\_\_\_\_\_  
Date

Witnessed by:

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Print

**BACKGROUND INVESTIGATION WAIVER**  
**Authority for Release of Information**

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

APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY No.: \_\_\_\_\_

**Employing Agency Requesting Background Info: Pace Fire Rescue District**

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for above, to third parties, in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, ST. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation to:

\_\_\_\_\_

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purpose of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under Chapter 760.

Pursuant to Section 633.412 F.S., , disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Address

**AFFIDAVIT**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Personally Known      **or**       Produced Identification

Type of Identification Produced: \_\_\_\_\_