



# Immokalee Fire Control District



## APPLICATION FOR EMPLOYMENT

IT IS OUR POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BASED ON RACE, AGE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS OR OTHER PROTECTED CLASSIFICATION.

ALL QUESTIONS MUST BE ANSWERED CAREFULLY AND COMPLETELY. PLEASE TYPE OR PRINT USING BLACK INK.

### I. BACKGROUND

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

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Are you over 18 years of age? \_\_\_\_ yes \_\_\_\_ no

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position Desired: \_\_\_\_\_

Are you legally authorized to work in the U.S. on an unrestricted basis? \_\_\_\_ yes \_\_\_\_ no

Have you worked for the District before? \_\_\_\_ yes \_\_\_\_ no Date Available: \_\_\_\_\_

Have you been told of the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? \_\_\_\_ yes \_\_\_\_ no

Can you perform these essential functions with or without reasonable accommodation? \_\_\_\_ yes \_\_\_\_ no

Do you hold a valid Florida Driver's License? \_\_\_\_ yes \_\_\_\_ no Expires: \_\_\_\_\_ DL# \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Are you willing to work overtime as required? \_\_\_\_ yes \_\_\_\_ no

Have you ever been convicted of a felony? \_\_\_\_ yes \_\_\_\_ no (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions and give date: \_\_\_\_\_

### II. EDUCATION

EDUCATION	NAME/LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/DEGREE
High School				
College				
College				

### III. LICENSES/ CERTIFICATIONS/ OTHER TRAINING

- A. What license or certification do you hold which would qualify you for this position with the District? Must include copies of certificate(s). Attach additional sheets if necessary.

License, registration or certification	Number	Effective date	Expiration date	Licensing Agency

- B. What further training, skills or qualifications would qualify you for this position with the District?

- C. Military: Branch of Service: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_  
Dates of service: from \_\_\_\_\_ to \_\_\_\_\_

List duties in service, including schools and training:

Are you claiming Veterans Preference? \_\_\_\_ yes \_\_\_\_ no

If yes, fill out form below.

#### Veterans' Preference

Check the appropriate block if you are claiming veterans' preference. A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application.

- \_\_\_\_\_ 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 US Veterans' 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, 1955 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 unremarried 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" name of employer \_\_\_\_\_

Note: Under Florida Law, preference in appointment shall be given by the state 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 vacant position, he/she may file a complaint with the Department of Veterans' Affairs, PO Box 1437, St Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

### IV. WORK EXPERIENCE

Present and Prior Employment

List below all present and past employment, for at least the past 10 years, beginning with your most recent employer. Include summer and part-time jobs. All time must be accounted for. If unemployed, or in school, include these dates. Attach additional sheets if necessary.

**MUST HAVE COMPLETE ADDRESS-INCLUDING CITY, STATE, AND ZIP CODE.**

May we contact your present employer? \_\_\_\_ yes \_\_\_\_ no

<b>Most Recent Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started</b> <b>Starting Salary: \$</b> <b>per</b>	<b>Starting Position</b>	
<b>Date Left</b> <b>Salary on Leaving: \$</b> <b>per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started</b> <b>Starting Salary: \$</b> <b>per</b>	<b>Starting Position</b>	
<b>Date Left</b> <b>Salary on Leaving: \$</b> <b>per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started    Starting Salary: \$    per</b>	<b>Starting Position</b>	
<b>Date Left    Salary on Leaving: \$    per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started    Starting Salary: \$    per</b>	<b>Starting Position</b>	
<b>Date Left    Salary on Leaving: \$    per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started    Starting Salary: \$    per</b>	<b>Starting Position</b>	
<b>Date Left    Salary on Leaving: \$    per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

**V. REFERENCES (3 REQUIRED)**

**Excluding Former Employer or Relatives. MUST BE FILLED OUT COMPLETELY.**

<b>Name and Occupation</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Name and Occupation</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Name and Occupation</b>	<b>Address</b>	<b>Telephone Number</b>

**APPLICANT'S CERTIFICATION AND AGREEMENT**

**I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the District to make an investigation of any of the facts set forth in this application.**

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_



## **IMMOKALEE FIRE CONTROL DISTRICT PRE-EMPLOYMENT STATEMENT**

*(Please read the following statements carefully. They constitute important conditions for employment with the District. Referenced documents available on District web site [www.immfire.com](http://www.immfire.com) ).*

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the District.
2. I have read and understand the job description for the position that this application pertains to and hereby certify that I am able to fulfill all of the job qualifications.
3. Any offer of employment I may receive from the District is contingent upon my successful completion of the District's total pre-employment screening process, including the District's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer/pre-employment medical examinations that the District may require. I also understand that I may be asked to take a Voice Stress Test (lie detector) examination to determine the authenticity of the information provided in this application.
4. I have read and understand the District's Background Investigation Policy and understand that I am required to disclose any offenses listed in Section E that apply to me. I also understand that failure to disclose said offenses may disqualify job applicants from employment with the District and may result in termination.
5. I understand the District has a substance abuse policy that contains provisions for post-offer/pre-employment, annual, random, reasonable suspicion, follow-up and post-accident drug/alcohol testing for all employees and volunteer firefighters. I also understand positive drug test results will disqualify job applicants from employment with the District and may result in termination, if I am employed with the District.
6. I understand that in order to be considered for employment with the District in a position that performs safety sensitive functions pursuant to Department of Transportation (DOT) regulations, I must consent to and authorize a search of drug and alcohol testing records pertaining to DOT regulated employers that I have worked for during the last three (3) years. I also understand that I will receive a separate notice and opportunity to consent to such a search.
7. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
8. I understand pursuant to Chapter 55A-7 of the Florida Administrative Code, that should a vacant position for which I have applied and claimed Veterans' Employment Preference is filled by a non-preference applicant, that I have the right to initiate an investigation by the Florida Department of Veterans' Affairs. I understand that I must file the complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Room 311 K, Largo, Florida 33778-1630, 727-518-3202, within 21 calendar days from the date I receive notice that I was not selected for the position. If a notice of the hiring decision is not given to me, I understand the complaint may be filed at any time.



9. I understand in accordance with Florida Statutes, that I may not lawfully deny or fail to acknowledge the existence of any criminal history records pertaining to me that have been expunged or sealed.
10. (For Certified Firefighter positions only) I have read and understand the District's Physical Ability Testing document and am capable of successfully completing all tasks included.
11. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the District and understand that within the limits of any constitutional or statutory limits applicable, my employment is considered "at will" and, although the District may provide notice to me and expect notice from me, I can be terminated at any time.
12. I understand that if offered employment with the District, I will be required to provide my social security number. I further understand that my social security number will be used for identification, post-offer/pre-employment screening, benefit administration, income reporting and education/certification verification.
13. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.
14. I understand that if I am hired, I will be required to participate in the Immokalee Fire Control District's direct deposit program into the account of my choice.

I, \_\_\_\_\_, have read and understand all of the above statements.

\_\_\_\_\_  
Signature of Applicant

**AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (typed or printed name of Applicant) who is personally known to me or who has produced \_\_\_\_\_ as identification and who *did/did not* take an oath.

\_\_\_\_\_  
Notary Public at Large

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
My commission Expires

AF 2015-07-22



## IMMOKALEE FIRE CONTROL DISTRICT

### AFFIDAVIT

I, \_\_\_\_\_, do solemnly swear and affirm that the following information is true and correct to the best of my knowledge:

- (1) That I am a high school graduate or the equivalent, as the term may be determined by the Florida Division of State Fire Marshal, and at least 18 years of age.
- (2) That I have neither been convicted of any felony, nor of a misdemeanor directly related to the position of employment sought, nor have pled nolo contendere to any charge of a felony. If I have been convicted of a felony, I am in compliance with s. 112.011(2)(b). If I have been convicted of a misdemeanor directly related to the position of employment sought, a period of 4 years has passed after expiration of sentence. If the sentence was suspended or adjudication was withheld in a felony charge, or in a misdemeanor directly related to the position of employment sought, and a period of probation was imposed, I have been released from probation.
- (3) That I have been a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application and that I will remain a nonuser of tobacco or tobacco products throughout the duration of my employment. Furthermore, I understand that testing for nicotine will be included in my pre-employment physical examination.
- (4) That I have answered all questions on the employment application completely and truthfully and have completed the application in full. Furthermore, I acknowledge that the discovery of any false or intentionally misleading information provided by me on the application will be grounds for revoking any offer of employment or immediate termination of employment if already employed.
- (5) That I have a minimum of either one year experience serving as a Firefighter with an organized public employer fire department or three years U.S. military service.

\_\_\_\_\_  
Signature of Applicant

### AFFIDAVIT

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (typed or printed name of Applicant) who is personally known to me or who has produced \_\_\_\_\_ as identification and who *did/did not* take an oath.

\_\_\_\_\_  
Notary Public at Large

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
My commission Expires

AF 2015-02-05





**IMMOKALEE FIRE CONTROL DISTRICT  
AFFIDAVIT**

I \_\_\_\_\_ hereby state that I have never been in any of the Armed Forces of the United States of America.

\_\_\_\_\_  
Applicant Signature

**AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (typed or printed name of Applicant) who is personally known to me or who has produced \_\_\_\_\_ as identification and who *did/did not* take an oath.

\_\_\_\_\_  
Notary Public at Large

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
My commission Expires

AF 2012-08



## IMMOKALEE FIRE CONTROL DISTRICT

502 New Market Rd. E.  
Immokalee, FL 34142  
(239) 657-2111 / FAX (239) 657-9489

### BACKGROUND CHECK

I \_\_\_\_\_, hereby authorize the Immokalee Fire Control District to conduct an investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Department.

I have read and understand the above.

\_\_\_\_\_  
Applicant's Signature / Date

\_\_\_\_\_  
Address: City, State, Zip Code

#### AFFIDAVIT

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (typed or printed name of Applicant) who is personally known to me or who has produced \_\_\_\_\_ as identification and who *did/did not* take an oath.

\_\_\_\_\_  
Notary Public at Large

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
My commission Expires

AF 2015-02-05



## IMMOKALEE FIRE CONTROL DISTRICT

502 New Market Rd. E.  
Immokalee, FL 34142  
(239) 657-2111 / FAX (239) 657-9489

### AUTHORITY FOR RELEASE OF INFORMATION / PERSONAL INQUIRY WAIVER

TO: Concerned person or authorized representative of any organization, institution, or repository of records:

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: XXX-XX-\_\_\_\_\_

I respectfully request and authorize you to furnish the Immokalee Fire Control all requested information, whether recorded or unrecorded. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for the termination of my employment, including, but not limited, to any records, information or documents related to my physical capabilities, injuries or medical treatment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I hereby agree and promise to indemnify and save harmless the addressee, its officers, agents, or employees from and against any and all liability, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, and actions and costs of actions, including attorney's fees, of any kind and nature arising or growing out of or in any way connected with the disclosure of the requested information.

I have read and understand the above.

\_\_\_\_\_  
Applicant's Signature / Date

\_\_\_\_\_  
Address: City, State, Zip Code

### AFFIDAVIT

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (typed or printed name of Applicant) who is personally known to me or who has produced \_\_\_\_\_ as identification and who *did/did not* take an oath.

\_\_\_\_\_  
Notary Public at Large

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
My commission Expires

AF 2012-08



## IMMOKALEE FIRE CONTROL DISTRICT HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

\_\_\_\_\_, HEREINAFTER referred to as "Permittee", hereby agrees and promises to indemnify and save harmless the Immokalee Fire Control District, its officers, agents, servants and employees from and against any and all liability, claim, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and costs of actions, including attorney's fees, of any kind and nature, arising or growing out of, or in any way connected with any act or omission of the Immokalee Fire Control District or its officers, agents, servants, or employees; whether on, in or about District premises or equipment, or resulting from injury to person or property, or loss of life or property, or loss of life or property of any kind or nature whatsoever sustained during the use, occupancy, maintenance or control of District premises or equipment by Permittee while or during any time period when the Immokalee Fire Control District is allowing Permittee to ride IFCD apparatus, utilize IFCD equipment, or participate in IFCD activities or training in the capacity of a visiting **APPLICANT** which is the consideration for the promises and covenants herein made and agreed to by Permittee\*\*

\_\_\_\_\_  
Signature of Permittee\*

WITNESSES:

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

### AFFIDAVIT

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ (typed or printed name of Applicant) who is personally known to me or who has produced \_\_\_\_\_ as identification and who *did/did not* take an oath.

\_\_\_\_\_  
Notary Public at Large

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
My commission Expires

AF 2012-08



## **IMMOKALEE FIRE CONTROL DISTRICT**

### **Additional Documents to be submitted with Application**

- **Copy of valid driver license**
- **Copy of High School Diploma or equivalent**
- **Copy of military records indicating period of service, including DD214, if applicable**
- **Copies of the following proof of training:**
  - Florida Firefighter II Certificate of Compliance
  - Current and valid Florida EMT or Paramedic License (will be required to maintain Florida EMT license even if currently hold Paramedic license)
  - Current and valid CPR for Healthcare Providers
  - Emergency Vehicle Operators Course (EVOC, minimum 16 hours)
  - Incident Command System I-100, I-200, I-700, I-800
  - Hazardous Materials Awareness Level
  - Hazardous Materials Operations Level
  - Emergency Response to Terrorism – Basic Concepts
  - Florida Field Operations Guide/ Structural Collapse Awareness  
<http://www.florida-elearning.com>
  - S-130 Basic Wildland Firefighter Training
  - S-190 Introduction to Wildland Fire Behavior
  - Copy of any college degree
  - ANY ADDITIONAL CERTIFICATES OF TRAINING THAT YOU WOULD LIKE TO BE CONSIDERED DURING REVIEW AND EVALUATION OF YOUR APPLICATION.



**IMMOKALEE FIRE CONTROL DISTRICT**  
**Certified Firefighter Application, Evaluation, and Hiring Process**

1. Submit completed IFCD application packet, including all required attachments. No faxed or e-mailed applications will be accepted. Applications must be submitted in person or by mail or other common carrier to:  
  
Immokalee Fire Control District  
Fire Chief Paul Anderson  
502 New Market Rd. E  
Immokalee, FL 34142
2. Applications will be screened for completeness and meeting minimum advertised requirements. Incomplete applications and those not meeting minimum advertised requirements will be eliminated from further consideration.
3. Applications will be scored based on the applicant's training, education, and experience. Those scoring above a pre-determined minimum will be selected to sit for the written test.
4. 100 to 150 question written test with questions taken from IFSTA Essentials of Firefighting and Emergency Medical Technician textbook. Minimum score of 70% to continue in process.
5. Physical Ability Test: Application score and written test score will be added together, with applicants placed on list from highest total score down. Depending on the number of available positions, and starting at the top of the list, a pre-determined number of applicants will be scheduled for the PAT. Must successfully complete the PAT within the allotted time in order to continue in the process.
6. Oral interview board: Depending on the number of available positions, and starting at the top of the list, a pre-determined number of applicants remaining on the list established in #5 above will be scheduled for the oral interview board, consisting of at least two District officers and at least three officers from surrounding fire agencies. The interviewers will each score the applicant on how well they felt the applicant answered the interview questions. Scores from all interviewers will be added together for a total interview score, which will then be added to the applicant's scores from the application scoring and written test, with applicants then ranked on the list in order from highest total score down.
7. Fire Chief Interview: Beginning at the top of the list, three (3) applicants per available position will be selected from the list and scheduled for an interview with the Fire Chief.
8. Conditional offer of employment: The Fire Chief will select one (1) applicant for each available position from those interviewed, who will be given a conditional offer of employment pending a complete background investigation and medical physical examination.
9. Comprehensive background investigation: Applicants with acceptable background investigation findings will be scheduled for a physical examination.
10. Medical physical examination: Applicants found to be fit for Firefighter duty by the District's designated physician will be scheduled to report for duty on probationary status.