



## GREATER NAPLES FIRE RESCUE DISTRICT APPLICATION HIGHLIGHTS

January 24, 2019

### Administrative Assistant

#### Requirements:

- High School Graduate or equivalent. Associate degree in business, education, or public administration preferred.
- Excellent communication and interpersonal skills and the ability to provide information and service to a wide range of internal and external contacts
- Related experience with proven office administration and customer service skills required.
- Solid working knowledge of office processes and business policy development, and of related computer software and electronic communications tools.
- Proven interpersonal skills with experience providing complex administrative support in a high-profile environment with tact and diplomacy.
- Experience managing projects and with multiple deadlines required.
- Ability to work across teams and with a variety of projects and constituencies
- Possess a current Florida Driver's License
- Signed and Submitted Tobacco Free affidavit
- The position is full-time- must be able to work Monday through Friday, 8am-5pm
- Physical requirements include some combination of stooping, kneeling, and the lifting, carrying, pushing, and/or pulling of objects and materials up to 40 pounds.

Salary Range \$35,000-\$41,615 dependent on qualifications, attractive benefits package including, medical, dental, vision, and life insurance, paid vacation and personal days and inclusion in the Florida Retirement System. EOE employer. Email questions to [dschwarz@gnfire.org](mailto:dschwarz@gnfire.org)

**All applications must be hand delivered in a sealed envelope or mailed to:**

**Greater Naples Fire Rescue District**

**Attn: HR/AA, 14575 Collier Blvd. Naples, FL 34119**

Faxed or emailed applications will not be accepted.

Incomplete applications will not be processed. Please attach copies of certificate(s) and/or degree(s) pertinent to position. To claim Veteran's Preference, a copy of your DD214 (long form) and the applicable VP form 1,2or3 must be submitted at the time of application. Due to the anticipated volume of responses, we will contact only those candidates who most closely match our requirements.

**Application deadline: February 28, 2019**

Additional requirements if selected for an interview may include: an oral interview, a computer proficiency test, a background check, submitting a Drivers License Record, and/or passing a pre-employment physical including a drug screen test.



## GREATER NAPLES FIRE RESCUE DISTRICT EMPLOYMENT APPLICATION

**PERSONAL**  
**YOU MUST FULLY COMPLETE THE APPLICATION.**

DATE: \_\_\_\_\_ 20 \_\_\_\_

***INCOMPLETE APPLICATIONS WILL BE REJECTED.*** FILL IN ALL BLANKS.

|   |                     |                       |  |
|---|---------------------|-----------------------|--|
| NAME (Last)                             | (First)             | (Middle)              | Area Code and Telephone                    |
| MAILING ADDRESS                         |                     | City, State, Zip Code | Email Address                              |
| SOCIAL SECURITY NUMBER                  | DRIVERS LICENSE NO. | EXPIRATION DATE       | STATE                                      |
| ARE YOU AUTHORIZED TO WORK IN THE U.S.? | YES                 | NO                    | IF APPOINTED, HOW SOON CAN YOU BEGIN WORK? |

### MILITARY SERVICE RECORD

|  |                |    |  |
|--|----------------|----|--|
| WERE YOU IN THE U.S. ARMED FORCES?   | YES            | NO | IF YES, WHAT BRANCH?                       |
| DATES OF DUTY  |                |    | RANK AT DISCHARGE                          |
| From: (MM/DD/YY)   | To: (MM/DD/YY) |    |  |
| ARE YOU SEEKING VETERAN'S PREFERENCE?<br><i>IF YES, COMPLETE ATTACHED VETERAN'S PREFERENCE FORM VP 1, 2 or 3</i> | YES            | NO | ARE YOU IN THE NATIONAL GUARD OR RESERVES? |
| IF YES, LIST BRANCH AND SPECIAL TRAINING OR DUTIES:  |                |    |  |

### EDUCATION- Attach certificate of highest degree

|                                |                 |             |                 |               |         |                     |         |
|--------------------------------|-----------------|-------------|-----------------|---------------|---------|---------------------|---------|
| CIRCLE HIGHEST GRADE COMPLETED |                 |             |                 |               |         |                     |         |
| GRADE SCHOOL                   | 1 2 3 4 5 6 7 8 | HIGH SCHOOL | 1 2 3 4         | COLLEGE       | 1 2 3 4 | GRADUATE            | 1 2 3 4 |
| HIGH SCHOOL                    | NAME            | LOCATION    |                 |               |         | GRADUATED YES OR NO |         |
| COLLEGE                        | NAME            | LOCATION    | MAJOR           | MAJOR         |         | YR. GRAD.           |         |
| GRADUATE SCHOOL                | NAME            | LOCATION    | MAJOR           | MAJOR         |         | YR. GRAD.           |         |
| VOCATIONAL SCHOOL              | NAME            | LOCATION    | MAJOR           | MAJOR         |         | YR. GRAD.           |         |
| OTHER TRAINING                 |                 |             |                 |               |         |                     |         |
| DO YOU HAVE A G.E.D.?          | YES             | NO          | WHERE OBTAINED? | DATE OBTAINED |         |                     |         |

**EQUAL OPPORTUNITY EMPLOYER**

**ATTACH CERTIFICATE(S)**  
( IF APPLICABLE)

LIST ANY OTHER SPECIAL QUALIFICATIONS:

LIST ANY VOLUNTEER EXPERIENCE OR TRAINING:

## 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 U.S. 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 un-remarried widow or widower of a veteran who died of a service-connected disability.

\_\_\_\_\_  
BRANCH OF SERVICE

\_\_\_\_\_  
DATE OF ENTRY

\_\_\_\_\_  
DATE OF DISCHARGE

Have you claimed and been employed using veterans' preference since October 1, 1987? YES \_\_\_ NO \_\_\_

If "Yes"

\_\_\_\_\_  
Name of Employer

\

**REFERENCES (3 REQUIRED)**  
**(Excluding Former Employer or Relatives)**

| Name and Occupation | Must have COMPLETE mailing address<br>include City, State & Zip | Area Code and Telephone |
|---------------------|---|-------------------------|
| 1. _____            |   |                         |
| 2. _____            |   |                         |
| 3. _____            |   |                         |

**PRESENT AND PRIOR EMPLOYMENT**

List below all present and past employment; **beginning with your most recent employer and covering at minimum the last 10 years.** Include summer and part-time jobs. All time must be accounted for.

**If unemployed, or in school, include these dates.** Add extra pages if more space is needed.

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

|    |  |                   |   |                    |               |
|----|--|-------------------|---|--------------------|---------------|
| 1. | Name and address of company and type of business | From<br>Mo. / Yr. | Job Title:<br>Describe the work performed | Starting Salary    | Ending Salary |
|    |  |                   |   |                    |               |
|    |  | To<br>Mo. / Yr.   |   | Name of Supervisor |               |
|    | Area Code and Telephone                          |                   |   |                    |               |
|    | Reason for Leaving                               |                   |   |                    |               |
| 2. | Name and address of company and type of business | From<br>Mo. / Yr. | Job Title:<br>Describe the work performed | Starting Salary    | Ending Salary |
|    |  |                   |   |                    |               |
|    |  | To<br>Mo. / Yr.   |   | Name of Supervisor |               |
|    | Area Code and Telephone                          |                   |   |                    |               |
|    | Reason for Leaving                               |                   |   |                    |               |
| 3. | Name and address of company and type of business | From<br>Mo. / Yr. | Job Title:<br>Describe the work performed | Starting Salary    | Ending Salary |
|    |  |                   |   |                    |               |
|    |  | To<br>Mo. / Yr.   |   | Name of Supervisor |               |
|    | Area Code and Telephone                          |                   |   |                    |               |
|    | Reason for Leaving                               |                   |   |                    |               |

May we contact your present employer? Yes \_\_\_ No \_\_\_

# Greater Naples Fire Rescue District Smoke and Tobacco Free Affidavit

I, \_\_\_\_\_, do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application. Additionally, I acknowledge my responsibility for full compliance with District Policy # 901.4 Smoke and Tobacco Free Workplace (as attached) for the duration of my employment.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and policy and that the facts stated in it are true.

DATED and SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

- ( ) Personally Known
- ( ) Produced Identification

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



**GREATER NAPLES FIRE RESCUE DISTRICT**  
POLICIES

Approved:  
2/12/2014

POLICY # 901.4

Revised:

**Smoke and Tobacco Free Workplace**

## **Purpose**

To provide for the implementation of a smoke and tobacco free workplace.

It is the practice of the District to comply with all federal, state and local ordinances regarding smoking of tobacco products in the workplace. This practice is made pursuant to the mandates of the Florida Clean Indoor Air Act.

It is the desire of the District to promote a healthy environment for workers and the public and to reduce insurance and other costs related to health problems and illnesses which may be caused by or exacerbated by exposure to tobacco.

## **Policy**

It is the policy of the District to provide a safe and healthful work environment. Smoking or use of tobacco products or electronic smoking devices is prohibited in any District facility or on any District campus. This policy shall apply equally to employees. At no time shall any employee use tobacco products while on duty or in any District workplace.

Smoking or use of tobacco products is prohibited in all District vehicles.

Smoking is prohibited to all visitors or members of the public at all times in all public places, at all public meetings and in all enclosed areas within any District facility.

All responsible parties shall take immediate action with respect to any reported violations occurring within District buildings and to take any actions and follow any procedures that are necessary and proper to cause any violations to cease, including disciplinary, legal and/or administrative remedies.

The District shall post signs in all District facilities and campuses indicating that smoking and the use of tobacco products is prohibited pursuant to the Florida Clean Indoor Air Act.

The Fire Chief or designee shall strictly enforce this prohibition administratively on behalf of the District.

All violations shall also be considered a violation of District Policy and the Florida Clean Indoor Air Act, Florida Statutes, and will be subject to disciplinary action.

Definitions: The following terms shall have the meanings indicated:

ORIGINAL SIGNED  
BOFC

DISTRICT FACILITY- Any building or any portion of any building owned by or leased to the District and used for governmental purposes.

DISTRICT VEHICLE- Any vehicle owned, leased or operated by the District and used for governmental purposes.

PUBLIC PLACE- The term shall mean all enclosed, indoor areas used by the general public in any District building, all external dining areas, and all areas located within 30 feet of an entrance of any District building. The term "public place" does not include areas which are not used by the general public.

SMOKING- Possession of a lighted tobacco product or electronic vapor device.

TOBACCO or TOBACCO PRODUCTS- Tobacco of any kind, including the use of smokeless tobacco, "spit" tobacco, electronic cigarettes, cigars, cigarettes, pipes or any other smoking material or device.