



GREATER NAPLES FIRE RESCUE DISTRICT

ADMINISTRATIVE HEADQUARTERS

14575 Collier Boulevard • Naples, FL 34119

Phone: (239)348-7540 Fax: (239)348-7546

Kingman Schuldt, Fire Chief

Firefighter Application Highlights

Read and complete the entire application

Incomplete applications will not be processed.

Applications with missing certificates will not be processed.

The District is accepting applications for **part-time** Firefighters. Candidates must be a State of Florida Certified Firefighter and meet the additional requirements below.

Candidate minimum requirements:

- High school graduate or the equivalent
- Current State of Florida Emergency Medical Technician EMT-B (Paramedic Preferred)
- Current State of Florida issued Certificate of Compliance or Firefighter II certification
- EVOC certified
- Possess Wildland fire certificates S-130 and S-190
- National Incident Management System (NIMS) ICS 100, 200 and 700
- Current Healthcare Provider CPR card
- Valid Florida Drivers License
- Be a non-smoker/non-user of tobacco for at least one (1) year prior to application, signed affidavit.

**** All certificates/Licenses must be submitted with application**

To claim Veteran's Preference, a copy of your DD214 must be submitted at time of application.

Base Salary: Full time \$47,669.58 Part Time \$14.00 per hour

Fulltime employees are eligible for additional pay based on certificates and education.

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

Applications will be accepted on a rolling basis, until positions filled.

**All applications must be hand delivered in a sealed envelope or mailed to:
Greater Naples Fire Rescue Attn: HR 14575 Collier Blvd. Naples, FL 34119**

Faxed or emailed applications will not be accepted

Application submitted without certificates will NOT be considered

Questions should be directed to dschwarz@gnfire.org

The Greater Naples Fire Rescue District is an equal opportunity employer regardless of race, color, religion, creed, sex, marital status, national origin, disability, age, veteran status, on-the-job injury, sexual orientation, political affiliation or belief.



GREATER NAPLES FIRE RESCUE DISTRICT EMPLOYMENT APPLICATION

Check all positions you are applying for:

FULL TIME
 FL. CERTIFIED
 FIREFIGHTER

PART TIME
 FL. CERTIFIED
 FIREFIGHTER

PERSONAL

DATE: _____ 20 ____

YOU MUST FULLY COMPLETE THE APPLICATION.

INCOMPLETE APPLICATIONS WILL BE REJECTED. FILL IN ALL BLANKS.

NAME (Last)		(First)		(Middle)		Area Code and Telephone	
MAILING ADDRESS				City, State, Zip Code		Last 4 of SS#	
EMAIL ADDRESS			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? <i>IF YES, Supply supporting documentation from Veterans Affairs (a VP 1,2 or 3 form)</i>		YES	NO	ARE YOU IN THE NATIONAL GUARD OR RESERVES?		YES	NO
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

EQUAL OPPORTUNITY EMPLOYER

ATTACH CERTIFICATE(S) (IF APPLICABLE)		
FLORIDA STATE CERTIFIED FIREFIGHTER?	Certificate #:	
FLORIDA STATE CERTIFIED EMT?	Certificate #:	
FLORIDA STATE CERTIFIED PARAMEDIC?	Certificate #:	
FLORIDA STATE CERTIFIED FIRE INSPECTOR?	Certificate #:	
	:	
LIST ANY OTHER SPECIAL QUALIFICATIONS:		
LIST ANY VOLUNTEER OR PAID FIREFIGHTER EXPERIENCE AND TRAINING:		

The following is a list of requirements that must be met at various times during the hiring process. YOU MUST READ AND SIGN THIS.

- I. Rules of the Department of Insurance, Division of the State Fire Marshal, Rule Chapter 4A-37 “Firefighter Standards and Training”, Florida Statute 633.34 and The East Naples Fire Control and Rescue District require the following:
 1. You must have a high school diploma or equivalent. (4A-37.034) (FS 633.34 (1))
 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. F.S. 633.34(2)
 3. You must pass a post offer medical examination. (4A-37.037), F.S. 633.34 (5)
 4. Your fingerprints will be taken and filed with the State. (4A.37.054)(2)(D) (FS 633.34 (3))
 5. You must complete a background and driving record investigation form.
 6. Any material, misrepresentation or deliberate omission of a fact in any application may be justified for refusal of, or if employed, termination of employment.
 7. You will may be required to pass a physical ability test.
 8. Be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by a sworn affidavit of the applicant.

I further understand that fulfillment of the above requirements does not guarantee employment.

I have read and understand the above.

APPLICANT SIGNATURE: _____ DATE: _____

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

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, P.O. 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.

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

Name and Occupation	Must have COMPLETE mailing address <small>include City, State & Zip</small>	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	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					
2.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					
3.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					
4.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					
5.	Name and address of company and type of business	From	Job Title:	Starting Salary	Ending Salary
		Mo. / Yr.	Describe the work performed		
		To		Name of Supervisor	
		Mo. / Yr.			
Area Code and Telephone					
Reason for Leaving					

May we contact your present employer? Yes ___ No ___

Greater Naples Fire Rescue District

BACKGROUND INFORMATION AUTHORIZATION

(APPLICANT MUST SIGN AND DATE ONLY)

RE:

Dear

The above referenced individual has applied for employment in the fire service. Florida Statutes Section 633.34(2) requires that the applicant must not 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 Statute 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 of employment sought and a period of probation is imposed, the applicant must have been released from probation.

Therefore, we are conducting a background investigation to verify the qualifications of this person.

We request any knowledge you may have of his/her work experience, educational background, driving record, and/or any personal information.

We would appreciate you providing any of the requested information you may have and returning it to this office in the enclosed return envelope as soon as possible.

Thank you for your cooperation and assistance.

AUTHORIZATION:

I hereby authorize release of the above requested information.

APPLICANT SIGNATURE

DATE

Greater Naples Fire Rescue District 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 as a firefighter, in accordance with Section 633.34(6), Florida State Statute. Under the penalties of perjury, I declare that I have read the foregoing affidavit 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.