

GREATER NAPLES FIRE RESCUE DISTRICT EMPLOYMENT APPLICATION

Specify all positions you are applying for:

DATE: YOU MUST FULLY COMPLETE THE APPLICATION. INCOMPLETE APPLICATIONS WILL BE REJECTED. FILL IN ALL BLANKS.

NAME (Last)		(First)	First)		(Middle)		Area Code and Telephone		
MAILING ADDRE	SS	City, State, 2	Zip Code						
EMAIL ADDRESS	3		DRIVERS	S LICENSE	NO.	EXPIRATIO	ON DATE STATE		
ARE YOU AUTHORIZED TO WORK IN THE U.S.?		YES	NO	IF APPOINTED, HOW SOON CAN YOU BEGIN WORK		BEGIN WORK?			
MILITARY)							
WERE YOU IN THE U.S. ARMED FORCES?			YES	NO	IF YES, WHAT BRANCH?				
DATES OF DUTY						RANK AT DI	SCHARGE		
From: (MM/DD/YY) To: (MI ARE YOU SEEKING VETERAN'S PREFERENCE? YI IF YES, Supply supporting documentation from YI Veterans Affairs (a VP 1,2 or 3 form) IF YES, LIST BRANCH AND SPECIAL TRAINING OR DUTIES		_	O ARE YOU IN THE NATIONAL GUARD OR RESERVES?		-	YES NO			
EDUCATIO		ttach certi		niahest	degree				
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GRADE SCHOOL	. 12345678	HIGH SCHOO	DL 1 2 3 4	С	OLLEGE 1234	GRADUATE	1234		
HIGH SCHOOL	NAME	LOC	CATION				GRADUATED YES OR NO		
COLLEGE	NAME	LOC	LOCATION		MAJOR	MAJOR	YR. GRAD.		
GRADUATE SCHOOL	NAME	LOC	CATION		MAJOR	MAJOR	YR. GRAD.		
VOCATIONAL SCHOOL	NAME	LOC	CATION		MAJOR	MAJOR	YR. GRAD.		
OTHER TRAINING									
DO YOU HAVE A	G.E.D.? YES	S NO	WHERE OB	TAINED?		DATE OBTAINED			
	FOUA					:D			

WE ARE AN E-VERIFY EMPLOYER

ATTACH CERTIFICATE(S) (IF APPLICABLE)				
Job Related Certificates	Certificate #:			
LIST ANY OTHER SPECIAL QUALIFICATIO	NS:			
LIST ANY VOLUNTEER OR PAID FIREFIGH	TER 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. You must pass a post offer drug screen.
 - 3. You must pass a background verification.
 - 4. 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
- $^{\square}$ 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	Area Code and Telephone
	include City, State & Zip	
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

Name and address of company	From	Job Title:		Ending
and type of business	Mo. / Yr.	Describe the work performed	Salary	Salary
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	То	4	Name of	Supervisor
	Mo. / Yr.			
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Area Code and				
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	From	Job Title:	0 , 1	
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		-	Name of	Supervisor
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Name and address of company and type of business			Starting	Ending
	NO. / Yr.	Describe the work performed	Salary	Salary
	То]	Name of	Supervisor
	Mo. / Yr.	4		
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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.

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	
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Signature of Notary Public

Print, type or stamp commissioned name of Notary Public

() Personally Known() Produced Identification

Type of Identification Produced: