



GREATER NAPLES FIRE RESCUE DISTRICT EMPLOYMENT APPLICATION

Specify all positions you are applying for:

PERSONAL

DATE: _____

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	
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

WE ARE AN E-VERIFY EMPLOYER

ATTACH CERTIFICATE(S)
(IF APPLICABLE)

Job Related Certificates	Certificate #:	
	Certificate #:	
	Certificate #:	
	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. 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: _____

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 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_____

Signature of Notary Public

Print, type or stamp commissioned name of Notary Public

- Personally Known
- Produced Identification

Type of Identification Produced: _____