



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		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?	
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
E-VERIFY 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 69a-37 "Firefighter Standards and Training", Florida Statute 633.412 and The Greater Naples Fire Rescue District require the following:
1. You must have a high school diploma or equivalent. (FS 633.412 (1)(a))
 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. (FS 633.412(1)(b))
 3. You must pass a post offer medical examination. (FS 633.412 (1)(e))
 4. Your fingerprints will be taken and filed with the State. (FS 633.412 (1)(c))
 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. (FS 633.412 (1)(f))

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

NOTE: Under Florida Law, FS 295.07, 295.11, 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. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 60 days of the date the non-select notice is given.

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

Name and Occupation	Must have COMPLETE mailing address 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	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 as a firefighter, in accordance with Section 633.412, 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: _____