



Mailing and office address:
 21500 Three Oaks Parkway
 Estero, Florida 33928

EMPLOYMENT APPLICATION FORM

Estero Fire Rescue is an Equal Employment Opportunity Employer. Estero Fire Rescue considers applicants for all positions without regard to race, color, national origin, sex(gender) age, disability, marital status, religion, veteran status or any other legally protected status. If you are disabled and need reasonable accommodation to complete the application process, you are request to inform us so that we can address your needs.

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|--|------------------------------|---|--------------------------|------------------------|
| PERSONAL HISTORY | POSITION APPLIED FOR: | | APPLICATION DATE: | |
| NAME: | Last | First | M.I. | Social Security Number |
| HOME ADDRESS: | Street | City | State | Zip |
| MAILING ADDRESS: | Street | City | State | Zip |
| WORK PHONE: | HOME PHONE | | Cell | Pager |
| () | () | | () | () |
| Former employee of Estero Fire Rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates and position(s): _____ | | Do you have relatives employed with Estero Fire Rescue? Are you related to any Commissioners? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name: _____ Relationship: _____ | | |
| Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State Issued: _____ License #: _____ Exp date: _____ If Florida Driver License; Type (circle one) A B C D E Endorsement: (circle if applicable) N P H X | | Are you a U.S. citizen or otherwise authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 1. Have you ever been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime, had adjudication withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Date | Charge | City/County/State | Disposition | |
| ----- | ----- | ----- | ----- | |
| ----- | ----- | ----- | ----- | |
| 2. Are you on probation now? <input type="checkbox"/> Yes <input type="checkbox"/> No Probationary period: From: _____ To: _____ | | | | |
| 3. Have you ever been sued for causing the death of, or injury to any person or damage to any property, i.e., for assault, battery, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Dates(s) _____ Please explain the nature of the claims in the lawsuit(s) and disposition(s) _____ | | | | |
| NOTE: A "yes" answer to questions 1 – 3 will not necessarily disqualify you from employment. The nature, severity, and date of the offense(s) or incident(s) will be considered in relation to the position for which you are applying. | | | | |
| Are you a smoker or do you otherwise use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Refer to the written job description for which you are applying and state whether you are able, with or without accommodation, to perform the duties listed. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

EDUCATION **DO NOT INCLUDE COPY OF CERTIFICATES/DEGREES OR COMPLETED COURSE OF STUDY **

| Schools | Name and address of school | Dates attended From To | | Answer below for each school |
|---------------------|----------------------------|--|--|--|
| High School | | | | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No H/S Grad date? _____ Do you have an (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No GED issued by (state) _____ Date GED issued: _____ |
| College/University | | | | Major course of study _____ Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Type of degree earned _____ |
| Professional School | | | | Major course of study _____ Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No Type of degree earned _____ |

| | | | | |
|---|--|--|--|---------------|
| Firefighter/Fire Safety Inspector Certification | | | | Certificate # |
| Firefighter/Fire Safety Inspector Certification | | | | Certificate # |
| EMT/Paramedic Certifications | | | | Certificate # |
| EMT/Paramedic Certifications | | | | Certificate # |
| OTHER training or course work, special licenses, training etc | | | | Describe |
| OTHER training or course work, special licenses, training etc | | | | Describe |
| Describe your computer knowledge abilities, programs used etc. | | | | |
| KNOWLEDGE/SKILLS/ABILITIES: List skills that you possess and believe relevant to the position you seek. | | | | |
| Your name, if different than current: _____ | | | | |

VETERANS PREFERENCE CLAIM

Veterans' preference will be given to eligible veterans and their spouses in accordance with Chapter 295 of the Florida Statutes.

Are you claiming a veterans' preference? Yes No

If "YES" you must complete the Veterans' Preference form below.

In order to receive Veterans' Preference, documentation substantiating your claim must be furnished with this application**. Check the appropriate block and attach the required documentation if you are claiming Veterans' Preference.

- 1. A veteran with compensable 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.
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.
- 3. A veteran of any war who has served on active duty for one (1) day or more, and who was discharged or separated under honorable conditions from the Armed Forces of the United States of America. Active duty for training is not allowable for veterans preference consideration.
- 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 Honorable Discharge: _____

5. Any Armed Forces Expeditionary Medal received by a qualified applicant provides qualifying service for veterans' preference.

**** A DD214 and/or comparable document that serves as a certificate of release or discharge must be furnished at the time of application.**

Branch of Service: _____ Date of Entry: _____ Date of Honorable Discharge: _____

Have you ever been employed in a full-time capacity by the State of Florida, or any political subdivision of the State?

If yes, provide name of employer: _____

Have you claimed Veterans Preference and entered into covered employment by a covered employer? Yes No

Are you a resident of the State of Florida? Yes No

(Veterans preference is only available to Florida residents.)

An applicant eligible for Veterans' Preference who believes he or she was not afforded employment preference may file a complaint with the State of Florida, Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, FL 33731. The investigation request must be filed within 21 calendar days of the applicant receiving notice of the hiring decision or within three months of the date the application is filed with the employer if no notice is given. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

EMPLOYMENT HISTORY *(use other side if necessary)*

Employment Record: Please complete starting with present or most recent employer. Include summer employment and military experience; indicate honorable or dishonorable discharge. For any unemployed or self-employed periods, show dates and locations. Provide all information requested on application. Resumes cannot be used in place of completing this section. All employer related information requested must be furnished for the last ten (10) years including gaps in employment. If you need additional space, please use other side.

| | | | | |
|---|--|------------------|---|--------------|
| Current Employer Name / Company | | Supervisors Name | | |
| Address (include city, state, zip) | | Dates Employed: | | No. of Years |
| Telephone number (include area code) | | From: month | year | |
| Title of position | | To: month | year | No of Hrs/Wk |
| Number of employees supervised | | Salary rec'd | <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time | |
| Describe fully the nature of work performed | | | | |
| Reason for leaving | | | | |
| Does your present employer know you are currently seeking other employment?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

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|---|--|------------------|---|--------------|
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| Address (include city, state, zip) | | Dates Employed: | | No. of Years |
| Telephone number (include area code) | | From: month | year | |
| Title of position | | To: month | year | No of Hrs/Wk |
| Number of employees supervised | | Salary rec'd | <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time | |
| Describe fully the nature of work performed | | | | |
| Reason for leaving | | | | |

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|---|--|------------------|---|--------------|
| Employer Name / Company | | Supervisors Name | | |
| Address (include city, state, zip) | | Dates Employed: | | No. of Years |
| Telephone number (include area code) | | From: month | year | |
| Title of position | | To: month | year | No of Hrs/Wk |
| Number of employees supervised | | Salary rec'd | <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time | |
| Describe fully the nature of work performed | | | | |
| Reason for leaving | | | | |

EMPLOYMENT HISTORY, continued

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|---|--------------------------------|--|---|--------------|
| Employer Name / Company | | Supervisors Name | | |
| Address | | Dates Employed: From: month year To: month year | | No. of Years |
| Title of position | Number of employees supervised | Salary rec'd | <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time | No of Hrs/Wk |
| Describe fully the nature of work performed | | | | |
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| Reason for leaving | | | | |
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|---|--------------------------------|--|---|--------------|
| Employer Name / Company | | Supervisors Name | | |
| Address | | Dates Employed: From: month year To: month year | | No. of Years |
| Title of position | Number of employees supervised | Salary rec'd | <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time | No of Hrs/Wk |
| Describe fully the nature of work performed | | | | |
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| Reason for leaving | | | | |
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| Address | | Dates Employed: From: month year To: month year | | No. of Years |
| Title of position | Number of employees supervised | Salary rec'd | <input type="checkbox"/> Fulltime <input type="checkbox"/> Part time | No of Hrs/Wk |
| Describe fully the nature of work performed | | | | |
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| Reason for leaving | | | | |
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If needed, attach additional sheet, using the same format. Resumes may be attached to provide additional information, however all requested information must be completed on this form.

REFERENCES

References consist of 3 people NOT related to you and are not current or former employers. Estero Fire Rescue must have COMPLETE address, and phone number information for your references.

| | |
|---|--------------------|
| Complete Name (Last,first,middle initial) | Contact address |
| Years acquainted | City State Zip |
| Occupation | Home phone () |
| Relationship to applicant | Business Address |
| | City State Zip |
| | Business phone () |

| | |
|---|--------------------|
| Complete Name (Last,first,middle initial) | Contact address |
| Years acquainted | City State Zip |
| Occupation | Home phone () |
| Relationship to applicant | Business Address |
| | City State Zip |
| | Business phone () |

| | |
|---|--------------------|
| Complete Name (Last, first, middle initial) | Contact address |
| Years acquainted | City State Zip |
| Occupation | Home phone () |
| Relationship to applicant | Business Address |
| | City State Zip |
| | Business phone () |

Name: _____

1. Estero Fire Rescue (EFR) is an Equal Opportunity/Affirmative Action Employer and maintains a drug-free workplace. EFR does not discriminate on the basis of race, color, religion, sex (gender), national origin, age, disability, marital status, citizenship or veteran status. If you feel you have been discriminated against, please report it to the District Human Resources Department.
2. EFR participates in E-Verify. Federal Law requires all employers to verify the identity & employment eligibility of all persons hired to work in the United States.
3. Your application will not be considered unless complete answers are provided to all questions on this application. Resumes may be submitted as supplements, but cannot be accepted in lieu of this application.
4. A material omission in, or falsification of, this application, your resume, or any other information provided by you at any time may be grounds for not employing you or dismissal after you begin work.
5. Nothing in this application or in the policies, rules, or regulations of EFR is intended to create a contractual relationship between EFR and any employee. EFR reserves the right to change its policies at any time. You will be required to adhere to all EFR policies.
6. Federal law (Immigration Reform and Control Act of 1986) prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment eligibility and identity. Any offer of employment is contingent on your submission of satisfactory proof of your identity and your legal authorization to work in the United States. If you fail to submit this proof, federal law prohibits the District from hiring you. In the event you have begun to work and are unable to submit this required information in a timely manner, your employment with EFR will be terminated.
7. Offers of employment are contingent upon successful completion of a medical questionnaire and/or a physical examination to determine your ability to perform the essential functions of the job you are seeking.
8. I CONSENT freely and voluntarily to any EFR request for specimens for the purpose of drug testing and the release of the results of the specimen analysis to EFR. I agree to voluntarily participate in any pre-employment, reasonable suspicion, or scheduled drug testing program implemented by EFR. I understand that in the event I refuse to be tested, refuse to execute the Informed Consent (Testing/Release of Results) form, or test positive, I will be disqualified from further employment consideration or terminated.
9. I hereby give my permission to have my medical records released to the District Human Resources Director or his/her designee at any time during my employment with EFR.
10. I understand that Florida Statute 119.07 designates that certain personnel and job records are public documents available for review by anyone requesting access.
11. To assist EFR in assessing my qualifications for the position for which I am applying, I hereby authorize the EFR to seek information regarding my present and previous employment, licenses, certifications, educational records, references, and any other information provided (except where otherwise indicated). I hereby release EFR and any person or company who provides such information from any liability or damage which may result from furnishing requested information.

Applicant Signature

Date signed

THIS STATEMENT MUST BE SIGNED AND DATED TO BE CONSIDERED FOR EMPLOYMENT.