



Human Resources

11 North 3rd Street • Jacksonville Beach, FL 32250

www.COJB.jobs personnel@jaxbchfl.net 904-247-6263

Equal Opportunity Employer, Veterans Preference, Drug Free Workplace

APPLICATION FOR FIREFIGHTER EMPLOYMENT

REQUIREMENTS

- EDUCATION:** High School Diploma or GED, Certified as Florida State Firefighter, Certified as EMT in the State of Florida. **Copy of these certificates must be attached to this application.**
- CITIZENSHIP:** Must be a United States Citizen (If Naturalized, proof must be furnished at time of application) **Copy of birth certificate must be attached to this application.**
- PHYSICAL:** Applicant must satisfactorily pass a physical examination administered by a Fire Department Physician and the Fire Department
- MILITARY:** Military service is **not** required. However, **Applicants with prior military service must furnish a full copy of their DD-214**
- CHARACTER:** Applicant must undergo a thorough background investigation with reference to credit, sobriety, trustworthiness, community standing and loyalty; must be of good moral character and must not have been convicted of any felony, serious misdemeanor or crime involving moral turpitude. Fingerprints will be checked through the FBI and filed with the Florida Department of Law Enforcement (FDLE) a polygraph examination may be part of the screening process.
- NON-SMOKER** Prior to taking the exam, applicants will be required to sign an affidavit certifying that they have not used Tobacco products for one year and will remain a non-user of Tobacco products as a condition of employment with the Jacksonville Beach Fire Department.
- EXAMINATION:** Firefighter/Medical Skills Ability test Scores from First Coast Technical College no more than 12 months (365 days) prior to date of application, passing scores are:
- Minimum 75% on Written
 - Minimum 80% on Medical
 - Pass on Abilities test

Contact FCTC at 904-823-3950 for testing information.

Completed application to be turned in to Human Resources Department, not Fire department.

Fire Fighter Application Check Off List

Please be sure to attach the following to your application:

- Florida State Firefighter Certificate
- EMT, Florida State—National Certification **does not substitute** for FL State
- Firefighter/Medical Skills Ability test Scores from First Coast Technical College within 12 months from date of application, passing scores are:
 - Minimum 75% on Written
 - Minimum 80% on Medical
 - Pass on Abilities test
- Birth Certificate
- Drivers License
- DD-214 (if applicable)
- Social Security Card
- Notarized Non-Smoking affidavit
- High School Diploma/GED
- Completed application (please re-check for accuracy, that all items are completed in full and that all certificates are signed, be sure to follow procedures as stated in the instruction section of the application.) Incomplete applications **will not** be processed.

We can notarize and copy in our offices. Should you have any questions or need assistance please, do not hesitate to contact Amy Smith in Human Resources at 904-247-6263

This sheet does not need to accompany the application

Thank you

05/01/2008

JACKSONVILLE BEACH FIRE DEPARTMENT DISQUALIFIERS

THESE DISQUALIFIERS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

- **Any driver's license suspension, reckless driving, driving while impaired, or DUI arrest record in the last 5 years.**
- **A record of 3 or more incidents resulting in moving violations in the last 3 years.**
- **A refusal to submit to a chemical test for DUI in the last 5 years.**
- **Any conviction, guilty plea or no contest plea for a felony arrest**
- **Any misdemeanor conviction, guilty plea, or no contest plea for a crime of moral turpitude**

APPLICATION INSTRUCTIONS

This application is intended for the use of the Jacksonville Beach Fire department and/or Human Resources Department. You must complete all answers requested on this form. Information contained herein will not be disclosed to any unauthorized person(s).

The answers to questions contained in this application must be printed legibly by applicant, typed or filled out using this ADOBE form—application must be signed by hand. Each question must be answered. There can be no blanks. If a question does not apply to your particular circumstances insert “NA” in that blank. When answering questions that required dates you must provide the full date. You must supply complete address information when requested. Partial responses will not be accepted. Incomplete applications and/or applications not having all required documentation will not be processed.

WARNING READ THE FOLLOWING STATEMENT CAREFULLY

Applicants are cautioned to answer every question truthfully, completely and without evasion. Applicants are further warned that there must be no willful misrepresentation in falsification of or willful omission to any question(s) or answer(s) in this application. All information provided within this application is subject to verification through the use of polygraph, source documentation and other screening procedures. The City of Jacksonville Beach provides penalties for making false statement(s) of material fact or for practicing any fraud or deception in obtaining or attempting to obtain employment with the City of Jacksonville Beach. Such penalties include rejection for employment, discharge after employment and/or disqualification from consideration in the future for any position.

I certify that my signature below is proof that I read and understand the above warning.

Applicant Printed Name

Position(s) applied for

Applicant signature

Date

PERSONAL INFORMATION

Last Name:		First Name:		Full Middle Name:	
Street Address:		City:		State:	Zip code:
Mailing address, if different:		Phone number:		Secondary phone number:	
Social Security Number-Last 6 only XXX-	Drivers License Number		Email		

How long have you lived at your current address? _____

List below your addresses for the past FIVE years in chronological order:

Street Address:	City, State and Zip	From:	To:
Street Address:	City, State and Zip	From:	To:
Street Address:	City, State and Zip	From:	To:
Street Address:	City, State and Zip	From:	To:
Street Address:	City, State and Zip	From:	To:
Street Address:	City, State and Zip	From:	To:

List ALL Fire Departments you have made application to in the past two (2) years. Include the name, phone number, date of application, and status of application or reason for disqualification.

- 1.
- 2.
- 3.
- 4.
- 5.

Have you ever been convicted of, or pled guilty, no contest or *nolo contendere* to a crime? Yes No

To include, but not limited to: DUI, DWI, BUI, BWI

Have you ever been charged with a crime and either placed on court ordered probation, had adjudication withheld, entered a pre-trial intervention program or have any criminal charges now pending? Yes No

To include, but not limited to: DUI, DWI, BUI, BWI

Have you ever been a defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)?

Yes No

Have you been ticketed due to a traffic accident, including adjudication withheld, in the last five (5) years?

Yes No

Do you have any relatives currently employed by the City of Jacksonville Beach? Yes No

If yes, please list information below:

Name	Department	Relationship to applicant:
Name	Department	Relationship to applicant:

EDUCATION BACKGROUND

LIST EDUCATIONAL DATA BELOW			
High School name	City and State	From:	To:
College name	City and State	From:	To:
College name	City and State	From:	To:
Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major Course in College:	Degree(s) received		
List any other schools, or technical courses that you have attended:			

PERSONAL REFERENCES

List five reliable persons other than relatives , who you know well enough to furnish information regarding your character, morals, etc...					
Name	Street Address	City, State, Zip	Phone Numbers: Home, Work, Cell	Occupation	Years known

EMPLOYMENT HISTORY

Please give complete name and address of all employers, including military employment. Describe major duties performed. A resume may be attached as a supplement; however, you must complete all information requested on the application. Begin with your current or most recent employer and list all previous employers in chronological order. Include a minimum of 5 years of employment; attach additional sheet(s) as needed. If unemployed for a period indicate dates of unemployment. Please attach a separate sheet for additional employment history, if needed.

1. Employer		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		
2. Employer		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		
3. Employer		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		
4. Employer		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		
5. Employer		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		
6. Employer		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		
7. Employer		Street address, City, State, Zip		From:	To:
Position	Salary	Supervisor name		Supervisor phone number	
Description of duties			Reason for leaving		

PERSONAL INFORMATION

Why are you interested in working for the City of Jacksonville Beach Fire Department? _____

Have you ever served in the military? Yes No If yes, attach a copy of your DD-214 for each period of service. Was any formal disciplinary action taken against you? Yes No

Under Florida law, certain individuals may be eligible for “Veteran’s Preference” for employment purposes. Please read the attached VETERAN’S PREFERENCE INFORMATION SHEET then answer the following questions:

Are you claiming Veteran’s Preference? Yes No

Have you attached a copy of your DD-214(s)? Yes No

Documentation (DD214) substantiating your claim MUST BE FURNISHED AT THE TIME OF APPLICATION TO BE ELIGIBLE.

Please note this application will not be processed if all required information and documents are not attached. Also, application must be printed legibly by applicant, typed or filled out using this ADOBE form and signed by hand

I hereby certify that all the information given on this application is true and correct to the best of my knowledge and I understand that any false information given on this application shall constitute cause to withdraw the application from consideration for any position with the **City of Jacksonville Beach** or termination of employment with the **City of Jacksonville Beach**. Inquiry as to past employment or on the job performance may be conducted and all past and current employers **MAY** **MAY NOT** be contacted. I release the **City of Jacksonville Beach** and any past or current employers and other individuals contacted from any liability for release of information regarding my employment.

Signature

Date

Applications of municipalities are considered public documents according to Florida Statutes and are open to public inspection upon request. Applications will remain active for 6 months.

Applications are accepted by mail or in person only, applications are not accepted by email or fax.

VETERAN'S PREFERENCE INFORMATION SHEET

The City of Jacksonville Beach, in accordance with Chapter 295 of the Florida Statutes dealing with Veteran's Preference, provides preference in employment and retention to those veterans and spouses of veterans who fall in the categories as identified below: To receive preference, a veteran must have been discharged or released from active duty in the Armed Forces under honorable conditions (i.e., with an honorable or general discharge). As defined in 5 U.S.C. 2101(2), "Armed Forces" means the Army, Navy, Air Force, Marine Corps and Coast Guard. The veteran must also be eligible under one of the preference categories below:

- 1) Honorably discharged disabled Veteran who has a service-connected, compensable disability;
- 2) Honorably discharged Veteran who has received ANY armed forces Expeditionary Medal to include The Global War on Terrorism Expeditionary Medal
- 3) The spouse of a totally disabled Veteran, who because of this disability cannot qualify for employment;
- 4) The spouse of any person missing in action, captured in the line of duty or forcibly detained;
- 5) A Veteran of any way who served on active duty during a wartime era; and who was discharged under honorable conditions. A "wartime veteran" is defined by Florida Statutes as any veteran who served at least one day during a wartime period. Wartime periods are outlined as follows:
 - (a) **World War II:** December 7, 1941 to December 31, 1946
 - (b) **Korean Conflict:** June 27, 1950 to January 31, 1955
 - (c) **Vietnam Era:** August 5, 1964 to May 7, 1975
 - (d) **Persian Gulf War:** August 2, 1990, to January 2, 1992
 - (e) **Operation Enduring Freedom** - October 7, 2001 to date to be determined
 - (f) **Operation Iraqi Freedom** - March 19, 2003 to date to be determined
- 7) The un-remarried widow or widower of a Veteran who died of a service connected disability.

Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference in appointment unless they are disabled veterans. (This does not apply to Reservists who will not begin drawing military retired pay until age 60.)

Preference in employment and retention may be given only to eligible persons who are described in the section(s) above and who are residents of this state.

If you qualify for the Veteran's Preference, the City of Jacksonville Beach will give you special consideration during the employment selection process. The City of Jacksonville Beach shall give preference to and shall hire a person entitled to Veteran's Preference ahead of other equally qualified applicants.

Should the position for which you are applying be filled by someone who does not qualify for Veteran's Preference and should you feel that proper consideration of the Veteran's Preference law has not been provided to you by the City of Jacksonville Beach or that the City of Jacksonville Beach has not complied with the Veteran's Preference rules, please notify the City of Jacksonville Beach, Personnel Department (904) 247-6263

You also have the right to initiate an investigation by the Florida Division of Veteran's Affairs. You may do so by notifying the Florida Department of Veterans' Affairs (FDVA) 11351 Ulmerton Road, Suite 311-K Largo, FL 33778-1630 within 21 calendar days from the date you received notice that you were not selected for the position.

RECORD CHECK AUTHORIZATION

Name : _____
Please print full name

I HEREBY AUTHORIZE that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I HEREBY AUTHORIZE the City to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with Fair Credit Reporting Act, to conduct a record check on my background to include but not be limited to the following: criminal and driving check, employment and performance record and education records. I authorize the references, previous employers, any school or other educational institution, credit bureau, lending institution, consumer reporting agency or public agency listed to give the City all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and I HEREBY RELEASE all such parties from any liability which may allegedly arise from furnishing such information to the City, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or City medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the City or myself. I understand that no supervisor or other representative of the City other than the City Manager has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I further authorize on going procurement of the above mentioned reports at any time during my employment (contact).

I FURTHER UNDERSTAND AND VOLUNTARILY AGREE WITH THE ABOVE.

Signature

Date

DEPARTMENT OF INSURANCE AND TREASURER
DIVISION OF STATE FIRE MARSHALL
BUREAU OF FIRE STANDARDS AND TRAINING

AFFIDAVIT

I, _____ do hereby affirm that I have not been
(Name of Applicant)

a user of tobacco products for at least one(1) year immediately preceding my application for employment as a firefighter with the Jacksonville Beach Fire Department and I will remain a non-user of tobacco products as a condition of employment with the Jacksonville Beach Fire Department.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and the facts stated in it are true.

SIGNATURE OF APPLICANT

STATE OF FLORIDA

Subscribed and sworn to (or affirmed) before me

COUNTY OF _____

this _____ day of _____, 20_____.

By _____
who is personally known to me or has/have produced

_____ as identification
(type of identification)

(SEAL ABOVE)

_____ Notary Public (Signature)