



City of Jacksonville Beach

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

Firefighter Application Requirements

EDUCATION:	High School Diploma or GED, Certified as a Florida State Firefighter, Certified as EMT in the State of Florida. <u>Copy of these certificates must be attached to application.</u>
CITIZENSHIP:	Must be a United States Citizen (if Naturalized, proof must be furnished at time of application) <u>Copy of birth certificate must be attached to this application</u>
MILITARY:	Military service is not required, however applicants with prior military service must furnish a full copy of final DD-214 at time of application, regardless of Veterans' Preference claim.
PHYSICAL:	If selected to go further in the hiring process, applicant must satisfactorily pass a physical examination administered by a Fire Department Physician and the Fire Department.
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-TOBACCO USE:	Applicants are required to sign an affidavit certifying that they have not used Tobacco products for one year prior to application and will remain a non-user of Tobacco products as a condition of employment and/or continued employment with the City of Jacksonville Beach Fire Department.
SKILLS/ABILITY:	Firefighter/Medical Skills Ability test scores from the First Coast Technical College must be submitted with application. Test scores/letter from FCTC is to be dated no more than 12 months (365 days) prior to application date. Accepted minimum passing scores are <ul style="list-style-type: none"> •70% on Written •70% on Medical •Pass on Abilities <p>Contact FCTC at 904-547-3542 for information on testing.</p>

Firefighter Application Check Off List

All applicants: Auxiliary/Volunteer or Full-Time follow the same application process.

Please be sure to provide clear copies of the following:

- **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**
- **Birth Certificate**
- **Drivers License—color copy 150% of actual size**
- **DD-214 (if applicable)**
- **Social Security Card**
- **Notarized Non-Smoking affidavit**
- **High School Diploma/GED**
- **College Diploma**

We can notarize in our offices. Should you have any questions or need assistance please do not hesitate to contact Human Resources at 904-247-6263. Documents are accepted by hand or mail delivery to Human Resources at the address listed on this document or emailed to personnel@jaxbchfl.net.

This page is for your information only, do not return with application form

Fire Department Disqualifiers

The following are automatic disqualifiers for any position in the Fire Department:

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

Appearance/Safety Guidelines

In order to maintain safety of personnel while responding to emergencies and to maintain a level of professionalism to the public, the following guidelines will be followed by all personnel. Staff personnel not involved in emergency response will maintain an appropriate appearance standard as established by the Fire Chief and the City of Jacksonville Beach. Appearance/Safety guidelines concerning grooming/appearance standards are established for personal safety as well as to promote a professional image to the public. Other information not covered in this section will follow the City's Personnel Rules on "Conduct and Code of Ethics".

1. Hair shall be kept neat, clean, and well trimmed.
2. Hair styles that preclude the proper sealing of the face mask or interfere with donning or the wearing of bunker gear, helmets and self contained breathing apparatus (SCBA) are not allowed.
3. In all circumstances, it is the employee's responsibility to assure that no hair is exposed during firefighting operations.
4. Mustaches and sideburns should be short and neatly trimmed and may not extend below an area that would effect or interfere with SCBA operations.
5. Goatees and beards will not be allowed due to the risk associated with the use of SCBA in toxic and superheated atmospheres. The "rule is" it should not impede in the face-piece seal of the mask.
6. While on duty, members should not wear any jewelry that may cause injury from heat, a hindrance in operations, or that may create a hazard by becoming tangled with protective clothing.
7. Body piercings and/or associated jewelry should not be worn while on duty.
8. It is recommended for members to "not" have tattoos in a visible area. Tattoos/body ornamentations that are visible and deemed inappropriate, excessive, offensive, immoral, or present an unprofessional appearance, as determined by the Fire Chief, shall be covered while on duty or representing the City. Inappropriate tattoos/body ornamentations in conflict with the standards/values of the City include, sexual material, intolerance or discrimination against race, religion, gender or national origin, or depiction of association with groups that advocate hate, intolerance, or discrimination. Applicable coverage of tattoos/body ornamentations shall be in accordance with the uniform-of-the day apparel or approved coverings by the Fire Chief.

Failure to comply with these Appearance/Safety guidelines may result in disciplinary action or applicant disqualification.

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).

The City of Jacksonville Beach collects your Social Security number for the following purposes: Classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, tax reporting and background checks for employment purposes. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

I FULLY UNDERSTAND AND VOLUNTARILY AGREE WITH THE ABOVE INFORMATION.

Signature

Date



City of Jacksonville Beach Tobacco Affidavit



I, _____ do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application as a Firefighter with the Jacksonville Beach Fire Department. I also affirm that if I am hired or a volunteer with the City of Jacksonville Beach, I will maintain my non-use of tobacco products for the duration of my employment/volunteer status.

Under the penalties of perjury and/or discharge from employment/volunteer status, I declare that I have read the foregoing Affidavit and that the facts stated in it are true

(Must be signed in front of Notary)

Applicant's Signature: _____ Date _____

STATE OF: _____ COUNTY OF: _____ Before me personally appeared _____

who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20____. My commission Expires on _____, 20____.

Personally known -or- Produced identification, type of identification produced: _____

Notary Signature: _____

Notary Stamp/Seal: