

## APPLICANTS OF FIRE FIGHTER/EMT

The documentation listed below must be completed, notarized, and stapled to the back of your employment application and returned to the Personnel Department. Applications not completed properly will not be processed.

### CHECK LIST

1. Employment application must be completed.
2. A copy of your high school diploma or GED certificate.
3. A copy of your military discharge Form DD-214 (if applicable).
4. A copy of your birth certificate.
5. A copy of your current Florida Fire Fighter Certificate or Compliance.
6. A copy of your Florida EMT Certification.
7. Copies of any other certificates that are relative to the position.
8. A copy of your Florida Drivers License.
9. A copy of your Social Security Card.
10. Authorization and Release to Obtain Information Form (attached). Must be completed and signed before turning in application.
11. Background Form (attached). Must be completed and signed before turning in application.
12. A handwritten letter stating why you wish to become a DeLand Fire Fighter/EMT.
13. Fire Fighter Affidavit (attached).
14. Tobacco Substance Affidavit (attached).

**THE CITY OF DeLAND**  
 "AN EQUAL OPPORTUNITY EMPLOYER"  
 120 S. FLORIDA AVENUE  
 DELAND, FLORIDA 32720-5422  
 HUMAN RESOURCES DIVISION  
[WWW.DELAND.ORG](http://WWW.DELAND.ORG)  
 (386) 626-7000

**FIRE/EMT EMPLOYMENT APPLICATION**



**Instructions:** This application must be filled out completely and accurately. Failure to complete application in its entirety may be cause for disqualification. All statements are subject to investigation. Exaggerated, false, or misleading statements are cause for rejection and/or termination. **PLEASE PRINT CAREFULLY** or type all information.

\_\_\_\_\_  
 (Last Name) (First) (MI) Social Security Number  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
 Mailing Address, Include Apartment Number Date Available for Work  
 \_\_\_\_\_

\_\_\_\_\_  
 (City) (State) (Zip Code) Phone Numbers  
 \_\_\_\_\_  
 Street Address Res: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

<b>Position Applied For:</b>		<b>Date of Application:</b>	
<b>Are You Applying For Veteran's Preference?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>BRANCH</b> _____ <b>DATES: FROM</b> _____ <b>TO:</b> _____ <b>Veteran's Preference:</b> Documentation substantiating your claim (e.g. DD-214 and/or letter establishing eligibility to receive disability compensation from the Department of Defense or equivalent certification) must be furnished at the time of application.			<b>Did you receive an Honorable Discharge?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Circle Highest Grade Completed</b> 1 2 3 4 5 6 7 8 9 10 11 12	<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Minimum Salary Acceptable:</b>	
<b>Check One:</b> <input type="checkbox"/> High School Diploma <input type="checkbox"/> Did not Graduate <input type="checkbox"/> Received GED <b>Attach Copy of Diploma or GED to Application</b>		<b>If you received GED, supply issuing Authority</b>	

COLLEGE OR UNIVERSITY	LOCATION	FROM	TO	HRS	DEGREE	DATE	MAJOR
BUSINESS/TRADE CERT. LICENSES/CERT.	LOCATION	FROM	TO	HRS	LICENSE/ CERT REC'D	SUBJECTS TAKEN	

**EXPERIENCE:** Describe below any employment or occupation you have had, including experience in the armed forces or volunteer work. Begin with your present or most recent employment in block 1 and work backward consecutively. Count each promotion as a separate job, applicants may be required to furnish satisfactory proof of experience claimed. Be sure to include all relevant details. **Do not leave blank and state "see resume"**. **Use additional sheets if more space is required.**

<b>1. Dates of Employment TO/PRESENT</b>		
<b>Month</b>	<b>Day</b>	Firm Name Address City, State
<b>Year</b>		Type of Business Name/Title/Phone of Immediate Supervisor Your Title
<b>FROM:</b>	<b>Day</b>	<i>Duties:</i> Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
<b>Month</b>	<b>Year</b>	
Total Hours Per Week		<b>Reason for Leaving:</b>
Start Salary:		
Last Salary:		

<b>2. Dates of Employment TO/PRESENT</b>		
<b>Month</b>	<b>Day</b>	Firm Name Address City, State
<b>Year</b>		Type of Business Name/Title/Phone of Immediate Supervisor Your Title
<b>FROM:</b>	<b>Day</b>	<i>Duties:</i> Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
<b>Month</b>	<b>Year</b>	
Total Hours Per Week		<b>Reason for Leaving:</b>
Start Salary:		
Last Salary:		

<b>3. Dates of Employment TO/PRESENT</b>		
<b>Month</b>	<b>Day</b>	Firm Name Address City, State
<b>Year</b>		Type of Business Name/Title/Phone of Immediate Supervisor Your Title
<b>FROM:</b>	<b>Day</b>	<i>Duties:</i> Describe the nature of the work performed by you with estimated percentage of time on each type of work. State size and kind of work force supervised by you, and extent of such supervision.
<b>Month</b>	<b>Year</b>	
Total Hours Per Week		<b>Reason for Leaving:</b>
Start Salary:		
Last Salary:		



Driver's License? [ ] YES [ ] NO State: \_\_\_\_\_ License Number: \_\_\_\_\_

Commercial Driver's License? [ ] YES [ ] NO License Number: \_\_\_\_\_  
State: \_\_\_\_\_ Class Code: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you been convicted, pleaded guilty or nolo contendere to a misdemeanor or felony involving false statement or perjury? [ ] YES [ ] NO

Have you ever been in violation of traffic law? [ ] YES [ ] NO

If yes, please explain for what, where and when: \_\_\_\_\_

Have you ever been employed by the City? YES [ ] NO [ ] If yes, where and when? \_\_\_\_\_

Are any members of your family or relatives employed by the City: YES [ ] NO [ ]

If yes, please give name and their position: \_\_\_\_\_

Have you ever been discharged/fired from employment: YES [ ] NO [ ]

Have you ever resigned/quit after being informed that your employer intended to discharge you? YES [ ] NO [ ]

If yes to either question, complete the following: Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Explanation (Use additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature Certification and Release of Information:**

**YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:**

I certify that each answer to any question herein and all other information otherwise furnished is true and correct. I further certify that all such answers and information constitutes full and complete disclosure of my knowledge with respect to the questions or subject matter. I understand that any incorrect, incomplete or false statements or information, furnished by me may subject me to disqualification or to discharge at any time. If employed by the City of DeLand, I agree to comply with all its orders, rules and regulations.

**Signature (Sign application in dark ink):**

**Date Signed (Month/Day/Year)**

**HUMAN RESOURCES USE ONLY:**

**Date Received**

**Meets Qualifications**

[ ] YES [ ] NO

THE INFORMATION REQUESTED BELOW IS BASED IN CONJUNCTION WITH THE CITY'S AFFIRMATIVE ACTION PROGRAM. THIS INFORMATION WILL IN NO WAY AFFECT YOUR SELECTION AND IS COMPLETELY VOLUNTARY. THIS INFORMATION HELPS PROVIDE THE NEEDED INFORMATION FOR COMPLYING WITH FEDERAL REGULATIONS.

POSITION APPLIED FOR \_\_\_\_\_

GENDER  Male  Female

DATE OF BIRTH \_\_\_\_\_

VETERAN  Korean  
 Vietnam  
 Desert Storm  
 Iraqi Conflict

EDUCATION  High School Graduate/Equivalent  
 Post High School  
 Associate Degree  
 Bachelor Degree  
 Masters Degree

ETHNIC GROUP  Caucasian  
 Black  
 Hispanic  
 American Indian  
 Other

MISCELLANEOUS  Handicapped  
 Disabled  
 Limited English  
 Other \_\_\_\_\_

Authorization for Release of Driver Related Records

As part of the application process for City of Deland I understand that they may conduct an investigation of my driver's license abstract. I understand that these records may be used for the eligibility of my employment or continued employment for the company designated below. I authorize without reservation the full release of these records from American Driving Records to ONLINE Information Services who is acting as agent to City of Deland

I also release and discharge City of Deland, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of any driver related abstract, without reservation, throughout any duration of my employment at City of Deland. My signature below certifies that this authorization was completed by myself and is complete and true to the best of my knowledge.

Applicant Information (please print clearly & accurately)	
Last Name:	First Name:
Date of Birth:	
Driver's License #:	Issuing State:
Signature:	Date:

**EMPLOYER ATTESTATION**

- That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- That AMERICAN DRIVING RECORDS is acting as agent on behalf of ONLINE Information Services who is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.

Company Name:	
Address:	
Printed Name:	Title:
Signature:	Date:

RSLR ver. 2.01

# DISCLOSURE

This serves to advise you that in consideration for employment, a consumer report may be obtained on you. This process may include a review local, county, state, and federal government agency records, and court public records.

**By signing this DISCLOSURE,**

- You acknowledge receipt of this Disclosure
- You give us permission to obtain a consumer report on you for employment purposes

**Received and Authorized by:**

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**How did you learn about the position with the City of DeLand for which you are applying?**  
City of DeLand web page \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Friend \_\_\_\_\_ City employee \_\_\_\_\_ Other \_\_\_\_\_

(This signed form is to be retained in the applicant's file)

**AUTHORIZATION AND RELEASE TO OBTAIN CREDIT INFORMATION DeLAND  
FIRE DEPARTMENT**

I, \_\_\_\_\_, Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_, authorize the DeLand Fire Department to conduct a background investigation in connection with my application for employment.

I, \_\_\_\_\_, understand that I will not receive, and am not entitled to a copy of the report or to know its contents, and I further understand that the contents are privileged. I agree to give any information, which may be required in reference to my past record. I fully understand all information gained from such an investigation is confidential and will be released only to authorized persons in the employment process.

I fully understand this investigation may include information from educational institutions, credit institutions, insurance companies, Physicians and/or medical records, military organizations, police, and/or court records, Department of Motor Vehicles records, personal references, developed resources, present and previous employers, and other appropriate sources. I hereby authorize the release of any information that the DeLand Fire Department may request from the aforesaid sources required for a background check. I also hereby authorize my present and former employers to give any information regarding my employment together with any information that they may have regarding me, whether or not it is on their records.

I hereby release the DeLand Fire Department, DeLand, Florida, or any of its agents or representatives and any person so furnishing information from any and all liability as a matter and kind arising from the publishing of this information whether it is verbal or written.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, \_\_\_\_\_, a Notary Public in and for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**FIREFIGHTER/EMT AFFADAVIT**

I, \_\_\_\_\_, as an applicant for the position of Firefighter/EMT with the City of DeLand, hereby, certify that I am not now nor have been a smoker of cigarettes or any other inhaled substance for the two years previous to this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, \_\_\_\_\_, A Notary Public in and for said County and State do hereby certify that, \_\_\_\_\_ personally appeared before me this day and acknowledged that due execution of the foregoing instrument.

WITNESS my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



---

## TOBACCO SUBSTANCE AFFIDAVIT

I, \_\_\_\_\_, as an applicant for the position of  
(Print Name)

Fire Fighter/EMT with the City of DeLand, hereby, certify that I am not now nor have been a smoker of cigarettes or any other tobacco related substances for the two years previous to this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, \_\_\_\_\_, A Notary Public in and for said County and State do hereby certify that, \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**CITY OF DELAND  
SOCIAL SECURITY NUMBER COLLECTION NOTICE**

The City of DeLand recognizes that an individual's Social Security number is a unique form of identification that can be utilized to obtain sensitive information regarding that particular individual. However, the City of DeLand must collect Social Security numbers under certain circumstances in order for the City to be able to properly perform its duties and functions as a municipal corporation and in order to ensure that such duties and functions are performed accurately and efficiently.

THE CITY OF DELAND COLLECTS YOUR SOCIAL SECURITY NUMBER ONLY FOR THE FOLLOWING PURPOSES:

- CLASSIFICATION OF ACCOUNTS
- IDENTIFICATION, VERIFICATION AND BACKGROUND CHECKS
- CREDIT WORTHINESS OR COLLECTIONS
- BILLING AND PAYMENTS
- DATA COLLECTION, RECONCILIATION AND TRACKING
- BENEFIT AND PAYROLL PROCESSING
- TAX REPORTING
- NEW UTILITY ACCOUNT APPLICATIONS
- VENDOR REGISTRATION APPLICATIONS
- VOLUNTEER CONTRACTS FOR BACKGROUND CHECKS
- EMERGENCY TRANSPORT/SERVICES FOR BILLING AND INSURANCE
- POLICE STATEMENTS AND ARRESTS FOR THE VERIFICATION OF IDENTITY

Each individual who provides a Social Security number to the City of DeLand shall be provided with a copy of this notice. Additional copies of this Social Security Number Collection Notice may be obtained by contacting City Hall, 120 South Florida Avenue, DeLand, Florida.

This Social Security Number Collection Notice has been provided by the City of DeLand in compliance with Florida Statutes Section 119.071(5) (2007).

-----  
Signature\_\_\_\_\_

-----  
Date

-----  
Print Name