

CITY OF MACCLENNY FIREFIGHTER APPLICATION

Please submit a copy of Driver's License, Social Security Card, and all Fire/EMS Certifications with application.

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
	Hourly Rates/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
	Hourly Rates/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
	Hourly Rates/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title			
	Hourly Rates/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Empty box for specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Empty box for job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Empty box for professional, trade, business or civic activities and offices held.

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

Empty box for other qualifications.

SPECIALIZED SKILLS (Skills/Equipment Operated)

Form for specialized skills with checkboxes for Computer, Microsoft Word, Windows, Excel, Typewriter, PowerPoint, WPM, Email Applications, Production/Mobile Machinery, and Other (list).

State any additional information you feel may be helpful to us in considering your application.

Empty box for additional information.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

Table with 4 columns: Name, Phone Number, Best Time to Call, Occupation. Rows 1, 2, 3.

BACKGROUND INFORMATION

Have you ever been convicted of a felony or a first degree misdemeanor? YES NO
If "YES", what charges?

Where convicted? _____
Date of conviction: _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor? YES NO
If "YES", what charges?

Where? _____
Date: _____

Have you ever had the adjudication of guilt withheld FOR a crime which is a felony or a first degree misdemeanor? YES NO
If "YES", what charges?

Where? _____
Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Exemption from Public Records Disclosure

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER COVERED EMPLOYEE**, OR THE SPOUSE OR CHILD OF ONE, WHOSE INFORMATION IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER SECTION 119.071(4)(d), FLORIDA STATUTES (F.S.)? YES NO

**Other covered jobs include but are not limited to: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of the employer. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of the City of Macclenny for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature of Applicant

Date