



ROCKLEDGE FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY /
VETERAN'S PREFERENCE EMPLOYER

1600 Huntington Lane
Rockledge, Florida 32955
321-690-3978

(PLEASE PRINT PLAINLY IN BLUE OR BLACK INK)

NAME (LAST)	(FIRST)	(MIDDLE)	TELEPHONE NUMBER
MAILING ADDRESS		CITY, STATE, ZIP CODE	
<ul style="list-style-type: none"> • Are you a citizen of the United States or a registered alien? YES [] NO [] • Do you have the ability to read, write, and speak English? [] [] • Have you EVER been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit traffic violations for which you paid a fine of \$150.00 or less. [] [] • While in the military service were you ever convicted by a general court-martial? [] [] If your answer is "Yes", give details below. Show for each offense: (1) date, (2) charge, (3) place, (4) court, and (5) action taken. NOTE: A conviction does not mean you cannot be appointed. 			
<ul style="list-style-type: none"> • Have you ever been employed by the City of Rockledge? [] Yes [] No If yes, give dates _____ • Do you have a relative by blood or marriage currently working for the City of Rockledge? [] [] 			
If yes _____		_____	
Name		Relationship	

EDUCATION

SCHOOLS	NAME/ADDRESS	MAJOR	DID YOU GRADUATE?	DEGREE
High School/GED				
College				
Graduate School				
Vocational School or Other Training				

JOB INTEREST

(If you are interested in applying for two or more positions available at the same time, please complete a separate application for each position.)

Position Applied For _____ Date you can begin _____

Salary Desired _____

Will you accept: Temporary Work Yes [] No []
 Part-time Work Yes [] No []

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces? Yes [] No []

Please check the following that apply:

[] I claim veteran's preference (you must supply a copy of your DD214 and complete the following information)

I am claiming veteran's preference (check one of the following):

[] As a veteran with a compensable service-connected disability

[] As the unmarried spouse of a veteran who was killed in action or who died of a service-connected disability

[] As the spouse of a veteran who cannot qualify for employment because of total, permanent service-connected disability, or who is missing in action, captured or forcibly detained by a foreign power

[] As a veteran of any war (as defined in the rules of the Division of Veteran's Affairs)

HAVE YOU ENTERED EMPLOYMENT WITH A GOVERNMENT AGENCY IN THE STATE OF FLORIDA SINCE OCTOBER 1, 1987?

YES [] NO [] (If so, you may not be eligible for veteran's preference)

If you believe that you did not receive veterans' preference in accordance with FL Administrative Code, you have the right to an investigation by filing complaint with the Florida Department of Veterans' Affairs, PO Box 31003, St. Petersburg, FL 33731, telephone (813) 898-4443, within 21 days from the date that you received notice that a non-preference applicant was appointed.

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS

List details of all skills, aptitudes and other qualifications which you feel are relevant to employment.

Typing Speed _____ Shorthand Speed _____ Speedwriting _____
(words per minute) (words per minute) (words per minute)

Computer Experience _____

Office Machines you can operate _____

List any machinery or heavy equipment that you have operated efficiently: _____

List scholarships, fellowships, honors, etc. received _____

Special qualifications and skills (licenses or certificates, memberships in professional organizations or societies, etc.)

REFERENCES (Do not include Former Employers or Relatives)

Name and Occupation	Address	Phone Numbers Da7 & Evening
1.		
2.		
3.		

PRESENT AND PRIOR EMPLOYMENT

List below all present and past employment, beginning with your most recent. **All spaces must be completed.** A resume may be used to supplement, but not substitute, employment information. **DO NOT** specify "SEE RESUME." **Incomplete applications MAY be rejected.**

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

Name and Address of Company and Type of Business	From	Job Title: Describe the duties you performed	Starting Salary	Last Salary
	Mo / Yr			
			Name and Title of Supervisor	
	To			
	Mo / Yr			
Telephone				
Reason for Leaving				

May we contact your present employer:	Yes []	No []
---------------------------------------	---------	--------

APPLICANTS VOLUNTARY SELF-IDENTIFICATION RECORD

SUBMISSION OF THIS INFORMATION IS VOLUNTARY AND WILL NOT BE INCLUDED IN YOUR APPLICANT FILE OR YOUR EMPLOYEE PERSONNEL FILE.

As a part of our Affirmative Action Program, we are required to report the number of people who apply at the City by ethnic group, sex, disability, and veteran status. Your cooperation will be appreciated in completing the following form. This information will be used only for reporting purposes as legislated by Federal and State regulations and WILL NOT become a part of you application file or be used in making an employment decision, and WILL NOT be included in your employment personnel file if hired.

DEPARTMENT ADMINISTRATION: SEPARATE THIS FORM IMMEDIATELY FROM THE APPLICANT PACKAGE AND FORWARD IT TO THE CITY MANAGER'S OFFICE.

ETHNIC GROUP (Place "X" in appropriate box)

<input type="checkbox"/>	WHITE	(Not of Hispanic Origin) Includes persons having origins of the original people of Europe, North Africa, or the Middle East.
<input type="checkbox"/>	BLACK	(Not of Hispanic Origin) All persons having origins in any of the Black racial groups.
<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKAN NATIVE	All persons having origins in any of the original peoples of North American and who maintain cultural identification (Tribal affiliations or community recognition).
<input type="checkbox"/>	HISPANIC	All persons of Mexican, Puerto Rican, Cuban or South American, or other Spanish Culture or origin.

VETERAN STATUS

<input type="checkbox"/>	VETERAN OF THE VIETNAM ERA	A person who (1) served on active duty for a period of more than 180 days any part of which occurred between 05 AUG 64 and 07 MAY 75, and was discharged/ released therefrom with other than a Dishonorable Discharge, or (2) was discharged/released from active duty for a service – connected disability if any such active duty was performed between 05 AUG 64 and 07 MAY 75.
<input type="checkbox"/>	VETERAN NOT OF THE VIETNAM ERA	
<input type="checkbox"/>	DISABLED VETERAN	A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

GENDER

DISABILITY

<input type="checkbox"/>	MALE	Name/nature of disability. (Use back of sheet if more room is needed.) _____
<input type="checkbox"/>	FEMALE	

How did you hear about the position you applied for? _____

Position you applied for? _____ DEPARTMENT: _____

Date: _____ Name: _____

Thank you for assisting us in fulfilling our Affirmative Action Program Goals

FOR DEPARTMENT ADMINISTRATION

Is there a vacancy for the position applied for? Yes No

Position Vacancy Code: _____ Job Code: _____

**PLEASE PROVIDE COPIES OF THE FOLLOWING
ITEMS WITH YOUR APPLICATION:**

- PROOF OF STANDARDS – CERTIFICATE OR LETTER
- E.M.T. OR PARAMEDIC CERTIFICATION
- HIGH SCHOOL DIPLOMA OR G.E.D.
- SOCIAL SECURITY CARD

QUALIFICATIONS FOR EMPLOYMENT

- ✓ MUST MEET ALL BUREAU OF STANDARDS AND TRAINING REQUIREMENTS AS TO CITIZENSHIP, POLICE RECORD, FINGERPRINTS, HIGH SCHOOL DIPLOMA OR APPROVED G.E.D.
- ✓ MUST POSSESS A VALID STATE OF FLORIDA FIREFIGHTERS CERTIFICATE OR PROOF OF STANDARDS COURSE COMPLETION
- ✓ MUST BE ABLE TO PASS A DRUG SCREENING TEST
- ✓ MUST BE ABLE TO PASS A PHYSICAL EXAMINATION, CHEST X-RAY, AND EKG
- ✓ MUST, WITHIN 15 DAYS OF EMPLOYMENT DATE, POSSESS A VALID STATE OF FLORIDA CHAUFFER'S DRIVERS LICENSE WITH E ENDORSEMENT
- ✓ MUST HAVE A TELEPHONE

FOR YOUR INFORMATION

- ✓ YOUR EMPLOYER WILL BE THE CITY OF ROCKLEDGE
- ✓ YOUR DEPARTMENT SUPERVISOR WILL BE THE FIRE CHIEF
- ✓ YOUR IMMEDIATE SUPERVISOR WILL BE YOUR SHIFT COMMANDER
- ✓ YOU WILL BE ON DEPARTMENT PROBATION FOR A PERIOD OF ONE (1) YEAR FROM YOUR EMPLOYMENT DATE
- ✓ THE PAY PERIOD RUNS FROM THURSDAY THROUGH WEDNESDAY AND YOU WILL RECEIVE YOUR PAYCHECK ON FRIDAY
- ✓ YOU WILL BE REQUIRED TO PASS EXAMINATIONS ON YOUR GENERAL KNOWLEDGE OF STREETS, FIRE HYDRANTS, PUMPING STATIONS, PUMP OPERATION, DRIVING SKILLS, AND BASIC FIRE GROUND TACTICS IN ORDER TO BECOME A FIREFIGHTER WITH REGULAR STATUS WITHIN YOUR ONE YEAR PROBATIONARY PERIOD
- ✓ YOU WILL ALTERNATE ON-DUTY 24 HOURS, OFF-DUTY 24 HOURS FOR FIVE DAYS WHICH WILL BE FOLLOWED BY A FOUR DAY BREAK
- ✓ THE CITY OF ROCKLEDGE WILL CARRY A MINIMUM OF \$20,000.00 LIFE INSURANCE POLICY ON YOU WITH NO COST TO YOU
- ✓ YOU WILL BE COVERED BY WORKERS COMPENSATION INSURANCE, AT NO COST TO YOU, IN THE EVENT YOU ARE INJURED IN THE PERFORMANCE OF YOUR OFFICIAL DUTIES

- ✓ YOU WILL BE COVERED BY MAJOR MEDICAL INSURANCE AFTER NINETY (90) DAYS OF EMPLOYMENT, AT NO COST TO YOU. A FAMILY INSURANCE PLAN IS AVAILABLE AT HALF THE NORMAL COST, THE CITY WILL PAY THE OTHER HALF
- ✓ IT WILL BE MANDATORY TO PARTICIPATE IN THE CITY RETIREMENT FUND BEGINNING ON YOUR DATE OF EMPLOYMENT
- ✓ YOU WILL ACCUMULATE TWELVE (12) HOURS OF SICK LEAVE EACH MONTH OF EMPLOYMENT AND MAY BE USED IN ONLY 12 OR 24 HOUR INCREMENTS. YOU WILL NOT BE PAID FOR SICK LEAVE UNTIL YOUR ONE YEAR PROBATIONARY PERIOD HAS BEEN COMPLETED
- ✓ YOU WILL BE ABLE TO USE YOUR ACCUMULATED VACATION TIME AFTER YOUR ONE YEAR PROBATIONARY PERIOD HAS BEEN COMPLETED
- ✓ YOU WILL BE REQUIRED TO ADHERE TO ALL RULES AND REGULATIONS SET FORTH BY THE CITY OF ROCKLEDGE AND THE FIRE AND EMERGENCY SERVICES STANDARD OPERATING GUIDELINES (S.O.G.)
- ✓ YOU WILL BE REQUIRED TO ATTEND ALL REGULAR OR SPECIAL DEPARTMENT TRAINING SESSIONS

DEPARTMENT OF INSURANCE AND TREASURER

DIVISION OF STATE FIRE MARSHAL

BUREAU OF FIRE STANDARDS AND TRAINING

AFFIDAVIT

I, _____ do hereby affirm that I have not been a user of
(Name of Applicant)
tobacco or tobacco products for at least one (1) year immediately preceding my application
for certification as a firefighter, in accordance with Section 633.34(6), Florida Statutes.

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

DATED and SIGNED this _____ day of _____, 20_____.

Signature of Applicant

Sworn to and subscribed before me.

Notary Public (seal)

My Commission Expires: