



**City of**  
**Rockledge Fire**  
**Department**

**EmploymentApplication**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

In compliance with the Freedom of Information Act, and existing state law, portions of this application and information contained herein may be considered a matter of public record.

The City of Rockledge prohibits discrimination in hiring on the basis of race, color, religious creed, national origin, sex, age, physical disability, sexual preference, or covered veteran status. No question on this application is intended to secure information to be used for such discrimination.

In the event you feel you have been discriminated against during your application process or at any time you should contact:

Florida Commission on Human Relations  
20009 Apalachee Parkway  
Suite 200, Oakland Building  
Tallahassee, Florida 32301-4857  
Phone: (850) 488-7082  
Voice Messaging: 1-800-342-8170

or

City of Rockledge Human Resources  
1600 Huntington Lane  
Rockledge, Florida 32955  
Phone: (321) 221-7540

**Please return this application to the City of Rockledge, City Hall, 1600 Huntington Lane, Rockledge, FL 32955. If you have any questions, call (321) 221-7540.**

An Equal Opportunity Employer

Answer every question on this application. Type or complete in ink.

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

## POSITION APPLYING FOR: FIREFIGHTER

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER STREET

Home Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Any other Name Known as (AKA, Maiden)

Email: \_\_\_\_\_

**ANY FALSE OR UNDISCLOSED INFORMATION IN ANY PART OF THE APPLICATION PROCESS WILL RESULT IN AUTOMATIC TERMINATION OF YOUR APPLICATION. THIS INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING: DRUG USE, ARREST HISTORY, MOTOR VEHICLE HISTORY, WORK HISTORY, PLACE OF RESIDENCE, AND MILITARY SERVICE.**

**MIMIMUM QUALIFICATIONS (Check all that apply)**

- At least 18 years of age on date of employment. \_\_\_\_\_ YES \_\_\_\_\_ NO
- A United States citizen. \_\_\_\_\_ YES \_\_\_\_\_ NO
- A High School Graduate or GED equivalent. \_\_\_\_\_ YES \_\_\_\_\_ NO
- A certified Florida Firefighter 2 or currently in the Fire Academy. \_\_\_\_\_ YES \_\_\_\_\_ NO
- A certified Florida EMT or currently in an EMT Program. \_\_\_\_\_ YES \_\_\_\_\_ NO
- A certified Florida Paramedic or currently in a Paramedic Program. \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes to any of the above, attach appropriate documentation (if applicable)**

**Application Disqualifiers**

You are subject to these disqualifiers during the background investigation:

	YES	NO
Are you currently registered with the selective service? (if required) # _____		
Has your driver license been suspended or revoked for ANY reason other than financial responsibility (case-by-case) in the last 5 years?		
Have you had 4 or more traffic citations in the last 3 years?		
Have you had more than 2 at-fault accidents in the last 3 years?		
Have you been convicted of a felony or a crime punishable by imprisonment of 1 year or more under the laws of the United States or of any other state thereof or under the law of any other country?		
Have you been convicted of any misdemeanor relating to the certification or to perjury or false statements?		
Have you ever been dishonorably discharged from any of the Armed Forces of the United States?		
Have a good moral character as determined by investigation under procedures established by the State of Florida Bureau of Fire Standards and Training.		
Do you have body art that is in violation of the attached Body Art Acknowledgement?		
Have you used any narcotics or drugs within the last 3 years? (Cocaine, steroids, prescription pills [illegally], cannabis, etc...)		
Have you ever sold or delivered any illegal narcotics or drugs?		
Have you used any tobacco products within the last year?		
Have you ever resigned while under investigation, been terminated, or resigned as a result of a sustained internal affairs investigation?		

**EDUCATION (List All, Attach Additional sheets if necessary)**

INSTITUTIONNAME	ADDRESS	CITY	STATE	MAJOR COURSE OR SUBJECT	CIRCLE LAST YEAR COMPLETED	LIST DEGREE RECEIVED
G.E.D. EQUIVALENCY						
HIGH SCHOOL OR PREPARATORY					1 2 3 4	
COLLEGE					1 2 3 4	
					1 2 3 4	
					1 2 3 4	
GRADUATEWORK					1 2 3 4	

**Applicant Questionnaire**

If yes to any questions, provide information on a separate sheet	YES	NO
Have you ever had your name legally changed? (if yes, provide information on a separate sheet)		
While in school were you ever suspended or expelled? (if yes, provide information on a separate sheet)		
Have you ever served in any branch of the military (active or reserve)? (if yes, provide information on a separate sheet)		
Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules and regulations? (if yes, provide information on a separate sheet)		
Have you ever been discharged or forced to resign from a place of employment because of misconduct or unsatisfactory service? (if yes, provide information on a separate sheet)		
Have you <b>EVER</b> applied to any other public safety agency? (if yes, provide information on a separate sheet [agency, date, rejected or accepted])		
At this time, are you on any employment eligibility list(s)? (if yes, provide information on a separate sheet)		
Are you involved in any clubs, societies, civic or fraternal organizations? (if yes, provide information on a separate sheet)		
Have you previously applied for the position of <b>FIREFIGHTER</b> with the City of Rockledge? (if yes, provide information on a separate sheet)		

**Driving History**

	YES	NO
Can you operate a motor vehicle?		
Do you possess a valid driver license? # _____ Class _____ State _____ Exp. _____		
Has your driver license ever been suspended, canceled or revoked? (if yes, provide information on a separate sheet to include state, date, pertinent details)		
Have you ever been involved in a motor vehicle accident? (if yes, provide information on a separate sheet to include date, location, injuries, fault/charges, final disposition of charges or civil liability)		
Have you ever received a traffic citation? (if yes, provide information on a separate sheet to include city/county/state, issuing agency, date, charge(s), final disposition)		
Do you have any outstanding unpaid citations or violations? (if yes, provide information on a separate sheet)		

## 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.

Computer Experience \_\_\_\_\_

Software Program Proficiency \_\_\_\_\_

List any machinery or heavy equipment that you can 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 Day & 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			
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	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 [ <input type="checkbox"/> ]	No [ <input type="checkbox"/> ]
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**THIS AFFIDAVIT WILL BE SIGNED/NOTARIZED THE DAY OF TESTING**



**ROCKLEDGE FIRE DEPARTMENT**

1800 Rockledge Blvd., Rockledge, Florida 32955

Telephone (321) 690-3968

I, \_\_\_\_\_ do hereby give permission to the City of Rockledge Fire Chief or representatives of the City of Rockledge to obtain a credit check through whatever means necessary. This information is to be used in connection with an investigation being conducted in reference to employment by the Rockledge Fire Department.

Signed: \_\_\_\_\_

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

Sworn to and subscribed before me on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ who is personally known to me, or produced \_\_\_\_\_ (Identification) and who did/did not take an oath.

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

Printed Name of Notary Public: \_\_\_\_\_

Seal:

## **Body Art Acknowledgement**

Dear Firefighter Candidate:

As a condition of obtaining and continued employment with the City of Rockledge Fire Department, all Firefighters hired on or after September 1, 2016 shall adhere to the following standards regarding Body Art:

- The applicant agrees that as a condition of employment while on duty, tattoos will only be authorized to be displayed on the arms and legs while in uniform. No other visible tattoos are authorized.
- The display of any body art which could reasonably be interpreted to be unprofessional or offensive (nudity or violence, sexually explicit or vulgar art, words, phrases; profane language, symbols to incite negative reactions, initials or acronyms that represent criminal or oppressive organizations) regardless of its location is prohibited. Determination of acceptability is the sole discretion of the Fire Chief.
- Body art above the neckline, to include brandings, piercings and tattoos, is prohibited. Members are prohibited from wearing any jewelry that is considered inappropriate or offensive to any individual or group. All earrings will be attached to the ear lobe and will not rise above the ear canal opening. While on duty members may wear one stud earring per ear not to exceed 2 mm. Female personnel in business/formal attire may wear one dangling and one stud earring per ear or two stud earrings per ear so long as they are not in a response position.
- Prior to the Oral Interview. An applicant will be required to provide a list of all tattoos and/or brandings and their location.

I have read and acknowledge the above by my signature below.

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**Name (Print)**

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**Signature**

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**Date**

**THIS AFFIDAVIT WILL BE SIGNED/NOTARIZED THE DAY OF TESTING**

**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.

\_\_\_\_\_ (seal)  
Notary Public

My Commission Expires:

**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 your 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"/>	<b>WHITE</b>	(Not of Hispanic Origin) Includes persons having origins of the original people of Europe, North Africa, or the Middle East.
<input type="checkbox"/>	<b>BLACK</b>	(Not of Hispanic Origin) All persons having origins in any of the Black racial groups.
<input type="checkbox"/>	<b>ASIAN OR PACIFIC ISLANDER</b>	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"/>	<b>AMERICAN INDIAN OR ALASKAN NATIVE</b>	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"/>	<b>HISPANIC</b>	All persons of Mexican, Puerto Rican, Cuban or South American, or other Spanish Culture or origin.

**VETERAN STATUS**

- 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.
- VETERAN NOT OF THE VIETNAM ERA**
- 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**

- MALE**      Name/nature of disability. (Use back of sheet if more room is needed.)
- FEMALE**

How did you hear about the position you applied for? \_\_\_\_\_

Position you applied for? \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

**FOR DEPARTMENT ADMINISTRATION**

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

Position Vacancy Code: \_\_\_\_\_      Job Code: \_\_\_\_\_

## **AMERICANS WITH DISABILITIES ACT of 1990**

The City of Rockledge, in compliance with Title 1 of the American with Disabilities Act of 1990 (ADA), and Section 503 of the Rehabilitation Act of 1973, takes affirmative action to employ and advance in employment, qualified individuals with disabilities. If you have such a disability and would like to be considered under the Affirmative Action Program, please tell us.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained shall be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of qualified individuals with disabilities and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials investigating compliance with the Act shall be informed.

Are you able to perform the essential functions of the job as described within the attached job description with or without accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are disabled, are there any accommodations needed to participate in the application process or accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No     If "Yes," please explain:

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## **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 FIT FOR DUTY PHYSICAL EXAMINATION
- ✓ 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 DEPUTY 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 BIWEEKLY FROM SUNDAY THROUGH SATURDAY AND YOU WILL RECEIVE YOUR PAYCHECK ON FRIDAY
- ✓ YOU WILL BE REQUIRED TO PASS EXAMINATIONS ON YOUR GENERAL KNOWLEDGE OF STREETS, FIRE HYDRANTS, BASIC FIREFIGHTING SKILLS, 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 DEPARTMENT STANDARD OPERATING POLICIES AND PROCEDURES (S.O.P.)
- ✓ YOU WILL BE REQUIRED TO ATTEND ALL REGULAR OR SPECIAL DEPARTMENT TRAINING SESSIONS

**PLEASE PROVIDE PROOF OF THE FOLLOWING CERTIFICATIONS  
WITH YOUR APPLICATION:**

FLORIDA BUREAU OF FIRE STANDARDS & TRAINING CERTIFICATE OF COMPLIANCE

CURRENT STATE OF FLORIDA EMT OR PARAMEDIC LICENSE

- CPR
- ACLS CERTIFICATION IF PARAMEDIC
- PALS CERTIFICATION IF PARAMEDIC

NIMS (NATIONAL INCIDENT MANAGEMENT SYSTEM)

- I-100 CERTIFICATE
- I-200 CERTIFICATE

HAZ-MAT AWARENESS/OPERATIONS LEVEL CERTIFICATION NWCG

S130/190 (BASIC WILDLAND FIREFIGHTER TRAINING)

HIGH SCHOOL DIPLOMA OR G.E.D.