HIGHLANDS COUNTY FIRE RESCUE

VOLUNTEER FIREFIGHTER APPLICATION

REVISED 10.09.18

FIRE DEPT. NAME: _____

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-duty related medical condition or handicap, or any other legally protected status. The information contained in this application form is required by law and / or the Highlands County Board of County Commissioners Personnel Rules and Regulations in order for you to be evaluated for acceptance. Completion of each item is voluntary, but incomplete answers may reduce your chance for volunteer selection. This document will become a permanent part of your personnel file if accepted.

Please Print or Type

Last Name: _____ **First Name:** _____ **MI:** _____

Current Address: _____ **City:** _____ **Zip:** _____

Cell: ( )_____ **Home: ( )**_____ **Email:** _____

Previous Address: _____ **City / State:** _____ **Zip:** _____

Social Security #: _____ **Driver's License #:** _____ **Class:** _____

Emergency Contact: _____ **Relationship:** _____

Address: _____ **City / State:** _____ **Phone: ( )**_____

Employment History

Current: _____ **Position:** _____ **How Long:** _____

Address: _____ **Supervisor:** _____ **Phone:** _____

Previous: _____ **Position:** _____ **How Long:** _____

Address: _____ **Supervisor:** _____ **Phone:** _____

Previous: _____ **Position:** _____ **How Long:** _____

Address: _____ **Supervisor:** _____ **Phone:** _____

LIST TWO (2) PERSONAL REFERENCES THAT YOU HAVE KNOWN FOR AT LEAST THREE (3) YEARS

(1) Name: _____ **Relationship:** _____

Address: _____ **Phone: ( )** _____

(2) Name: _____ **Relationship:** _____

Address: _____ **Phone: ( )**_____

MILITARY SERVICE

Branch of Service: _____ **Type of Discharge: _____**

Dates of Service: _____ ***Attach copy of DD214***

EDUCATION

Circle the Highest Level of Education Completed:

Grade School	High School	College / University
1 2 3 4 5 6 7 8	9 10 11 12 GED	1 2 3 4

Name of High School Attended: _____ **City / State: _____**

College / University: _____ **City / State: _____**

CRIMINAL HISTORY

Have you ever been arrested, charged with, or convicted of violating any laws other than minor traffic laws? If yes, give details.

_____

Please list all traffic charges / citations received in the past five (5) years.

_____

Has your driver's license ever been suspended or revoked? If yes, please explain.

_____

RELATED EXPERIENCE FCDICE #_____

Have you ever been a part of any other fire department or public safety agency? If yes, please explain.

_____

List any certificates or licenses you possess related to public safety. Please include dates of issuance and copies.

_____

List and describe any training you have that would benefit you as a member of a fire department.

_____

Briefly state why you want to become a member of a fire department.

_____

PERSONAL VEHICLE INFORMATION

Tag #: _____ **Year: _____** **Make / Model: _____** **Color: _____**

Tag #: _____ **Year: _____** **Make / Model: _____** **Color: _____**

I certify that I have liability insurance on my privately owned vehicle and agree to maintain liability coverage. _____
(Please Initial)

CERTIFICATION

I hereby certify that I am at least 18 years of age. I understand by my signature below that falsification of any part of this application is cause for immediate dismissal whenever discovered and do certify that all statements are true and correct.

I also authorize the making of lawful inquiries regarding both my past and present employment and hereby release those supplying information from all liability. Under Florida's Sunshine Law, applications for employment with a public agency, such as Highlands County, are subject to public disclosure.

DRUG FREE WORKPLACE POLICY: Highlands County is a Drug Free Workplace in accordance with FS 112. Applicants and employees may be required to submit to drug testing at any time for pre-screening, reasonable suspicion, post accident, return to duty, and follow-up on routine fitness for duty. Additionally, drug and alcohol testing of employees holding a commercial driver's license is conducted per Federal law and regulation 49 CRF, Part 382.103/107.

_____ _____ _____

Date Signature of Applicant Signature of Witness

PERSONAL INQUIRY WAIVER

Name: _____ DOB: _____ SS#: _____

I respectfully request and authorize you to furnish the Highlands County Fire Services any and all information that you may have concerning my work record, criminal history, school records, military records, and reputation. Please include any and all information of a confidential or privileged nature and copies of same if requested. This information is to be used by the Highlands County Fire Services in determining my qualifications and fitness for participation as a volunteer firefighter in Highlands County, Florida.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

Signature of Applicant: _____ Date: _____

Address: _____ City / State / Zip: _____

AFFIDAVIT

State of Florida, County of Highlands

The foregoing instrument was acknowledge by me this _____ day of _____, 20___ by this

applicant who is _____ personally known to me or _____ who has provided _____

_____ as identification. ***Place Stamp Here:***

_____ _____

Signature of Person Taking Acknowledgement Printed Name of Acknowledger