

## 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>Did you receive an Honorable Discharge?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<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>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>			
<b>Year</b>		Firm Name	Address	City, State
		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>			
<hr/>				
Total Hours Per Week				
Start Salary:				
Last Salary:		<b>Reason for Leaving:</b>		

<b>2. Dates of Employment TO/PRESENT</b>				
<b>Month</b>	<b>Day</b>			
<b>Year</b>		Firm Name	Address	City, State
		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>			
<hr/>				
Total Hours Per Week				
Start Salary:				
Last Salary:		<b>Reason for Leaving:</b>		

<b>3. Dates of Employment TO/PRESENT</b>				
<b>Month</b>	<b>Day</b>			
<b>Year</b>		Firm Name	Address	City, State
		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>			
<hr/>				
Total Hours Per Week				
Start Salary:				
Last Salary:		<b>Reason for Leaving:</b>		



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 \_\_\_\_\_

City of DeLand

ACCT: DeLAND

(Completed by Recruiter)

Recruiter: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

(Please Print)

**CANDIDATE INFORMATION**

(Completed by candidate)

The following is required to conduct pre-employment verifications. Date of birth and maiden name are not considered in the employment decision. This information is utilized for accurate records verifications only.

Social Security Number	Maiden or other name used	Year last used	Date of Birth
<b>Please provide list of cities, including state and zip, where you have lived or worked in the last 7 (seven) years. Use extra sheet if necessary. <u>Please be sure all letters and numbers are legible.</u></b>			
Current Address, City, State,/Zip			Since
Previous City/State/Zip	Dates	Previous City/St/Zip	Dates
Previous City/State/Zip	Dates	Previous City/St/Zip	Dates
Have you ever been convicted, entered a plea of no contest, had prosecution deferred, or adjudication withheld for any crime except for minor traffic violations? (Will only be considered in relation to specific job requirements.) Y _____ N _____ If yes, please explain.			
Drivers License Number	State		

I request that this document in its original or copied form serve as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit reporting agencies, law enforcement or criminal record agencies, and other agencies to release information about me to Maglio-Accufacts, and hereby release all such persons, institutions, agencies, employers, and organizations providing such information from liability in any or all claims and damages connected with their providing any requested information.

**Authorized by Candidate:**

Printed Full Name	Home Phone (include Area Code)	Work Phone (include Area Code)
Signature	Date Signed	

# 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 nature 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



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## 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



**[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**The City of DeLand** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (driving records), verification or your education, employment history, Social Security Number verification, licensing and certification checks, and military service history. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of “consumer report” and/or an “investigative consumer report” obtained with regard to applicants for employment is in connection with investigation into your education and/or employment history conducted by Edge Information Management, Incorporated, 1682 W. Hibiscus Blvd., Melbourne, Florida 32901, 1-800-722-334, [www.edgeinformation.com](http://www.edgeinformation.com), or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **The City of DeLand** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. You have the right to decline to sign this form, but **The City of DeLand** may decline to consider you for employment if you do so. Information regarding Edge Information Management, Incorporated’s privacy practices can be viewed at [www.edgeinformation.com](http://www.edgeinformation.com).

**ACKNOWLEDGMENT/AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **The City of DeLand** at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Edge Information Management, Incorporated, another outside organization acting on behalf of **The City of DeLand**, and/or **The City of DeLand** itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

**I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.**

**READ, ACKNOWLEDGED AND AUTHORIZED – I authorize Edge Information to contact me at \_\_\_\_\_  
for clarification of any information provided. Phone Number**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**The City of DeLand**

NOTE: I am providing the following voluntarily

**NAME** \_\_\_\_\_  
First Middle (Full) Last Other Names Known By

**SOCIAL SECURITY #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DATE OF BIRTH (for ID purposes only)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MO DAY YR

**SEX** \_\_\_\_\_ **RACE** \_\_\_\_\_ **DRIVER'S LICENSE #** \_\_\_\_\_ **STATE** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**The City of DeLand** is requesting social security number information on this form solely in connection with payroll verification and background check verification purposes.