



# Immokalee Fire Control District

## APPLICATION FOR EMPLOYMENT

IT IS OUR POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BASED ON RACE, AGE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS OR OTHER PROTECTED CLASSIFICATION.

ALL QUESTIONS MUST BE ANSWERED CAREFULLY AND COMPLETELY. PLEASE TYPE OR PRINT USING BLACK INK.

### I. BACKGROUND

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

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you over 18 years of age?  yes  no

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position Desired: \_\_\_\_\_

Are you legally authorized to work in the U.S. on an unrestricted basis?  yes  no

Have you worked for the District before?  yes  no Date Available: \_\_\_\_\_

Have you been told of the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?  yes  no

Can you perform these essential functions with or without reasonable accommodation?  yes  no

Do you hold a valid Florida Driver's License?  yes  no Expires: \_\_\_\_\_ DL# \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Are you willing to work overtime as required?  yes  no

Have you ever been convicted of a felony?  yes  no (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions and give date: \_\_\_\_\_

### II. EDUCATION

EDUCATION	NAME/LOCATION OF SCHOOL	YEAR GRADUATED	MAJOR	DIPLOMA/DEGREE
High School				
College				
College				

**III. LICENSES/CERTIFICATIONS/OTHER TRAINING**

**A. What license or certification do you hold which would qualify you for this position with the District? Must include copies of certificate(s). Attach additional sheets if necessary.**

License, registration or certification	Number	Effective date	Expiration date	Licensing Agency

**B. What further training, skills or qualifications would qualify you for this position with the District?**

**C. Military: Branch of Service: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_  
 Dates of service: from \_\_\_\_\_ to \_\_\_\_\_**

List duties in service, including schools and training:

Are you claiming Veterans Preference?  yes  no  
 If yes, fill out form below.

**Veterans' Preference**

**Check the appropriate block if you are claiming veterans' preference. A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application.**

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the US Veterans' Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The unremarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veterans' preference since October 1, 1987?  Yes  No

If "Yes" name of employer \_\_\_\_\_

Note: Under Florida Law, preference in appointment shall be given by the state first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans' Affairs, PO Box 1437, St Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

#### IV. WORK EXPERIENCE

##### Present and Prior Employment

List below all present and past employment, for at least the past 10 years, beginning with your most recent employer. Include summer and part-time jobs. All time must be accounted for. If unemployed, or in school, include these dates. Attach additional sheets if necessary.

**MUST HAVE COMPLETE ADDRESS-INCLUDING CITY, STATE, AND ZIP CODE.**

May we contact your present employer?  yes  no

<b>Most Recent Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started</b> <b>Starting Salary: \$</b> <b>per</b>	<b>Starting Position</b>	
<b>Date Left</b> <b>Salary on Leaving: \$</b> <b>per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started</b> <b>Starting Salary: \$</b> <b>per</b>	<b>Starting Position</b>	
<b>Date Left</b> <b>Salary on Leaving: \$</b> <b>per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started</b> <b>Starting Salary: \$</b> <b>per</b>	<b>Starting Position</b>	
<b>Date Left</b> <b>Salary on Leaving: \$</b> <b>per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started</b> <b>Starting Salary: \$</b> <b>per</b>	<b>Starting Position</b>	
<b>Date Left</b> <b>Salary on Leaving: \$</b> <b>per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

<b>Previous Employer</b>	<b>Address</b>	<b>Telephone</b>
<b>Date Started</b> <b>Starting Salary: \$</b> <b>per</b>	<b>Starting Position</b>	
<b>Date Left</b> <b>Salary on Leaving: \$</b> <b>per</b>	<b>Position on Leaving</b>	
<b>Name and Title of Supervisor</b>		
<b>Description of Duties</b>	<b>Reason for Leaving</b>	

**V. REFERENCES (3 REQUIRED)**

**Excluding Former Employer or Relatives. MUST BE FILLED OUT COMPLETELY.**

<b>Name and Occupation</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Name and Occupation</b>	<b>Address</b>	<b>Telephone Number</b>
<b>Name and Occupation</b>	<b>Address</b>	<b>Telephone Number</b>

**APPLICANT'S CERTIFICATION AND AGREEMENT**

**I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the District to make an investigation of any of the facts set forth in this application.**

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

**Applicant's Signature:** \_\_\_\_\_