

Name: _____
Last First Middle



Fernandina Beach Fire Department

Employment Application

**516 SOUTH 10TH STREET, SUITE 118
FERNANDINA BEACH, FL 32034
(904)277-7331**

**AN AFFIRMATIVE ACTION EMPLOYER
AN EQUAL OPPORTUNITY EMPLOYER**

As an Equal Opportunity Employer, it is the policy of the City of Fernandina Beach to afford equal employment opportunity to all individuals, regardless of their race, color, creed, religion, sex, national origin, age, marital status, military/veteran status, protected characteristics, or any non-job-related disability or medical condition.



CITY OF FERNANDINA BEACH

Fire Department

Harvey T. Silcox

Fire Chief

Dear Applicant,

Welcome to the Fernandina Beach Fire Department's hiring process.

The Fernandina Beach Fire Department was first established in 1883, and has evolved over the years to become the "All-Hazards" department it is today. The equipment may have changed, but the basic mission, "To protect lives and property, and to serve the citizens of the City of Fernandina Beach to the best of our ability" remains the same.

Working as a firefighter in our department offers many educational opportunities. Fire Prevention, Public Safety Education, Advanced Life Support Transport, Fire Suppression, Technical Rescue, Ocean/Marine Rescue, and Hazardous Materials Response are all services provided by our department. Firefighters are also able to train with outside agencies and even continue their postsecondary education throughout their time here. Additionally, we participate in a variety of charitable fundraisers and team events to give back to our community.

Being a member of the Fernandina Beach Fire Department is more than a job; it is a commitment to other department members, and to the citizens of our great city. If you are selected for this position, you will need to demonstrate pride and professionalism, personal respect, and integrity – both on and off duty. These qualities are essential to maintaining a positive work environment and a healthy department.

Best Regards,

Harvey T. Silcox, Fire Chief

FIREFIGHTER APPLICATION PACKET

This completed Firefighter application packet must be submitted to the Human Resources Department of the City of Fernandina Beach, at: 204 Ash Street, Fernandina Beach, FL 32034 prior to your testing date. Only complete application packages will be processed. All required documents must be submitted at the time you submit your application. Make sure you provide copies of the following with your application:

- 1) Current ACLS/BLS Certification**
- 2) Current State of Florida EMT / Paramedic Certification**
- 3) State of Florida Minimum Standards Certificate if applicable**
- 4) State approved 16 hr. Emergency Vehicle Operators Certification (EVOC)**
- 5) Possession of a valid Candidate Physical Ability Test (CPAT or Tri-County Test) issued within the last 12 months.**

CANDIDATE NEW HIRE TESTING PROCEDURES

- 1. All applicants that have completed the packet in the required time frame will be scheduled for a candidate test.**
- 2. The candidate test will be comprised of two phases, which will take place in the same day.**
 - 1) Phase 1 – Written Test**
 - a) Must be passed with a score of 70% or higher to move on to Phase 2.**
 - b) Consists of one-hundred multiple choice questions comprised from:**
 - i) Basic Firefighting knowledge - Essentials of Firefighting, Sixth Edition**
 - ii) Emergency Medical Services - Pre-Hospital Emergency Care**
 - iii) ACLS - American Heart Association**
 - iv) BLS - American Heart Association or American Red Cross**
 - 2) Phase 2 - Oral Interview**

PLEASE PRINT

Date of Application / /

POSITION INFORMATION

Position applying for: _____ Date available for work: _____

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (City) (State) (Zip)

Home Telephone Number: _____ Cell Telephone Number: _____
(Area Code) (Area Code)

Email Address: _____

Other names under which you have been employed or any other names that are necessary to check employment or educational history: _____

Referral Source: _____

Do you have relatives currently working for the CITY OF FERNANDINA BEACH?

Yes No

If yes, list name(s), relationship, position, and location: _____

Have you previously worked as an employee for the CITY OF FERNANDINA BEACH?

Yes No

If yes, last date of employment: / / Employee ID # _____

Have you been convicted of a felony within the past 5 years? Yes No

NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location and explain:

Have you ever been convicted of a drug or alcohol related offense? Yes No

NOTE: a "Yes" answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered. If "Yes", please list date, location and explain:

Can you perform the essential job requirements as described to you, with or without accommodation?

Yes No If "No", please explain: _____

Do you have any commitments to another employer that might affect your employment with our company?

Yes No If "Yes", please explain: _____

EDUCATION AND TRAINING

High School: _____
(Name of School) (City, State)

Did you graduate: ___ Yes ___ No **If no, did you obtain GED?** ___ Yes ___ No

College: _____
(Name of College) (City, State)

Did you graduate: ___ Yes ___ No

If no, # of hours completed _____ **Degree:** _____

Graduate School: _____
(Name of School) (City, State)

Did you graduate: ___ Yes ___ No

If no, # of hours completed _____ **Degree:** _____

Correspondence or Trade School: _____
(Name of School) (City, State) (Course of Study)

What job-related professional licenses and/or certifications do you hold?

Please list licenses/certifications with expiration dates as applicable and attach copies:

Have you ever served in the U.S. Military Service? ___ Yes ___ No **If "Yes," Branch?** _____

Type of skills and training:

Rank: _____

EMPLOYMENT HISTORY

Begin with the most recent place of employment and go back 10 years. All information will be treated confidentially.

Company Name

Street

City State

Supervisor

Supervisor's Title

Employed from _____ to _____

Position Title _____

Duties _____

Ending Salary \$ _____

Reason for leaving: _____

Phone _____

Company Name

Street

City State

Supervisor

Supervisor's Title

Employed from _____ to _____

Position Title _____

Duties _____

Ending Salary \$ _____

Reason for leaving: _____

Phone _____

Company Name

Street

City State

Supervisor

Supervisor's Title

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Position Title _____

Duties _____

Ending Salary \$ _____

Reason for leaving: _____

Phone _____

Company Name

Street

City State

Supervisor

Supervisor's Title

Employed from _____ to _____

Position Title _____

Duties _____

Ending Salary \$ _____

Reason for leaving: _____

Phone _____

EMPLOYMENT HISTORY CONTINUED

Begin with the most recent place of employment and go back 10 years. All information will be treated confidentially.

<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>
<p>_____ Company Name</p> <p>_____ Street</p> <p>_____ City State</p> <p>_____ Supervisor</p> <p>_____ Supervisor's Title</p>	<p>Employed from _____ to _____</p> <p>Position Title _____</p> <p>Duties _____</p> <p>Ending Salary \$ _____</p> <p>Reason for leaving: _____</p> <p>Phone _____</p>

PLEASE READ CAREFULLY

AUTHORIZATION AND UNDERSTANDING

I represent that the answers and information given by me in this application are true and complete. I authorize the City of Fernandina to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions) contracted by the Company to furnish any information relevant to my application for employment. I agree to sign all necessary release forms to be provided to these third parties for the release of such information. I understand that any misrepresentation or omissions of fact requested is cause for dismissal.

I understand that any offer of employment is conditioned on my successful completion of a post-offer drug screening.

I FURTHER UNDERSTAND AND AGREE THAT, EXCEPT AS IT MAY BE PROVIDED OTHERWISE BY APPLICABLE COLLECTIVE BARGAINING AGREEMENT, EMPLOYMENT WITH THE CITY OF FERNANDINA BEACH IS AT WILL AND THAT EITHER I OR THE COMPANY CAN TERMINATE MY EMPLOYMENT AND COMPENSATION, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. I ACKNOWLEDGE THAT NO REPRESENTATIONS, EITHER ORAL OR WRITTEN, HAVE BEEN MADE TO ME TO THE CONTRARY AND THAT ANY PRE-EXISTING UNDERSTANDINGS WHICH CONTRADICT AN AT WILL STATUS OF EMPLOYMENT ARE CANCELLED. FURTHER, I UNDERSTAND THAT ONLY THE CITY COMMISSION HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY FIXED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING AND AUTHORIZED BY THE CITY COMMISSIONERS.

In consideration of my employment, I agree to conform to the rules and policies of the City of Fernandina Beach.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTOOD THE ABOVE PARAGRAPHS AND AGREE TO THE FOREGOING CONDITIONS OF EMPLOYMENT.

SIGNATURE

DATE

The CITY OF FERNANDINA BEACH is an Equal Opportunity Employer- We Do Not Discriminate on the Basis of Race, Color, Religion, Sex, National Origin, Age, Disability, Veteran Status or any other protected characteristic.

SIGNATURE

DATE

**FERNANDINA BEACH FIRE RESCUE DEPARTMENT
TOBACCO PRODUCT AFFIDAVIT**

I, _____, understand that as a condition of my employment with the Fernandina Beach Fire Department, I must be tobacco-free. I hereby affirm that I am not currently a user of tobacco products. I further understand that use of tobacco products while employed by the City of Fernandina Beach, whether on-duty or off-duty, will constitute a violation of this condition of employment and that my employment may be terminated.

APPLICANT/EMPLOYEE

DATE

WITNESS

DATE

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

(PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY)

TO ALL APPLICANTS:

The CITY OF FERNANDINA BEACH considers qualified applicants for employment, without regard to race, color, religion, sex, national origin, disability, veteran status or age. In order that we comply with our equal employment record keeping requirements, the following is a questionnaire to be filled out by all applicants. This questionnaire will be kept in a confidential file. It will not adversely affect your opportunity for employment.

NAME: _____

DATE: _____

POSITION APPLYING FOR: _____

POSTING #: _____

HOW WERE YOU REFERRED TO OUR COMPANY?

CHECK ONE:

FEMALE

MALE

CHECK ONE:

American Indian/Alaskan Native

Asian/Pacific Islander

Black

Hispanic

White