



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

*Please return the following with your completed application:*

- 1) Verification of current Florida Firefighter certificate.
- 2) Copy of current Florida Paramedic or EMT certificate, or DOT First Responder Card as applicable.
- 3) Copy of high school diploma.
- 4) Armed forces separation papers (00214), or report of transfer, if applicable.
- 5) Notarized affidavit of non-use of tobacco or tobacco products (attached).
- 6) Notarized authorization to release information (attached).
- 7) Verification of current Candidate Physical Ability Test (CPAT) Pass rating.

***Following any conditional offer of employment***, and in addition to a written and agility test, the following will be required:

- 1) Copy of birth certificate.
- 2) Copy of valid Florida driver's license.
- 4) Psychological assessment.
- 3) Medical and Wellness exam to the extent determined by the City of So. Pasadena.
- 4) Drug screening.
- 5) Complete background check.
- 6) Copy of Social Security card or verification of Social Security Card number.
- 7) Documents verifying eligibility to work in the United States if appropriate.

*Return application to: S. Pasadena Fire Department, 911 Oleander Way So., So. Pasadena, FL 33707-2150*



# CITY OF SOUTH PASADENA

## APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

**PLEASE PRINT**

Position(s) Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Last Name	First Name	Middle Initial
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Address	City	State	Zip
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Telephone Number (\_\_\_\_\_)\_\_\_\_\_

In case of emergency, please notify:

Name	Address	Phone
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Have you ever been known by any other name?

Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a social security card? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Eligibility to work in the United States is subject to verification upon hire.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*  
It is the policy of the City of So. Pasadena not to discriminate on the basis of race, sex, color, national origin, religion, age, marital status or disability and further to make reasonable accommodations as required by law.

Have you ever been convicted of a felony or pled nolo contendere, regardless of adjudication?

Yes \_\_\_\_\_ No \_\_\_\_\_

(Conviction or a plea of nolo contendere will not necessarily disqualify an applicant from employment).

IF YOU ARE APPLYING FOR A POSITION WHICH INVOLVES DRIVING, PLEASE COMPLETE THE FOLLOWING THREE QUESTIONS:

Current Valid Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_

Type of License: Operator's \_\_\_\_\_ Chauffeur's \_\_\_\_\_ Restricted \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail: \_\_\_\_\_

(Note: Applicant's police and driving records will be checked).

\_\_\_\_\_  
\_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, state birthdate: \_\_\_\_\_

**EDUCATION**

	<u>School Name &amp; Address</u>	<u>Years Completed</u>	<u>Diploma/ Degree</u>
Elementary School	_____	_____	_____

High School	_____	_____	_____
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Undergraduate College/University	_____	_____	_____
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Graduate/ Professional	_____	_____	_____
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Describe any job-related specialized training, apprenticeship, skills and extra-curricular activities.

\_\_\_\_\_  
\_\_\_\_\_

State any additional job-related information you feel may be helpful to us in considering your application.

\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices you would like us to consider.

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**REFERENCES**

Please list name, address and telephone number of three references who are not related to you.

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**HEALTH**

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

All job offers are conditioned on successful completion of a physical examination administered by an authorized City physician.

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Length of service (dates) From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

2. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Length of service (dates) From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_  
Job Title \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Length of service (dates) From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Work performed: \_\_\_\_\_  
\_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

**COPIES OF THE FOLLOWING DOCUMENTS TO BE SUBMITTED PRIOR TO EMPLOYMENT:**

1. Birth certificate.
2. Required education: High school diploma or GED.
3. Armed Forces (report of transfer or discharge, if applicable).
4. Valid driver's license (if you are a licensed driver).
5. Documents verifying eligibility to work in the United States.

**MILITARY RECORD**

Have you ever served in any branch of the Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which branch? \_\_\_\_\_

Date(s) From: \_\_\_\_\_ To: \_\_\_\_\_ Total Time: \_\_\_\_\_

Did you ever receive a dishonorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If you are an honorably discharged veteran, you may be eligible for Veteran’s Preference in consideration of your application for employment. Substantiating documentation must be furnished at the time of application.

Do you request a Veteran’s Preference? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please designate the basis for your preference below:

- \_\_\_\_\_ 1. As a Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.
- \_\_\_\_\_ 2. As 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.
- \_\_\_\_\_ 3. As 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, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.
- \_\_\_\_\_ 4. As the unremarried spouse of a Veteran who was killed in action, or died of a service-connected disability.

Brand of Service	Date of Entry	Date of Discharge

Have you been employed through Veteran’s Preference since October 1, 1987? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, name of employer: \_\_\_\_\_

NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with FS 295.08 may file a complaint with THE DIVISION OF VETERANS’ AFFAIRS, P.O. BOX 1437, ST. PETERSBURG, FLORIDA 33731, within 21 calendar days from the date of notice of hiring decision.

**APPLICANT CERTIFICATION (READ CAREFULLY BEFORE SIGNING):**

I certify that all statements made by me on this application are true and complete to the best of my knowledge. I understand that should I be employed, any false, incomplete or incorrect statements of any fact may cause dismissal from City employment, regardless of when discovered.

I agree to furnish proof to substantiate the information on this application. I also agree to submit to a medical examination as may be required after an offer of employment has been extended and I understand that all offers of employment are conditioned on such medical examination. Such examination may include a drug and alcohol screening. Further, I understand that I may be subject to drug and alcohol screening after employment.

I voluntarily give permission to the City of South Pasadena to make investigations of information contained in this application and do hereby fully release the City and its agents from liability for doing so.

I attest that I do not use tobacco products and have not used tobacco products within a period of at least one year prior to this date.

If I am employed by the City of South Pasadena, I will conform to the rules, regulations and policies of the City of South Pasadena and understand that my employment can be terminated at any time, with or without cause, and with or without notice, by either myself or the City.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby authorize any firefighter or authorized representative of the South Pasadena Fire Department bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records or education records including, but not limited to, achievement, attendance, personal history and disciplinary records, medical records and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the South Pasadena Fire Department. Consent is granted for the South Pasadena Fire Department to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, any employer, educational institution, physician, hospital or other repository of medical records, including its officers, employees or other related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with the authorization and request to release information or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(Please Print)

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: (     ) \_\_\_\_\_

\_\_\_\_\_  
Signature

State of Florida  
County of Pinellas

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

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

My Commission Expires on: \_\_\_\_\_



Seal



**DEPARTMENT OF INSURANCE AND TREASURER  
DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING**

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby affirm I have not been a user of 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.

\_\_\_\_\_  
Signature of Applicant

State of Florida  
County of Pinellas

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did not take an oath.

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

My Commission Expires on: \_\_\_\_\_



Seal