# A picture containing text, aircraft, blue, airplane Description automatically generated

# Employment Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: | Click or tap here to enter text. | Click or tap here to enter text. |  | Date: | Click or tap here to enter text. |
|  | Last | First | M.I. |  |  |

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| --- | --- | --- |
| Address: | Click or tap here to enter text. |  |
|  | Street Address | Apartment/Unit # |

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|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | City | State | ZIP Code |

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| Phone: | Click or tap here to enter text. | Email | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| Date of Birth: | Click or tap here to enter text. | Social Security No.: | Click or tap here to enter text. | Driver’s License #: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| Position Applied for: | Click or tap here to enter text. | FCDICE #: Click or tap here to enter text. | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this department? | YES | NO | If yes, when? | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: | Click or tap here to enter text. |
|  | Click or tap here to enter text. |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: | Click or tap here to enter text. | Address: | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | Click or tap here to enter text. | To: | Click or tap here to enter text. | Did you graduate? | YES | NO | Diploma: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| College: | Click or tap here to enter text. | Address: | Click or tap here to enter text. |

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| From: | Click or tap here to enter text. | To: | Click or tap here to enter text. | Did you graduate? | YES | NO | Degree: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: | Click or tap here to enter text. | Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | Click or tap here to enter text. | To: | Click or tap here to enter text. | Did you graduate? | YES | NO | Degree: | Click or tap here to enter text. |

## References

Please list three professional references different from your previous employer or supervisors

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| --- | --- | --- | --- |
| Full Name: | Click or tap here to enter text. | Relationship: | Click or tap here to enter text. |
| Company: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |  |  |
|  |  |  |  |
| Full Name: | Click or tap here to enter text. | Relationship: | Click or tap here to enter text. |
| Company: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |  |  |
|  |  |  |  |
| Full Name: | Click or tap here to enter text. | Relationship: | Click or tap here to enter text. |
| Company: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Supervisor: | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: Click or tap here to enter text. |  | Starting Salary: | $ Click or tap here to enter text. | Ending Salary: | $ Click or tap here to enter text. |

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| --- | --- |
| Responsibilities: | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| From: | Click or tap here to enter text. | To: | Click or tap here to enter text. | Reason for Leaving: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
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| --- | --- | --- | --- |
| Company: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Supervisor: | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| Job Title: | Click or tap here to enter text. | Starting Salary: | $ Click or tap here to enter text. | Ending Salary: | $ Click or tap here to enter text. |

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| --- | --- |
| Responsibilities: | Click or tap here to enter text. |

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| From: | Click or tap here to enter text. | To: | Click or tap here to enter text. | Reason for Leaving: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
| PREVIOUS EMPLOYMENT (cont.) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Supervisor: | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: | Click or tap here to enter text. | Starting Salary: | $ Click or tap here to enter text. | Ending Salary: | $ Click or tap here to enter text. |

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| --- | --- |
| Responsibilities: | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| From: | Click or tap here to enter text. | To: | Click or tap here to enter text. | Reason for Leaving: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## Military Service

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| --- | --- | --- | --- | --- | --- |
| Branch: | Click or tap here to enter text. | From: | Click or tap here to enter text. | To: | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| Rank at Discharge: | Click or tap here to enter text. | Type of Discharge: | Click or tap here to enter text. |

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| If other than honorable, explain: | Click or tap here to enter text. |

## Disclaimer and Signature

**\*\*\*\*PLEASE NOTE THE FOLLOWING BEFORE SIGNING THIS APPLICATION\*\*\*\***

* **If this application is incomplete or not signed in ink, it will be rejected without further notice.**
* **An employment physical will include drug screening.**
* **A criminal history background investigation will be conducted.**
* **A driver’s license history will be conducted.**
* **On certain job descriptions a credit history will be conducted.**
* **Copy of driver’s license, if applicable to position applied.**
* **High school diploma.**

***AGREEMENT:*** *To the best of my knowledge, I certify that answers given herein are true and complete. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. In the event of my employment, I will abide by all rules and regulations of Useppa Island Fire Rescue and understand that* ***FALSE OR MISLEADING*** *information given herein or during my interview(s)* ***WILL*** *result in immediate discharge.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | Click or tap here to enter text. |

**NON-DISCRIMINATION POLICY:** It is Useppa Island Fire Rescue’s policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations, or because of race, color, creed, sex, age, or national origin.

Applicants with disabilities will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. All complaints should be submitted in writing to the President of the Executive Fire Board.

## Disclaimers and Permissions

**PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS INITIAL EACH AND SIGN BELOW:**

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
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| Click or tap here to enter text. |

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| I hereby certify to the best of my knowledge that all of the information contained in the application is True. Any willful misrepresentation or omission of facts will give cause for my application not to be considered and if I have been employed, will be cause for my immediate discharge. |
| I hereby give my permission to Useppa Island Fire Rescue to make investigations related to this application, and for my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerned me, whether on record or not, I release them and their company from any liability for any damage whatsoever for issuing same. |
| I understand and agree that all policies and procedures may be modified, amended, or deleted by Useppa Island Fire Rescue with or without notice to me or such amendment, modification, or deletions, that the policies and procedures, whether oral or written are to be advisory only and are not to be interpreted as a contract of employment or to give me any right of continued employment. |
| I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration for employment. |
| I understand that, if Useppa Island Fire Rescue, Florida, employs me my Employment will be at the will and pleasure of the UIFR and may be terminated by UIFR at any time, for any or no reason with or without notice. As all employees serve at the will and pleasure of UIFR there is no requirement that the employer establish just cause for any employment action up to and including discipline, transfers, layoffs, or discharge. |
| I understand that my employment, if for a driving position, is contingent upon my having a clean driving record for the immediate past three years, and I hereby give my permission to Useppa Island Fire Rescue to make investigation related to this contingency. |

# PERSONAL INQUIRY WAIVER

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| --- | --- | --- | --- |
| Full Name: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Last | First | M.I. |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth: | Click or tap here to enter text. | Social Security No.: | Click or tap here to enter text. |

I respectfully request and authorize you to furnish to the Useppa Island Fire Rescue, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the Useppa Island Fire Rescue in determining my qualifications for the position I am seeking with Useppa Island Fire Rescue.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | Click or tap here to enter text. |

of Applicant

|  |  |
| --- | --- |
| Printed Name: | Click or tap here to enter text. |

of Applicant

## USEPPA ISLAND FIRE RESCUE

**200 Useppa Island Bokeelia, FL 33922**

# ATTENTION – THIS STATEMENT MUST BE READ

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

* To process and report wages pursuant to the Social Security Administration
* To report income pursuant to the Federal Department of Internal Revenue Service
* To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act
* For Drug Screening Test
* Identification to process your Workman’s Comp Benefits

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| --- | --- | --- | --- |
| Signature: |  | Date: | Click or tap here to enter text. |

of Applicant

|  |  |
| --- | --- |
| Printed Name: | Click or tap here to enter text. |

of Applicant

|  |  |
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| **ADMINISTRATION** | **SECTION 2 POLICIES** |
| **20.5 Drug-Free & Alcohol-Free Workplace** | A pair of glasses  Description automatically generated with medium confidence**Approved by**  **Robert McGilloway, Fire Chief** |
| **Date: June 1, 2022** | **Revised:** |

**Purpose**

Useppa Island Fire Rescue is committed to safeguarding the health of our employees and

**Objective**

To provide personnel with a guideline that recognizes and upholds equality for gainful employment or providing a safe work environment for everyone. Because of this UIFR has implemented a Drug-Free and Alcohol-Free Workplace Policy. Useppa Island Fire Rescue recognizes that employee drug use and alcohol abuse is a serious problem and has adverse impacts on our department, our image, the health, welfare and safety of our employees and the community of Useppa Island.

**Scope**

Personnel, perspective employees and volunteers

**Guideline**

It is the intent of this policy to keep the Useppa Island Fire Rescue in the highest standards that can be set forth by our profession. We must recognize the responsibility and obligation we have to conduct our personal and professional life with scrupulous attention to the trust and confidence, which this community and organization requires.

Useppa Island Fire Rescue intends to ensure a safe and productive environment. Accordingly, this policy prohibits being under the influence, use, possession, transportation, promotion, or sale of illegal drugs or drug paraphernalia, or otherwise legal but illicitly used substances by any member while on duty or premises, fire ground and training operations and any time representing the department in any capacity. This includes prescribed and over the counter drugs not being used for their intended or authorized purpose and abusive use of alcohol. Alcohol consumption must be at least eight hours prior to reporting for duty.

Useppa Island Fire Rescue supports the efforts of its members seeking assistance for substance abuse. We recognize that a member's health can affect their performance at a fire or EMS call, the quality of their work at the station, and safety of all firefighters around them. Each member has the responsibility to seek information, counseling, and assistance for their own substance abuse problem. The member shall assume financial responsibility for all services.

Use, possession, transportation, promotion, or sales of illegal drugs or drug paraphernalia, or otherwise legal, but illicitly used substances may result in termination of employment.

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**USEPPA ISLAND FIRE RESCUE DRUG FREE WORKPLACE**

**ACKNOWLEDGEMENT & TESTING CONSENT FORM**

My initials below indicate acknowledgement and agreement to the following:

I agree that Lab Corp, Quest Diagnostics or Lee Health may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the Useppa Island Fire Rescue for analysis. I further agree to hereby authorize the release of the test results to the Useppa Island Fire Rescue.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I understand that my current or future use of illegal drugs may prohibit me from being employed at the Useppa Island Fire Rescue.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

Pre-employment: As a part of the new-hire process.

Post-Accident: After causing, contributing to, or being involved in a workplace accident.

Random: As a part of an unbiased and periodic testing program.

Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Print Name: | Click or tap here to enter text. |

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| **ADMINISTRATION** | **SECTION 2 POLICIES** |
| **20.6 Smoke Free/Tobacco Free** | A pair of glasses  Description automatically generated with medium confidence**Approved by**  **Robert McGilloway, Fire Chief** |
| **Date: June 1, 2022** | **Revised:** |

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Florida Statute provides that in an event a full time Firefighter becomes disabled due to a heart or lung disease, it is presumed that this disability is a result of his/her employment as a firefighter. The State of Florida requires a person who applies for a full-time job as a Firefighter to be a nonuser of tobacco or tobacco products for at least one (1) year immediately preceding application (House Bill 1456) and remain nonsmokers thereafter continued employment.

**Purpose:**

In view of this law and research indicating that smoking is linked to heart and lung disease, Useppa Island Fire Rescue had determined to adopt a Smoke Free Workplace Policy to protect and enhance indoor air quality and contribute to the health and well-being of all its members, employees, and visitors.

**Scope:**

Any Firefighter with Useppa Island Fire Rescue shall be required, as an absolute condition of continued employment, to refrain from smoking cigarettes, cigars, pipes, or use of tobacco products of any kind at all times on or off duty.

**Definition:**

* Smoking refers to the use of traditional tobacco products,
* \*Vaping refers to the following:
  + - Use of electronic nicotine delivery systems (e-cigarettes, e-cigars, e-hookahs and e-pipes).
* Tobacco refers to dipping, pouches or any alternative that delivers nicotine into your system

\*To date, e-cigarettes and similar devices are not regulated by the U.S. Food and Drug Administration (FDA) and are not approved as cessation aids. The FDA has, however, concluded the e-cigarette pose health risks and contains detectable levels of carcinogens and toxic chemicals. At this time, e-cigarettes are not considered a safe alternative to smoking and no scientific evident has shown that they help smokers quit.

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**STATE OF FLORIDA FIREFIGHTER NON-USE OF TOBACCO LAW**

**AND USEPPA ISLAND FIRE RESCUE FIREFIGHTER NONSMOKING POLICY**

Statute provides that in the event a Firefighter becomes disabled due to a heart or lung disease, it is presumed that this disability is a result of his/her employment as a Firefighter. In view of this law and research indicating that smoking is linked to heart and lung disease, the State of Florida requires a person who applies for a job as a Firefighter to be a nonuser of tobacco or tobacco products for at least one (1) year immediately preceding application (House Bill 1456).

In addition, it is the Useppa Island Fire Rescue's policy that all future Firefighters shall remain nonsmokers. As an absolute condition of continued employment, to refrain from smoking cigarettes, cigars, pipes, or tobacco products of any kind at all times whether on or off duty.

Any Firefighter who violates this provision will be subject to disciplinary action up to and including discharge.

I have read the above and understand that as a condition of employment as a Firefighter with Useppa Island Fire Rescue, I attest that I have been a nonuser of tobacco or tobacco products for at least one (1) year immediately preceding application for this position and will remain smoke free during the employment/application process.

Furthermore, I understand that I must refrain from smoking cigarettes, cigars, pipes, or tobacco products of any kind, whether on or off duty and violation of this rule can result in my discipline up to and including discharge from employment with Useppa Island Fire Rescue.

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| --- | --- | --- | --- |
| Signature: |  | Date: | Click or tap here to enter text. |

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_

by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SEAL) Notary Public (SEAL)

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| Personally known: |  | or Produced Identification : |  |

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| --- | --- |
| Type of Identification Produced : |  |

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| Signature of Notary : |  |