



# Useppa Fire Rescue

PO Box 640  
Bokeelia, FL 33922  
239-283-7578  
<https://useppafire.org/>

Career application send to: [uifd@useppafire.org](mailto:uifd@useppafire.org)  
Volunteer application send to: [uifdv@useppafire.org](mailto:uifdv@useppafire.org)

**Applying for:**     FF/EMT         FF/PARAMEDIC         VOLUNTEER         SUPPORT

GENERAL INSTRUCTIONS: Answer all questions which apply to you. If you need additional space, put this information on the last page provided; return the completed application along with any copies of certifications or documents. For questions that DO NOT apply to you insert N/A, for not applicable. Applications need to be completed with the form template provided; the completed application form may be printed, but only can be saved electronically if renamed as a PDF file.

### BIOGRAPHICAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Address (City, State, Zip): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### CITIZENSHIP:

Are you a U.S. Citizen?     Yes     No  
If you are not a U.S. Citizen, do you have a work visa?     Yes     No

**EEOC INFORMATION:** The Uniform guidelines on Employee Selection Procedures require records to be kept by sex and the five race/ethnic categories defined by the Equal Employment Opportunity commission (EEOC). The Uniform guidelines on Employee Selection Procedures adopted as in the final rules by the EEOC, the Office of Personnel Management, the Justice Department, and the Department of Labor. The Fire Department has adopted safeguards to ensure that the records required are used for appropriate purposes within this department such as determining adverse impact, or for monitoring our affirmative action program.

**BACKGROUND INFORMATION:** Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit parking violations and any other offense committed before your 18th birthday, which had final adjudication in a juvenile court or under a Youth Offender law.     Yes     No

If yes explain:

**NOTE:** a prior record of conviction(s) will not necessarily disqualify you from employment. Each case is considered individually, however withholding or falsifying information may result in termination if hired.

**MILITARY SERVICE:**

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Branch: \_\_\_\_\_

Have you ever been convicted by general court martial ?  Yes  No

High School / Vocational / College	Diploma / Certification / Degree	Date

**TRAINING:**

Florida Certified Firefighter II:  Yes  No   
 Emergency Vehicle Operator Course:  Yes  No  
 Florida Certified Paramedic:  Yes  No   
 Lee County Paramedic Credentials  Yes  No  
 Florida Certified EMT:  Yes  No   
 Lee County EMT Credentials  Yes  No

**SKILLS:** Please list skills or certifications you consider beneficial to the position you are applying for:

**DRIVER'S LICENSE:**

Do you possess a current, valid Florida Driver's license?  Yes  No

Operator's License: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Commercial License: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you been cited for any violations in which points were assessed against your license in the past five years?

If yes, how many violations? \_\_\_\_\_

How many points? \_\_\_\_\_

Has your driver's license been suspended or  Yes  No If yes, explain - time period:

**Current Employer:**

Are you presently employed?  Yes  No Employer: \_\_\_\_\_

If yes, may we contact your present employer?  Yes  No Employer Phone # \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**Previous Employment:**

Employer:		Phone #:	
Job Title:		Supervisor:	
Address (Street/ City/State/zip)			
Duties:		Date Employed:	
Reason for Leaving:			

Employer:		Phone #:	
Job Title:		Supervisor:	
Address (Street/ City/State/zip)			
Duties:		Date Employed:	
Reason for Leaving:			

Employer:		Phone #:	
Job Title:		Supervisor:	
Address (Street/ City/State/zip)			
Duties:		Date Employed:	
Reason for Leaving:			

**REFERENCES:**

List **three (3)** references (other than employers). Name, address, phone and how long they have known you.

	NAME	ADDRESS	PHONE	YRS
1.				
2.				
3.				

**IMPORTANT NOTICE:** Should you be offered employment, we will need to make a copy of your Social Security card and Driver's License which bears your photo, in order to comply with the U.S. Immigration Reform and Control Act of 1986 and Fire Department Rules and Regulations. If you do not have a Florida Driver's License, you may substitute a Certificate of U.S. Citizenship, Certificate of Naturalization, valid foreign Passport, or Resident Alien Card. A valid Florida Driver's License will be required during the first year of employment and must continuously maintain. Should you not be able to provide the needed documents, your hiring will be delay until meeting all requirements. In all cases, you will need a Social Security Card and be required to show it in order before hiring. If you have lost your card, notify your nearest Social Security Administration Office, for a replacement card.

**ATTENTION: THIS STATEMENT MUST BE SIGNED:** Read the following paragraphs carefully before signing:

1. Be advised that the Florida State Supreme Court has ruled that all information supplied while making application for employment with all state, county and municipal entities and agencies, becomes a part of Public Record under provision of Chapter 119 of Florida Statutes, and as such must be made available to interested parties upon specific request.
2. All information you provide will be considered in reviewing your application, and false answer to any question may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to verification, including a check of your finger prints, police records, driving record, and former employers.
3. Employees shall be tobacco free for one (1) year prior to employment in accordance with Florida Statute 633.34(6). Employees shall remain tobacco free on and off-duty for the duration of their employment. My signature below reflects compliance with this requirement.

By my signature, I hereby authorize the Useppa Island Fire Rescue Department Admin to investigate my criminal background, motor vehicle driving record, and to obtain college or university transcripts, and/or employment references from my former employers.

**CERTIFICATION:** *I certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.*

\_\_\_\_\_  
Signed By

\_\_\_\_\_  
Date

Other information or training that may be pertinent to the position for which you are applying:

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**DO NOT WRITE BELOW THIS SECTION**

**Date Application Received:** \_\_\_\_\_

**Copy of Driver License:** \_\_\_\_\_

**Firefighter Certificate Received:** \_\_\_\_\_

**Paramedic/EMT License Received:** \_\_\_\_\_

**Driver License Check Complete:** \_\_\_\_\_

**Copy of SSN Card:** \_\_\_\_\_

**No.:** \_\_\_\_\_

**No.:** \_\_\_\_\_

**Background Check Complete:** \_\_\_\_\_