



Pace Fire Rescue District

4773 Pace Patriot Blvd.
Pace, FL 32571
850-994-6884

APPLICATION FOR EMPLOYMENT

Name _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Emergency Contact Name _____ Emergency Contact Phone _____

If offered a position, are you able to provide proof you are legally eligible to work in the U.S.? Yes No

Do you have a valid Florida Drivers License? Yes No

Have you ever worked or attended school under another name? Yes No

If yes, under what name? _____

Have you ever been formerly convicted of a crime? Yes* No

If yes, give details, including dates:

*A "yes" answer will not automatically disqualify you from employment. PFRD will consider the nature and date of the offense and the job for which you are applying for job related purposes only, and only to the extent permitted by applicable law.

Position Applying For: _____ Date Available: _____

EMPLOYMENT HISTORY

List your current and previous employment, beginning with the most recent. Attach supplement if necessary.

Date From	Date To	Name	Salary	Position	Reason for Leaving

EDUCATION

List the details for any education that applies.

	Name	Graduated?	Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATIONS

List the date acquired for any certificate that applies. Attach copies of certificates.

Certificate	Date Acquired	Certificate	Date Acquired	Certificate	Date Acquired
FL Certificate of Compliance		PALS		ICS-100	
FL EMT		ACLS		ICS-700	
FL EMTP		BTLS		ICS-300	
EVOC – 16 hours		CPR		Other:	

PROFESSIONAL REFERENCES

Business	Name of Reference	Working Relationship	Phone Number
			1

ALL APPLICANTS FOR EMPLOYMENT: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

EMPLOYMENT REFERENCE RELEASE

_____initial

I acknowledge that I have been informed that it is Pace Fire Rescue District's general policy to disclose in response to a prospective employer's request only the following information about current or former employees: (1) dates of employment, (2) descriptions of the jobs performed and (3) salary or wage rates.

By signing this release, I am voluntarily requesting that any above listed employment references respond to requests from PFRD, a prospective employer that may be considering me for employment. I authorize any above listed employment reference to disclose to PFRD any employment related information that, in its sole discretion and judgment, it may decide is appropriate to disclose. This may include any personal comments, evaluations, or assessments that company personnel may have about my previous performance or behavior as an employee.

I agree to release and discharge any above listed employment references and their successors, employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to its disclosure of employment related information to prospective employers. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I state that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney and other individuals of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between Pace Fire Rescue District and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

TOBACCO STATEMENT

_____initial

I acknowledge that tobacco use of any kind (e.g., smoking, chewing, dipping, etc.) is prohibited for me whether I am on or off duty, for so long as I am an employee of the Pace Fire Rescue District.

I agree that I will not use tobacco on or off duty for so long as I am an employee of the Pace Fire Rescue District. I further agree that if I do use tobacco while so employed, whether the use is on or off duty, I may be subject to disciplinary action up to and including termination of employment.

AUTHORIZATION AND ACKNOWLEDGEMENTS

My signature below certifies that the facts contained in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal. Furthermore, my signature below indicates that I have read and understood the above releases.

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

BACKGROUND INVESTIGATION WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

To: Concerned Person or
Authorized Representative of
Any Organization, Institution
Or Repository of Records

APPLICANT'S NAME: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NO: _____

Employing Agency Requesting Background Info: Pace Fire Rescue District

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medication records, credit 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 the official use of the requesting agency. Consent is granted for above, to third parties, in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees and 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 this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation to:

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purpose of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under Chapter 760.

Pursuant to Section 633.412 F.S., disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information. 0

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My commission expires on _____, 20_____.

Notary Public

Personally Known or Produced Identification

Type of Identification Produced: _____

Pace Fire Rescue District

EMPLOYEE EXPECTATIONS

At the Pace Fire Rescue District, we believe acting as a firefighter is not just a job, but rather a calling. It's a noble profession where you can make a difference. The calling of a firefighter is a profession of service where you are granted a tremendous autonomy and stewardship of the people's authority. You are charged with the gravity of treating everyone fairly and with respect, not just the ones you like.

With such stewardship come expectations and sacrifices that many have never considered. To put this bluntly, everyone believes they want to be a firefighter – few do it well. Even fewer are willing to accept the self-discipline we are bound by when taking the oath of office.

Please take the time to consider these expectations before pursuing a position with the Pace Fire Rescue District.

1. Be at work on time. This is not a suggestion. ***If you're late, that means someone is covering you. This says that you believe your time is more important than the time of your co-workers.***
2. There will be times you will be called back to work or your days off canceled, due to emergencies. Every effort is made to avoid this. However, the nature of our business dictates this will happen. ***We serve those in need. That service does not have a set schedule.***
3. Because you've accrued time off does not mean you take it. Time off is encouraged but will be scheduled based on the needs of the agency. ***If you magically call in sick every Friday or whenever you accrue leave it will be addressed.***
4. You will work nights, holidays, and weekends over the course of your career. ***Again, we serve those in need and that doesn't always happen Monday through Friday.***
5. This agency is very open to new ideas; however, there is an appropriate time and place to do that. ***While we expect and encourage loyal dissent, do not do this in the middle of a call or in public. Approach your chain of command if an issue arises.***

Pace Fire Rescue District

6. Your appearance will demand respect. If not, we will tell you to correct it. Be prepared for duty mentally, physically, and with your equipment in working order. **No, you cannot dye your hair purple or get a spider tattoo on your neck.**
7. Your education and training is your responsibility, not just ours. Yes, we will invest in the best training possible, but you must invest in learning. **Take pride in being the best. Don't wait for someone to hold your hand.**
8. Take care of your equipment. You're provided some of the best equipment available and have a responsibility to take care of issued equipment. **You may not keep your personal car clean, but you will take care of our apparatus. Scuffed footwear, or a dirty un-pressed uniform will not be tolerated.**
9. You will be held to a higher standard. Your conduct both on and off duty is a reflection of the Chief and this organization. **If your actions, in any way, bring dishonor to this agency or your personal life becomes our problem, there are consequences. (Examples include but are not limited to public intoxication, willingly failing to pay debts, discriminatory behavior, extramarital affairs, distasteful social media posts, using your badge or identification card to solicit special privileges, reckless driving, dancing on the table of a bar...you get the picture.)**

If any of these realizations give you pause, you should not continue in this process.

True courage comes from saying "this is not for me" and understanding there are many other ways to serve the community. But, if you so choose to embark on this journey, it will be one of the most rewarding careers imaginable. You will not become financially wealthy, but you will have a wealth of experience. You will make a difference in people's lives and be in situations to –quite literally—save lives.

The quality of your career is in the making. We will give you the tools, training, and guidance to be successful. You must give us your best.