

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.***

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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.

Other Schools (Trade, Vocational, Business, Military) Name & Address	Dates Attended Mo./Yr.		Credit Hours	Area of Study	Did You Graduate?	Type of Degree/ Certificate
	From	To	Qtr.	Sem.		

4. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

5. Indicate any languages you can

	Fluent	Good	Fair
Speak:			
Read:			
Write:			

6. Indicate any Florida firefighter or EMS education/training or certification: (Attach copy of certification)

7. Have any of your fire or EMT certifications ever been suspended, revoked, relinquished, or subject to discipline or investigation by the Florida Bureau of Fire Administration or Florida Bureau of EMS? Yes No
If yes, please explain:

8. Describe any special abilities, interests, and hobbies including the degree of proficiency:

9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except motor vehicle operator's license):

10. Indicate any special skills you possess and equipment you can use which may be related to firefighter work:

1. List reverse-chronologically, all employment for the last 10 years beginning with present employment, including part time, and summer employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Any and all employees are subject to being contacted for background information.

Firm: _____ Address: _____

Phone: _____ Supervisor: _____

Dates of employment: From ___/___/___ to ___/___/___ Last Position Held: _____

Title: _____ Responsibilities: _____

Reason for Leaving: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____

Dates of employment: From ___/___/___ to ___/___/___ Last Position Held: _____

Title: _____ Responsibilities: _____

Reason for Leaving: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____

Dates of employment: From ___/___/___ to ___/___/___ Last Position Held: _____

Title: _____ Responsibilities: _____

Reason for Leaving: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____

Dates of employment: From ___/___/___ to ___/___/___ Last Position Held: _____

Title: _____ Responsibilities: _____

Reason for Leaving: _____

2. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held? Yes No



1. Have you ever been arrested, charged, or received a notice of summons to appear, convicted, pled nolo contendere or pled not guilty to any criminal violation, regardless if the record was sealed or expunged? Yes No
2. Have you ever received a ticket or been charged with a traffic violation (excluding parking tickets)? Yes No

Provide details for each response to questions 1 & 2.

4. Have you ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition.

5. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No
6. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No If yes to question 5 or 6, please provide details.

1. Are you a licensed Florida automobile operator or chauffeur? Yes No License No.: _____

Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license in another state? Yes No If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
 Yes No If yes, please provide complete details including why license was suspended or revoked.

1. Are you registered for the Selective Service? Yes No If yes, Selective Service Number: _____

Classification: _____ Date of Classification: _____

Address of Local Board: _____

2. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial Number: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

3. Date and type of discharge: _____

4. Are you now or have you ever been a member of a reserve unit or National Guard? Yes No

If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, or camps:

5. Was any type of disciplinary action taken against you in the service? Yes No If yes, please provide:

Date: _____ Place: _____

Nature of offense: _____

Action Taken: _____

6. Have you ever served in the Armed Forces of a foreign country? Yes No If yes, please specify countries and dates:

7. **Veteran's Preference:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be submitted with job application.**

- a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.
- b. 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.
- c. 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, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.
- d. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed using veteran's preference since October 1, 1987? Yes No

If yes, please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in a and b above, and second to those persons included in c and d above. If an applicant claiming veteran's preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veteran's Affairs, P.O. Box 1437, St. Petersburg, FL 33131.



1. List all clubs and/or societies of which you have been a member:

Name	City & State	Former	Present (List position held & Describe activity)

1. Personal references: Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

Complete Name		Home Address: _____
_____ (Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name		Home Address: _____
_____ (Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name		Home Address: _____
_____ (Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: _____

2. Social Acquaintances: Give three(3) social acquaintances in your own age group (including both sexes) who have known you well for the past five (5) years.

Complete Name		Home Address: _____
_____ (Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name		Home Address: _____
_____ (Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name		Home Address: _____
_____ (Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: _____
Complete Name		Home Address: _____
_____ (Last) (First) (Middle)		City & state: _____
Yrs. Acq.	Occupation	Home Phone: () _____
		Business Address: _____
		City & State: _____
		Business Phone: _____

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL
AND WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

1. Applicants Current Address:

Address

City County State Zip Code
()
Telephone Number

2. Applicant's Social Security Number: _____ - _____ - _____

3. Spouse's Name and Address (if different):

Name

Address

City County State Zip Code

4. Children's Names and Ages:

5. Former Spouse's Name and Address:

Name

Address

City County State Zip Code

6. Are you now able to participate in firefighting and EMS tactics, physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you are applying? Yes No

7. This position requires a physical agility test and a medical physical exam; are you able to take this test and exam? Yes No

8. Do you now, or have you ever illegally experimented with, obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature? Yes No

9. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name

Address

City County State Zip Code

10. Please provide name and address of your personal or family physician to be contacted in case of an emergency:

Name

Address

City County State Zip Code

I understand that the "Applicant's Certification" applies in all respects to the responses provided in numbers 1-12 above in this "Confidential Employee History."

Pace Fire & Rescue District is an Equal Opportunity Employer-M/F/D/V- Tobacco-Free, Drug-Free Workplace.

Signature of applicant as usually written

Date

Witnessed by:

Signed

Print

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, medical 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.

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: _____