



# HOLLEY-NAVARRE FIRE DISTRICT

8618 Esplanade Street  
Navarre, FL 32566  
850.939.5236  
admin17@hnfd.org

## *APPLICATION PACKAGE INSTRUCTIONS*

- **Applicants must be in compliance with Florida Statute 633.412 (Florida firefighter qualifications for employment)**
- You must have Firefighter I/II and EMT certification
- You must have a high school diploma or GED
- You must have a clean record. (Prior convictions will be reviewed against the Florida Statutes to determine eligibility)
- Your driving record will be reviewed
- You must be tobacco free for 12 (twelve) months prior to application submission
- You must be in good physical health and able to perform the tasks associated with firefighter duties.

A complete list of required qualifications can be found at <https://www.flsenate.gov/Laws/Statutes/2024/633.412>

### **Part 1: Application Instructions**

1. Complete the application in full and attach the following documents behind the application in order:
  - a. Copy of driver's license
  - b. Copy of high school diploma or GED
  - d. Signed Personal Inquiry Waiver granting permission for background check
  - e. Copy of driving record from your local DMV. If you are a resident of Florida, you can obtain it here: [https://mydmvportal.flhsmv.gov/Home/en/Account/Landing?utm\\_campaign=Homepage&utm\\_content=MyDMVPortal](https://mydmvportal.flhsmv.gov/Home/en/Account/Landing?utm_campaign=Homepage&utm_content=MyDMVPortal)
  - f. Copy of any certifications (Firefighter I/II, EMT, paramedic, etc)
2. Turn in complete packet to:  
HNFD Administrative Office  
8618 Esplanade St  
Navarre, FL 32566  
  
OR email to [admin17@hnfd.org](mailto:admin17@hnfd.org) . **Please note:** It is your responsibility to verify packet was received if sent via email.
3. If application packet meets with the HNFD's current guidelines, you will be contacted for CPAT testing when the hiring process begins. Incomplete packets will not be considered.

### **Part 2: Agility Test**

You will be contacted by phone and emailed the test date and time. The test will consist of tasks or simulations of tasks that firefighters normally perform. The specific guidelines will be given when you are scheduled.

### **Part 3: Personal Interview**

You will be notified of the scheduled time for your interview. You may be requested to bring additional items with you not listed on the application.



# HOLLEY-NAVARRE FIRE DISTRICT

8618 Esplanade Street  
Navarre, FL 32566  
850.939.5236  
admin17@hnfd.org

## APPLICATION

Today's Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

PERSONAL INFORMATION				
<b>Name</b> _____ <small>Last, First, Middle</small> <span style="float: right;"><small>Suffix, Jr., III, etc</small></span>				
Driver's License #		State	Exp.	Class
Address _____ <small>Street City State Zip</small>				
Phone	( ) - ( ) - ( ) -			
<small>Home</small>	<small>Work</small>	<small>Cell</small>	<small>Email</small>	
DOB _____				
CURRENT EMPLOYMENT				
Employer Name		Phone	Supervisor	
Date Employed	Position		Date Left Employment	
Reason for leaving <small>If less than three years list previous employer</small>				
Employer Name		Phone	Supervisor	
Date Employed	Position		Date Left Employment	
Reason for leaving				
BACKGROUND INFORMATION				
Have you ever been arrested? <b>Yes</b> <b>No</b> Have you ever been convicted of a crime? <b>Yes</b> <b>No</b>				
If answered yes to either question list the date and nature of the offense. _____				
CURRENT INFORMATION				
Are you currently certified as a Florida firefighter?		<b>Yes</b>	<b>No</b>	
Date of Certification		Certification Number		
Are you currently certified?	<b>EMT</b>	<b>Yes</b>	<b>No</b>	<b>EMT-P</b> <b>Yes</b> <b>No</b>
Date of Certification	Certification Number			
Do you hold any other certifications? (i.e. <b>HAZMAT</b> , <b>ARFF</b> , etc.)		<b>Yes</b>	<b>No</b>	
<small>List other certification on comments section page 2. All copies of certification must be provided with application.</small>				

<b>PREVIOUS FIRE EXPERIENCE</b> <i>(Volunteer or Paid)</i>				
Department Name			Chief	
Contact Number ( ) -			Email	
Department Name			Chief	
Contact Number ( ) -			Email	
Department Name			Chief	
Contact Number ( ) -			Email	
<b>EDUCATION</b>				
	<b>Name</b>	<b>City State</b>	<b>Date Graduated</b>	<b>Degree Earned</b>
<b>High School</b>				
<b>Vocational</b>				
<b>College</b>				
<b>Other</b>				
<b>EMERGENCY CONTACT</b>				
Name				
	Last, First, MI		Relationship to you	
Address				
	Street	City	State	Zip
Phone				
	Home	Work	Cell	
<b>REFERENCES</b> <i>(List three not related to you.)</i>				
Name				
	Last, First, MI		Relationship to you	
Address				
	Street	City	State	Zip
Phone				
	Home	Work	Cell	Email
Name				
	Last, First, MI		Relationship to you	
Address				
	Street	City	State	Zip
Phone				
	Home	Work	Cell	Email

COMMENTS

*I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



# HOLLEY-NAVARRE FIRE DISTRICT

8618 Esplanade Street  
Navarre, FL 32566  
850.939.5236  
admin17@hnfd.org

## Personal Inquiry Waiver

Applicant's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

I authorize the Holley-Navarre Fire District to access/retrieve any and all information concerning my criminal record, work record, school record, military record, and/or disciplinary reports. This may include information of a confidential or privileged nature, and photostats of the same. This information is to be used to assist in determining my qualifications for the position I am seeking with the Holley-Navarre Fire District.

I hereby release the Holley-Navarre Fire District from any liability or damage which may result from furnishing the information requested above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code