



**HOLLEY-NAVARRE
FIRE DISTRICT**
8618 ESPLANADE ST.
NAVARRE, FL 32566
(850) 939-5236 FAX: (850) 939-0755

APPLICATION PACKAGE INSTRUCTIONS

All applicants will be reviewed for the following items:

You must meet the requirements of Florida Statute 633.34, Firefighter qualification for employment.

You must have a high school diploma or G.E.D

You must have a clean record. (Prior arrests or convictions will be reviewed against the Florida Statutes to determine eligibility).

Your driving record will be reviewed.

You must be in good physical health, tobacco-free for 12 (twelve) months prior to applying and be able to perform the tasks associated with firefighter duties.

PART 1 (Application)

1. Complete the application in full.

- a. Attach copies of any certificates or certifications that you have.
- b. Attach a copy of your high school diploma or G.E.D. and any college degree(s) to the application.
- c. Attach a copy of your driver's license (front only) to the application.
- d. Attach a copy of your immunization record to the application. (If you have one.)

2. Take the Personal Inquiry letter to the Local Law Enforcement Office.

- a. Provide a copy of the completed Background check when submitting application.
- b. Obtain a copy of your driving record from the clerk of court and attach to the application.
 - i. If you have lived in Florida for less than 5 years you will also need a copy of your driving record from your previous state of residence.

3. Turn in the completed package to the HNF D Administrative Section. (We are not responsible for lost or missing packages that are not hand delivered to the Administrative section).

Your application package will be reviewed. If it meets with the Holley-Navarre Fire District's current guidelines then you will move on to Part 2. If all required information required is not provided the application will not be accepted.

PART 2 (Agility Test) (This will schedule this at a later date.)

1. You will be notified by phone or mail that you are scheduled for an agility test.
 - a. This test consists of tasks or simulations of tasks that firefighters normally perform.
 - b. The specific guidelines will be given to you when you are scheduled.

PART 3 (Personal Interview)

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



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APPLICATION

Date of Application: _____

Position Applying For: _____

PERSONAL INFORMATION					
<i>Name</i> _____					
Last, First, Middle			Suffix, Jr., III, etc		
Driver's License #	State	Exp.	Class		
Address _____					
Street		City	State	Zip	
Phone	() - () - () -				
Home	Work	Cell	Email		
Phone Numbers and Email are not for public release. They are used only as contact information for station personnel					
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?		Yes	No	Have you ever been convicted of a crime?	
				Yes	No
If answered yes to either question list the date and nature of the offense. _____					
CURRENT INFORMATION					
Are you currently certified as a Florida firefighter?		Yes	No		
Date of Certification		Certification Number			
Are you currently certified?		EMT	Yes	No	EMT-P
			Yes	No	
Date of Certification		Certification Number			
Do you hold any other certifications? (i.e. HAZMAT , ARFF , etc.)				Yes	No
List other certification on comments section page 2. All copies of certifications must be provided with application.					
PREVIOUS FIRE EXPERIENCE (Volunteer or Paid)					
Department Name			Chief		
Contact Number	() -	Email			
Department Name			Chief		
Contact Number	() -	Email			
Department Name			Chief		
Contact Number	() -	Email			

EDUCATION				
	Name	City State	Date Graduated	Degree Earned
High School				
Vocational				
College				
Other				
EMERGENCY CONTACT				
Name	Last, First, MI		Relationship to you	
Address	Street	City	State	Zip
Phone	_____			
	Home	Work	Cell	
REFERENCES <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
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 other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

Signature

Date



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Personal Inquiry Waiver

TO: Board of Fire Commissioners
Holley-Navarre Fire District
Navarre, FL 32566

Applicant's Full Name: _____
Date of Birth: _____
Social Security Number: _____
Driver's License Number: _____

I respectfully request and authorize you to furnish the Holley-Navarre Fire District any and all information that you may have concerning my criminal record, work record, school record, military record, reputation, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and photostats of the same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Fire Department.

I hereby release you, your organization or other entity from any liability or damage which may result from furnishing the information requested above.

Applicants Signature

Date

Address

City

State

Zip Code

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by _____
(name of affiant).

He/She is personally known to me or has presented _____ (type of identification) as
identification.

(SEAL)

Signature: _____

Name: _____

Title: NOTARY PUBLIC

Commission No: _____ Expires: _____