

**Application for Employment
AA/EEO/ADA Employer**

Position Applying for: **FIREFIGHTER**

Name:

Last First Middle

Address:

Street City State Zip

Telephone: ()

Email Address:

Are you at least 18 years of age? Yes

No

Do you have a valid driver's license?

Yes

No

State Issued

Have you ever filed an application with the City of Palatka before?

Yes

No

If yes, please give the dates:

Do you have relatives currently working for the City of Palatka?

Yes

No

If yes, list the name(s), relationship, position and location.

Have you previously worked as an employee for the City of Palatka?

Yes

No

If yes, list date(s) of employment and department:

Date

Dept.

Only United States Citizens or aliens who have a legal right to work in the United States are eligible for employment.

Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity?

Yes

No

Have you ever been convicted of any crime?

Yes

No

Have you ever had adjudication withheld for any crime?

Yes

No

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If you answered to either questions as to crimes, please give details to the type of crime, the date of conviction, and the penalty imposed. (Attach additional information if necessary.) A conviction will not necessarily disqualify you from employment

Can you perform the essential job requirements as described to you, with or without accommodations?

Yes _____ No _____

Do you have any other commitments to another employer that may affect your employment with the City of Palatka?

Yes _____ No _____ Employer: _____

Date available for work? _____

Type of
Employment: Full Time ___ Part Time ___ Seasonal ___

Education and Training

You must provide the Palatka Fire Department with the official transcripts, copies of all documents and certificates attached to your application. Your transcript can be mailed to 201 N Second Street, Palatka FL 32177, Attn Human Resources

Education

Name and Location	Years Completed	Diploma/ Degree	Course of Study
High School			
College			
College			

Other skills (Certifications, Continuing Education):

List any other job related skills or qualification that support your application for the position you are applying for:

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Immediate Supervisor and Title	Summarize nature of work and job description
Reason for leaving	<u>Hourly Rate</u> <div style="display: flex; justify-content: space-between;"> Start: \$ Final:\$ </div>

References

Names	Telephone	Years Known
1 _____		
2 _____		
3 _____		

It is understood and agreed that any misrepresentation by me in this application casue for cancellation of the application an/or seperation from the employer's service if I have been employed. Futhermore, I understand that just as I a free to resign at any thime, the City of Palatka reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no reprsentive of the Employer has the authority to make assurance to the contray.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____

Date _____

NOTICE: Pursuant to section 943.13 and section 633.34 of the Florida Statutues, an applicant for Firefighter position must be in good moral character and posses certain other qualifications as determined by investigation under established procedures.

Residence

List all places that your have resided during the past ten (10) years, starting with your present address. If you live with a roommate and the residence is in your roomamtes name, please give the name, address and the phone number of the roommate. Do not use PO Box numbers when other addresses can be used.

Note: Ensure that you complete all blank spaces in this section. This section **MUST** be completed for you to be processed.

From:	To:	Address	
City		State/ Zip	County
Name of Landlord/Mortgage/ Roomamte			Telephone
Landlord/Mortgage/Roomate Address			
From:	To:	Address	

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City		State/ Zip		County
Name of Landlord/Mortgage/ Roomamte			Telephone	
Landlord/Mortgage/Roomate Address				
From:	To:	Address		
City		State/ Zip		County
Name of Landlord/Mortgage/ Roomamte			Telephone	
Landlord/Mortgage/Roomate Address				

**CITY OF PALATKA
 DRUG TESTING CONSENT FORM**

I understand that as a part of the pre appointment process, the City of Palatka will conduct an in depth background investigation in an effort to determine my suitability to fill the position for which I hav applied. In keeping with the efforts of the City of Palatka to identify the most qualified individuals for employment, I do hereby voluntarily consent to the sampling and subsequent tsting of my body fluids, including urine and/or blood. I usderstand that refusal to supply the necessary samples may be grounds for rejection of my application for appointment. I further understand that the results of the testing may be utilized I conjunction with any other information developed during the preappointment process to determine my eligibility for the position for which I have applied, and that written confirmatory laboratory reports may be subject to disclosure unr the Florida Public Records Act.

 Applicant Signature

 Date

 Witness

Applicant Refused to Sign Consent Form

Yes

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Applicant:

Please make sure the following are attached to your application.

- 1. Recent Photograph
- 2. Copy of Birth Certificate
- 3. Copy of High School Diploma or Equivalent
- 4. Copy of Firefighter I/II certificate.
- 5. Copy of EMT certificate.
- 6. Signed and witnessed "Drug Testing Consent" form that is attached
- 7. Signed and notarized "Personal Inquiry Waiver" form that is attached.
- 8. Letters of recommendation (with phone numbers) from the references listed on your application.

Non - legible or incomplete applications will not be considered.

Thank you!

PALATKA FIRE DEPARTMENT

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Personal Inquiry Waiver
Authority for Release of Information**

Name: _____

Date of Birth: _____

Social Security No. _____

TO: The custodian of any and all records pertaining to the undersigned

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

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

Your prompt reply to this request will be greatly appreciated.

Applicant Signature _____

Date _____

Applicant Address

City/State

Zip

AFFIDAVIT

State of _____

County of _____

Before me personally appeared the said

who say that

City of Palatka
201 N Second Street
Palatka, FL 32177

PALATKA FIRE DEPARTMENT

Phone: 386-329-0122
www.palatka-fl.gov

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he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed I my presence this _____ date of _____ , _____

Notary Public Signature

Notary Seal :

Notary Print Name