

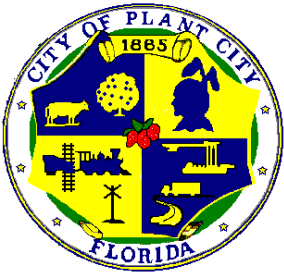
HOW TO APPLY FOR PLANT CITY FIRE RESCUE

- Must have valid Candidate Physical Ability Test (CPAT) from the National Testing Network. Must be current within one year of application. Visit www.nationaltestingnetwork.com for more information on this process.
- Please read and follow the instructions on the application exactly. Your ability to complete the application as requested will be evaluated and used as one basis for employment decisions.
- Complete the application in full. Answer every question. If a question does not apply to you, so state with N/A.
- Sign wherever indicated.
- Please attach copies of documents requested.
- Completed applications can be faxed to (813) 659-4202, emailed to Human Resources at humanresources@plantcitygov.com or mailed to the following addresses:

Plant City Fire Rescue
604 East Alexander Street
Plant City, FL 33563

City of Plant City
Attn: Human Resources
302 W. Reynolds Street
Plant City, FL 33563

Office Hours 8:00 a.m. – 5 p.m. Monday - Friday



CITY OF PLANT CITY
302 W. REYNOLDS STREET
P. O. BOX C
PLANT CITY, FLORIDA 33564
PHONE (813) 659-4200

FIREFIGHTER APPLICATION

DATE:

*Your application will be removed from active status
one year from this date.*

Position applied for:

Name:					Phone #: (Include Area Code) Home: () Other: ()
	Last	First	Middle		
Present Address:					
	Street	City	State	Zip	

Will accept position as follows:

Full Time Part Time Temporary Shifts: Day Eve. Night

Previous City of Plant City employee? Yes No

If yes, when: From _____ To _____

Related to a City of Plant City employee? Yes No If yes, name of relative: _____

If yes, how related? _____

Has your license ever been suspended/revoked? Yes No If yes, give dates: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes

No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? Yes No

If yes, County, State & year of all convictions: _____

Nature of offense (s)*: _____

Disposition of case(s) and date(s): _____

* NOTE: The type of offense, relative to the nature of the position applied for, is the only factor considered.

Military Service: _____
Branch Date of Entry Date of Discharge Rank

Reserve or National Guard status: _____

EDUCATION
Circle LAST YEAR COMPLETED

Grade School
 1 2 3 4 5 6 7 8

High School
 9 10 11 12

College
 1 2 3 4 5 6

Name & Address		Did you graduate?	Major	Degree
High School				
Vocational/ Tech. School				
Junior College				
College/ University				
Graduate School				

Other Training: _____

EMPLOYMENT RECORD:

Begin with your **present** or most recent job, and then continue in order describing **all** prior jobs. All periods of employment must be listed, including self-employment or internships. Military service must include rank and dates served. When applicable, please outline various levels of positions held under each employer. Specify the number of employees supervised.

Please complete all sections in detail, avoiding notations such as “see resume”. Additional pages may be attached as necessary.

FROM: Month _____ Year: _____ TO: Month _____ Year _____

Employer: _____ Supervisor: _____

Address: _____
STREET CITY STATE ZIP

Hrs. per week: _____ Type of business: _____ Phone # _____

Salary: \$ _____ Job Title: _____

Duties performed: _____

Reason for leaving: _____

FROM: Month _____ Year: _____ TO: Month _____ Year _____

Employer: _____ Supervisor: _____

Address: _____

STREET

CITY

STATE

ZIP

Hrs. per week: _____ Type of business: _____ Phone # _____

Salary: \$ _____ Job Title: _____

Duties performed: _____

Reason for

leaving: _____

FROM: Month _____ Year: _____ TO: Month _____ Year _____

Employer: _____ Supervisor: _____

Address: _____

STREET

CITY

STATE

ZIP

Hrs. per week: _____ Type of business: _____ Phone # _____

Salary: \$ _____ Job Title: _____

Duties performed: _____

Reason for

leaving: _____

FROM: Month _____ Year: _____ TO: Month _____ Year _____

Employer: _____ Supervisor: _____

Address: _____

STREET

CITY

STATE

ZIP

Hrs. per week: _____ Type of business: _____ Phone # _____

Salary: \$ _____ Job Title: _____

Duties performed: _____

Reason for leaving: _____

FROM: Month _____ Year: _____ TO: Month _____ Year _____

Employer: _____ Supervisor: _____

Address: _____
STREET CITY STATE ZIP

Hrs. per week: _____ Type of business: _____ Phone # _____

Salary: \$ _____ Job Title: _____

Duties performed: _____

Reason for leaving: _____

FROM: Month _____ Year: _____ TO: Month _____ Year _____

Employer: _____ Supervisor: _____

Address: _____
STREET CITY STATE ZIP

Hrs. per week: _____ Type of business: _____ Phone # _____

Salary: \$ _____ Job Title: _____

Duties performed: _____

Reason for leaving: _____

Use this space to list any professional or occupational license, registration or certification you currently hold:

Typing speed _____ WPM PC Skills _____

Other proficiencies: _____

All statements and information given in this application are true to the best of my knowledge. I hereby authorize the City of Plant City to verify this information and to determine my capabilities for employment. I understand that any information found not to be materially correct constitutes grounds for my dismissal or denial for employment. I understand and acknowledge that any employment with the City is on an "at will" basis which means that I, or the City, may terminate my employment at any time, with or without cause.

DATE: _____ SIGNATURE _____

PREVIOUS ADDRESS DATA

Beginning with the address previous to your current address, please list all your addresses.

Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

Next Previous Address: _____ City: _____

State _____ Zip _____ County _____ Lived there from ____ / ____ / ____ to ____ / ____ / ____

CITY OF PLANT CITY
APPLICATION FOR VETERANS PREFERENCE, FLORIDA ADMIN. CODE 55A-7

**APPROPRIATE DOCUMENTATION (i.e.: DD-214 OR VETERANS. ADMINISTRATION LETTER) MUST
BE PROVIDED AT THE TIME OF APPLICATION.**

Check the category that applies to you:

____ An honorably discharged disabled veteran who has a service-connected compensable disability;

____ The spouse of an honorably discharged veteran who has a total and permanent, service-connected disability which disqualifies the veteran for employment;

____ The spouse of any person who is missing in action, captured, forcibly detained or interned in the line of duty;

____ A veteran 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 (as defined by Florida law); or

____ The unremarried widow or widower of a veteran who died of a service-connected disability.

BRANCH OF SERVICE DATE OF ENTRY DATE OF DISCHARGE

Please answer the following questions:

1. Are you currently or have you ever been employed by any State or any agency or a political subdivision of the State (i.e., State, County, or City, etc.)? YES____ NO____

a. If YES, give name of employer and dates employed: _____

b. If YES, on what basis were you employed (i.e. temporary/permanent, full-time/part-time, reserves)? _____

c. If YES, did you receive benefits (i.e. vacation leave, sick leave, pension)? YES __NO__

2. Did you or your spouse serve on active duty (i.e. not in training or reserves)? YES__ NO__

NOTE: 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 Department of Veterans Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the City. If no notice is given by the City and the position has been filled, a complaint must be filed within three (3) months of the date the application was received by the City. If the position has not been filled, the complaint deadline is extended until one month after the position is filled.

PRINT NAME _____ SIGNATURE _____

APPLICANT DATA RECORD

NAME: _____ DATE: _____
PRINT

Applicants for employment with the City of Plant City are considered without regard to race, color, religion, sex, national origin, age, disability or marital status. However, the Federal Government requires that the City keep statistics on the number of women, minorities, and veterans who apply for jobs. Please provide the information we need by completing this Applicant Data Record.

The information you provide will be used only for statistical purposes. It will be kept separate from your Application for Employment during the entire hiring process. Failure to provide this information will have no effect on your consideration for employment with the City.

Male Female Date of Birth: _____ White Black

Hispanic American/Alaskan Native Asian/Pacific Islander Other

How did you learn about this job opening?

Newspaper School Job Posting Job Line City Web Site Friend/Relative Walk-in

State Employment Office Other: _____

.....
RELEASE OF INFORMATION AGREEMENT

PRINT ALL INFORMATION

Name: _____ *Soc. Sec. # _____
(PRINT) FIRST MIDDLE LAST

Driver License Number: _____ State: _____

In connection with my application, I understand that investigative background inquiries may be made including consumer credit, criminal convictions, motor vehicle and other reports when applicable. These reports will include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that information may be requested from various Federal, State, and other agencies that maintain records concerning my past activities related to my driving, credit, and criminal, civil and insurance claim records.

I authorize without reservation, any party or agency contacted to furnish the above referenced information to the City of Plant City and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form.

Applicant's Signature _____ Date _____

CERTIFIED FIREFIGHTER

EMT OR PARAMEDIC

DOCUMENT **COPIES REQUIRED** WITH APPLICATION
(Certifications and licenses must be current)

ITEM	RECEIVED
Birth Certificate	
State of Florida Firefighter Certification.	
Photocopy of State of Florida EMT or Paramedic Certification	
High School Diploma or Equivalent	
Photocopy of Social Security Card	
Photocopy of Driver's License	
CPR American Heart Association Health Care Provider	
ACLS Provider Card	

CONSENT FOR RELEASE OF DRUG AND ALCOHOL HISTORY

Name: _____			
(Print)	First	Middle	Last
SS#	/	/	

I certify that I, _____, have had no violations of alcohol or controlled
(Print Name)
substance in the previous two years. According to the Department of Transportation 382.413
and as a condition of employment, I request my former employer, _____,
(Name of organization)
to release the information listed below regarding my participation in the alcohol and controlled substance
testing program for the previous two years.

(Signature)

REQUESTING AGENCY:

**City of Plant City
Human Resources Department
P. O. Box C
Plant City, FL 33564**

INDIVIDUAL PARTICIPATION DATES IN PROGRAM PER 49 CFR PART 382

Starting Date: _____	Ending Date: _____
Date Last Tested: _____	Test Result: _____
Additional Test Dates _____	Test Result: _____
_____	_____

Did this person have any of these violations? Yes No
If yes, check as applicable:

- ___ Alcohol consumption while on duty
- ___ Alcohol consumption within 4 hours prior to safety sensitive functions
- ___ Alcohol consumption within 8 hours after accident and prior to testing
- ___ Alcohol concentration 0.04 or greater or positive test for controlled substance
- ___ Possession of alcohol while on duty
- ___ Use of controlled substance while on duty without physician's approval
- ___ Refusal to take test

AFFIDAVIT

State of Florida
County of Hillsborough

Before me this day personally appeared _____ (name of applicant), who being duly sworn, deposes and says that per Florida Statute 633.34(6):

1. I am legal age, under no disabilities, and fully competent to execute this Affidavit.
2. Do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application as a Firefighter with the City of Plant City.
3. I will maintain my non-use of tobacco products for the duration of my employment with the City of Plant City.
4. I understand the execution of this affidavit is required by Florida Law and that I may be dismissed from employment with the City of Plant City should any information herein be found to be incorrect.

Applicant's Signature _____

Subscribed and sworn to (or affirmed) before me on _____ (date)

By _____ (name of applicant).

_____ He/She is personally known to me, or

_____ He/She has produced _____ (type of identification)

Notarized By:

Notary Stamp/Seal:

