



South Walton FIRE DISTRICT

911 N. CR 393
Santa Rosa Beach, FL 32459
850-267-1298 • 850-267-3294



APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____ Phone: _____ SSN #: _____-____-_____

Present Address: _____

Emergency Contact Name: _____ Phone: _____

Please select one: U.S. Citizen Authorized Alien

Do you have a valid Florida Drivers License? Yes No

Have you ever worked or attended school under another name? Yes No

If yes, under what name? _____

Have you ever been formerly convicted of a crime? Yes* No

If yes, give details, including dates:

*A "yes" answer will not automatically disqualify you from employment. SWFD will consider the nature and date of the offense and the job for which you are applying for job related purposes only, and only to the extent permitted by applicable law.

Position Applying For: _____ Date Available: ____-____-_____

EMPLOYMENT HISTORY

List your current and previous employment, beginning with the most recent. Attach supplement if necessary.

| Date From | Date To | Name | Salary | Position | Reason for Leaving |
|-----------|---------|------|--------|----------|--------------------|
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| | | | | | |
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EDUCATION

List the details for any education that applies.

| | Name | Graduated? | Course of Study |
|--------------------|------|--|-----------------|
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Technical School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College/University | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

CERTIFICATIONS

List the date acquired for any certificate that applies.

| Certificate | Date | Certificate | Date |
|------------------------------|------|-------------|------|
| FL Certificate of Compliance | | PALS | |
| FL EMT | | ACLS | |
| FL EMTP | | BTLS | |
| EVOC – 16 hours | | CPR | |
| | | Other: | |

PROFESSIONAL REFERENCES

| Business | Name of Reference | Working Relationship | Phone Number |
|----------|-------------------|----------------------|--------------|
| | | | |
| | | | |
| | | | |

ALL APPLICANTS FOR EMPLOYMENT: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

DISCLOSURE AND AUTHORIZATION RELEASE

_____initial

As part of its employment application process, I understand that South Walton Fire District (SWFD) may obtain or have prepared an investigative background report concerning my prior employment, military record, education, credit standing, character, general reputation, personal characteristics, and criminal background.

I understand that upon written request to SWFD, I will be informed whether an investigative report was requested and given full information as to the nature and scope of such investigation. I understand that an investigative background report is a report in which information regarding my character, general reputation, personal characteristics, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I authorize SWFD to obtain an investigative background report on me as part of its pre-employment background investigation process. If I am offered employment by SWFD, I further authorize SWFD to obtain additional investigative background reports on me for employment purposes at any time during my employment.

EMPLOYMENT REFERENCE RELEASE

_____initial

I acknowledge that I have been informed that it is South Walton Fire District's (SWFD) general policy to disclose in response to a prospective employer's request only the following information about current or former employees: (1) dates of employment, (2) descriptions of the jobs performed and (3) salary or wage rates.

By signing this release, I am voluntarily requesting that any above listed employment references respond to requests from SWFD, a prospective employer that may be considering me for employment. I authorize any above listed employment reference to disclose to SWFD any employment related information that, in its sole discretion and judgment, it may decide is appropriate to disclose. This may include any personal comments, evaluations, or assessments that company personnel may have about my previous performance or behavior as an employee.

I agree to release and discharge any above listed employment references and their successors, employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to its disclosure of employment related information to prospective employers. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I state that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney and other individuals of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between South Walton Fire District and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

TOBACCO STATEMENT

_____initial

I acknowledge that tobacco use of any kind (e.g., smoking, chewing, dipping, etc.) is prohibited for me whether I am on or off duty, for so long as I am an employee of the South Walton Fire District.

I agree that I will not use tobacco on or off duty for so long as I am an employee of the South Walton Fire District. I further agree that if I do use tobacco while so employed, whether the use is on or off duty, I may be subject to disciplinary action up to and including termination of employment.

DRUG AND ALCOHOL SCREENING CONSENT

_____initial

I understand that as a part of the post-offer of employment process, the South Walton Fire District will conduct a background investigation to determine my suitability to fill the position for which I have applied. In keeping with its efforts to identify the most qualified individuals for public safety positions, I do hereby voluntarily consent to the sampling of subsequent testing of my body fluids (urine and/or blood) for the purpose of a drug and alcohol screen to determine fitness for duty.

I understand that refusal to undergo the testing will be grounds for rejection of my application for employment. I also understand that a positive test will result in the removal of my application for employment from consideration for a period of one year, at which time I may submit another application.

I further understand that the results of the testing may be utilized in conjunction with any other information developed during the post-offer of employment process to determine my eligibility for the position for which I have applied.

AUTHORIZATION AND ACKNOWLEDGEMENTS

My signature below certifies that the facts contained in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal. Furthermore, my signature below indicates that I have read and understood the above releases.

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____