

APPLICANT INFORMATION

_____/_____/_____
Last Name First Name Middle Initial Date of Birth

Mailing Address for ENFD correspondence City State Zip Code
If your mailing address is a P.O. Box, provide your street address as well.

Day time phone # (____) _____ Home phone # (____) _____

Social Security # _____ Email Address (optional) _____

CRIMINAL BACKGROUND

Have you ever been convicted of, pled no contest to, or had adjudication withheld on a felony charge? Yes No
If yes, see required documentation checklist below.

Charges: _____

If convicted, civil rights restored? Yes No

Required documentation checklist for felonies:

1. Law enforcement background check from each state where a felony occurred. Florida—FDLE
2. The court documents showing final disposition for all cases (i.e. arrest affidavit, probation documents, etc)
3. Proof of civil rights restoration if applicable.
4. Your explanation of circumstances surrounding the event(s).
5. Reference letters if you wish to have them considered

Has your Driver's license ever been revoked or suspended? Yes No

If yes, list state and reason _____

Do you have a current, valid driver's license? Yes No

If yes, list the issuing state, license number and expiration date _____

Position Applying for _____ Date you can begin _____

Are you currently employed? Yes No If yes, may we contact employer? Yes No

If No, please explain why not _____

Employment sought Full Time Part Time

Do you currently hold a Florida Firefighter certification? Yes No

If yes, certification # _____ Date of issue _____

List any other certifications related below:

Employment

Employer		Phone ()		
Address		Supervisor		
Starting Job Title or Rank		End Job Title or Rank		
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	If NO Please give reason
Employer		Phone ()		
Address		Supervisor		
Starting Job Title or Rank		End Job Title or Rank		
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	If NO Please give reason
Employer		Phone ()		
Address		Supervisor		
Starting Job Title or Rank		End Job Title or Rank		
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	If NO Please give reason

References

Please list three professional references.

Full Name		Relationship	
Company or Employer		Phone () ()	
Address			
Full Name		Relationship	
Company or Employer		Phone () ()	
Address			
Full Name		Relationship	
Company or Employer		Phone () ()	
Address			

East Niceville Fire District Employment Application

OATH: Under penalty of perjury, I certify that to the best of my knowledge and believe all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith and that: I am free from addiction to alcohol or any controlled substance;

I, the undersigned, state that I am the person referred to in this application for employment to East Niceville Fire District. I understand that all I attest to in this application is subject to audit by the department.

Applicant signature _____

Date _____

I _____ Authorize East Niceville Fire District to conduct a complete background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I also authorize all persons whom may have information relevant to this investigation including, without limitation, prior employers, doctors, landlords, creditors and any others to disclose such information (including documents and photocopies where requested) to E.N.F.D. or their agents.

E.N.F.D. may conduct the following investigative activities as part of the background review of prospective employees. Your signature on this release form indicates you understand these activities and you authorize them to be performed with the conditions listed below:

- Persons convicted of specific crimes must comply with Florida Statutes 663.34(2). You also authorize East Niceville Fire District to undertake a criminal records check with state and federal officials.
- You authorize East Niceville Fire District to obtain a Motor Vehicle Record report. Our insurance company may also obtain a report through its sources. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving record exists.
- You also authorize and request any and all of your former employers to furnish any and all information regarding your job performances. You agree to hold your former employers and their agents harmless from *all liability* that could relate in anyway to the disclosure of private information or an assessment or opinion of your suitability for employment.
- I understand that misrepresentation or omission of facts herein is cause for termination, if employed.

Signature

Today's Date