

CITY OF SANFORD FIRE DEPARTMENT



FIREFIGHTER/EMT/PARAMEDIC APPLICATION

EQUAL OPPORTUNITY EMPLOYER

The City of Sanford does not discriminate on the basis of race, religion, color, sex, sexual preference, age, national origin, or disability.

THE FOLLOWING DOCUMENTS MUST BE PROVIDED WITH APPLICATIONS FOR FIREFIGHTER/EMT/PARAMEDIC:

- High School Diploma or GED Equivalent
- Certificate of Compliance from the Division of State Fire Marshall, Bureau of Fire Standards and Training **or** a letter from Florida Department of Financial Services stating that you have successfully passed the written and practical minimum standard examination.
- State of Florida EMT Certification **or** State of Florida Paramedic Certification **and/or** a letter from State of Florida Department of Health, Division of Medical Quality Assurance stating that you have successfully passed State of Florida EMT or Paramedic written examination.
- Current CPR Health Care Provider Certification
- For Paramedics, a current ACLS Certification
- Valid Florida Driver's License
- Birth Certificate
- Copy of Social Security Card
- DD214 if claiming Veteran's Preference
- Signed Affidavit of Compliance with the City of Sanford's Tobacco Abstention Policy for Police Officers and Firefighters.

EMPLOYMENT HISTORY (Must be completed for consideration); Start with most recent employer. Please provide at least the last 10 years of employment when employment history is longer than 10 years. Additional pages with the same information may be attached.

NAME & ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO./YR.	JOB TITLE	STARTING SALARY	LAST SALARY
	TO MO./YR.	Duties:		
TELEPHONE				
REASON FOR LEAVING				
NAME & ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO./YR.	JOB TITLE	STARTING SALARY	LAST SALARY
	TO MO./YR.	Duties:		
TELEPHONE				
REASON FOR LEAVING				
NAME & ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO./YR.	JOB TITLE	STARTING SALARY	LAST SALARY
	TO MO./YR.	Duties:		
TELEPHONE				
REASON FOR LEAVING				

CERTIFICATION OF APPLICANT: THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WITHHOLDING PERTINENT INFORMATION OR SUBMITTING FALSE OR MISLEADING INFORMATION ON THIS APPLICATION, MY RESUME, DURING INTERVIEWS OR AT ANY OTHER TIME DURING THE HIRING PROCESS CONSTITUTES VALID GROUNDS FOR DISQUALIFICATION FROM FUTURE CONSIDERATION FOR HIRE OR IMMEDIATE DISMISSAL FROM EMPLOYMENT AND LOSS OF ALL EMPLOYEE BENEFITS AND PRIVILEGES. I UNDERSTAND THAT I AM RESPONSIBLE FOR PROVIDING CURRENT INFORMATION IN THE EVENT OF CHANGES IN THE ORIGINAL INFORMATION BETWEEN THE DATE THIS APPLICATION IS ACCEPTED AND THE DATE OF HIRE. I FURTHER UNDERSTAND AND AGREE THAT THE EMPLOYER SHALL NOT BE LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS SO DENIED OR TERMINATED. _____ (Applicant's Initials)

PHYSICAL EXAMINATION: I UNDERSTAND THAT I MAY BE REQUIRED TO TAKE AND PASS A PHYSICAL EXAMINATION AFTER AN OFFER OF EMPLOYMENT IS MADE AND EMPLOYMENT IS CONTINGENT ON THE RESULTS OF THAT EXAMINATION. I FURTHER UNDERSTAND THAT NEGATIVE TEST RESULTS WILL CAUSE MY IMMEDIATE DISQUALIFICATION FOR EMPLOYMENT WITH THE CITY. _____ (Applicant's Initials)

STATEMENT OF APPLICANT: I AUTHORIZE MY FORMER EMPLOYERS TO FURNISH THEIR RECORDS OF MY SERVICE. THIS INCLUDES ALL INFORMATION THEY MAY HAVE CONCERNING ME, WHETHER ON RECORD OR NOT. I ALSO RELEASE MY FORMER EMPLOYERS FROM ANY LIABILITY FOR ANY DAMAGE IN PROVIDING THIS INFORMATION. _____ (Applicant's Initials)

TRAINING REIMBURSEMENT: I UNDERSTAND THAT THE CITY OF SANFORD MAY PROVIDE COSTLY TRAINING SO THAT I MIGHT BETTER PERFORM MY JOB. I UNDERSTAND THAT IF I VOLUNTARILY LEAVE THE EMPLOYMENT OF THE CITY DURING THE FIRST TWO YEARS OF MY EMPLOYMENT, I MAY BE REQUIRED TO REPAY A PRO-RATED PORTION OF THE FUNDS EXPENDED BY THE CITY FOR MY TRAINING AND/OR EQUIPMENT THAT CANNOT BE REISSUED AND UNIFORMS. _____ (Applicant's Initials)

EMERGENCY DECLARATION STATUS: I HAVE READ THE JOB CLASS DESCRIPTION FOR THE POSITION(S) FOR WHICH I AM APPLYING. I HEREBY CERTIFY THAT I UNDERSTAND WHETHER OR NOT THIS POSITION MAY BE REQUIRED TO REPORT TO WORK DURING A DECLARED EMERGENCY. _____ (Applicant's Initials)

SIGNATURE OF APPLICANT _____ **DATE** _____

**AFFIDAVIT OF COMPLIANCE WITH CITY OF SANFORD'S TOBACCO ABSTENTION
POLICY POLICE AND FIRE APPLICANTS/NEW HIRES**

I, _____, do hereby affirm, as follows:

1. I have been informed of the City of Sanford's Tobacco Abstention Policy.
2. I have not been a user of tobacco product for at least one (1) year immediately preceding my application for employment as a (Police Officer or Firefighter). If I am hired, I agree that:
 - A. I must abstain from the use of tobacco and tobacco products as a condition of continued employment, and
 - B. The City has a right to conduct any form of medical examination or test to determine whether I am in compliance with its Tobacco Abstention Policy.

Under the penalty of perjury, I declare that I have read the foregoing Affidavit and that the facts stated therein are true.

DATED and SIGNED this _____ day of _____, 200_____.

(Signature of Applicant)

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was executed before me this _____ day of _____,
200___ by _____ who is personally known by me
(or who has produced as identification) _____ and
who did/did not take an oath.

Notary Public

(Type or Print Name of Notary)