



**Military Service:**

Have you ever been a member of the United States Armed Services?    Yes    No

If yes, Branch: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**EDUCATION Circle Highest Level Completed**

**GRADE SCHOOL OR HIGH SCHOOL**  
1 2 3 4 5 6 7 8 9 10 11 12

**COLLEGE**  
1 2 3 4

**GRADUATE SCHOOL**  
1 2 3 4

SCHOOLS	NAME AND ADDRESS OF SCHOOL	DATES ATTENDED (GIVE MONTH AND YEAR)		ANSWER BELOW FOR EACH SCHOOL TO THE HIGHEST LEVEL COMPLETED				
				CREDITS COMPLETED SEM.      QTR. HRS.      HRS.		MAJOR	DID YOU GRADUATE?	DEGREE RECEIVED
HIGH SCHOOL						DID YOU GRADUATE?      Yes    No IF NOT, DO YOU HAVE A G.E.D. EQUIVALENCY CERTIFICATE? Yes    No IF YES, ISSUED BY _____		
COLLEGE OR UNIVERSITY		FROM	TO			MAJOR MINOR	DID YOU GRADUATE? YES ____ NO ____	DEGREE RECEIVED TYPE      YEAR
GRADUATE STUDIES		FROM	TO			MAJOR MINOR	DID YOU GRADUATE? YES ____ NO ____	DEGREE RECEIVED TYPE      YEAR
VOCATIONAL/ BUSINESS		FROM	TO	HOURS PER WEEK		MAJOR STUDY		

**Specialized Skills**

Are you Firefighter 1 trained      Yes      NO      If yes FF Cert. # \_\_\_\_\_  
 Are you Firefighter 2 trained      Yes      NO      If yes FF Cert. # \_\_\_\_\_  
 Are you an EMT      Yes      NO      If yes EMT # \_\_\_\_\_  
 Are you a Paramedic      Yes      NO      If yes Paramedic # \_\_\_\_\_  
 Do you have EVOC Training      Yes      NO      Date completed: \_\_\_\_\_  
 Heavy Equipment Skills      Yes      NO      If yes Explain

List any other Firefighting experience that you my have:



Pursuant to Chapter 119, Florida Statutes – Public Records Law, personnel records and job applications, except for certain items specifically exempted from the Public Records Law, are open for inspection by any person. All social security numbers held by an agency are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

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APPLICATION MUST BE SIGNED IN ORDER TO BE EVALUATED. PLEASE CHECK ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

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**Signature Certification and Release of Information**

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Clay County is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I am aware that I may be required to take and pass a physical examination which includes a drug and alcohol screening test after an offer of employment is made and employment is contingent on the result of that examination in accordance with the Americans with Disabilities Act.

I understand that this application must be completed in full. Incomplete applications may be rejected. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

**You must attach a copy of your drivers license, High School Diploma and all certifications that you have in the Fire Service including EVOC to be considered as a Volunteer Firefighter.**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

# **Volunteer Fire/Rescue Station Interview**

Interview Date \_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_

Interviewed by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **Volunteer Chief**

Approval/Disapproval \_\_\_\_\_

Date \_\_\_\_\_

If Disapproved

Reason \_\_\_\_\_

\_\_\_\_\_

**Volunteer Chief**    Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## **Background Checks:**

**FDLE Complete Date:** \_\_\_\_\_ **Pass/Fail:** \_\_\_\_\_

**Drivers License Complete Date:** \_\_\_\_\_ **Pass/Fail:** \_\_\_\_\_

**Physical Complete Date:** \_\_\_\_\_ **Pass/Fail:** \_\_\_\_\_