



**EMPLOYMENT HISTORY**

List LAST EMPLOYER first. Include military service and temporary or part-time jobs in proper time sequence. You may include any volunteer work performed. Please provide the last 5 years.

Employer	Dates Employed From                      To		Work Performed
Address			
	Hourly Rate/Salary Starting                      Final		
Telephone Number			
Job Title			Reason for Leaving:
Employer	Dates Employed From                      To		Work Performed
Address			
	Hourly Rate/Salary Starting                      Final		
Telephone Number			
Job Title			Reason for Leaving
Employer	Dates Employed From                      To		Work Performed
Address			
	Hourly Rate/Salary Starting                      Final		
Telephone Number			
Job Title			Reason for Leaving

**INCLUDE ADDITIONAL SHEETS IF NECESSARY**

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Do you have any objection to your current employer being contacted?    YES    NO

Describe any **special** experience, skills or qualifications you may have.

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Indicate any foreign languages you

	<b>Fluent</b>	<b>Good</b>	<b>Fair</b>
<b>Speak:</b>			
<b>Read:</b>			
<b>Write:</b>			

**Personal References & Acquaintances**

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who have known you well for the past three (3) years.

Complete Name: _____			Home Address: _____
Last _____	First _____	Middle _____	_____
Years Known: _____			Home Phone: _____
Complete Name: _____			Home Address: _____
Last _____	First _____	Middle _____	_____
Years Known: _____			Home Phone: _____
Complete Name: _____			Home Address: _____
Last _____	First _____	Middle _____	_____
Years Known: _____			Home Phone: _____

**Would you wish to claim Veteran’s Preference for this position?**

YES      NO

If yes, please see administration for proper form to complete.

**\*\*\*\*PLEASE NOTE THE FOLLOWING BEFORE SIGNING THIS APPLICATION\*\*\*\***

- **If this application is incomplete or not signed in ink, it will be rejected without further notice.**
- **An employment physical will include drug screening.**
- **A criminal history background investigation will be conducted.**
- **A driver's license history will be conducted.**
- **On certain job descriptions a credit history will be conducted.**
- **Copy of driver's license, if applicable to position applied.**
- **High school diploma.**

**AGREEMENT:** To the best of my knowledge, I certify that answers given herein are true and complete. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. In the event of my employment, I will abide by all rules and regulations of the District and understand that **FALSE OR MISLEADING** information given herein or during my interview(s) **WILL** result in immediate discharge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**NON-DISCRIMINATION POLICY:** It is the District's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations, or because of race, color, creed, sex, age, or national origin.

Applicants with disabilities will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. All complaints should be submitted in writing to the Fire Chief.

**PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS AND SIGN BELOW:**

I hereby certify to the best of my knowledge that all of the information contained in the application is True. Any willful misrepresentation or omission of facts will give cause for my application not to be considered and if I have been employed, will be cause for my immediate discharge.

\_\_\_\_\_  
(Initials)

I hereby give my permission to the Matlacha/Pine Island Fire Control District to make investigations related to this application, and for my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerning me, whether on record or not, I release them and their company from any liability for any damage whatsoever for issuing same.

\_\_\_\_\_  
(Initials)

I understand and agree that all policies and procedures may be modified, amended, or deleted by the Matlacha/Pine Island Fire Control District with or without notice to me or such amendment, modification or deletions, that the policies and procedures, whether oral or written are to be advisory only and are

not to be interpreted as a contract of employment or to give me any right of continued employment.

\_\_\_\_\_  
(Initials)

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration for employment.

\_\_\_\_\_  
(Initials)

I understand that, if the Matlacha/Pine Island Fire Control District, Florida, employs me my Employment will be at the will and pleasure of the District and may be terminated by the District at any time, for any or no reason with or without notice. As all employees serve at the will and pleasure of the District there is no requirement that the employer establish just cause for any employment action up to and including discipline, transfers, layoffs, or discharge.

\_\_\_\_\_  
(Initials)

I understand that my employment, if for a driving position, is contingent upon my having a clean driving

record for the immediate past three years, and I hereby give my permission to the Matlacha/Pine Island Fire Control District to make investigation related to this contingency.

\_\_\_\_\_  
(Initials)

# PERSONAL INQUIRY WAIVER

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish to the Matlacha/Pine Island Fire Control District, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the District in determining my qualifications for the position I am seeking with the Matlacha/Pine Island Fire Control District.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

## AGREEMENT

I understand that I am being hired by the Matlacha/Pine Island Fire Control District as a employee and will abide by the following:

I agree that as a condition of my employment as an employee for the Matlacha/Pine Island Fire Control District, Florida. I will agree to the following: Employees are permitted to live within the geographic area of five counties: Lee, Hendry, Charlotte, Glades and Collier. In order to remain employed with the Matlacha/Pine Island Fire Control District, the employee must live in the geographic area by the end of the first year of his/her employment unless their probationary period has been extended and they have been notified of said extension in writing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

## TOBACCO AND SUBSTANCE ABUSE AFFIDAVIT

I further agree that I will not smoke, or use any form of tobacco/nicotine products, either on or off the job, during employment in the fire service of the Matlacha/Pine Island Fire Control District, Florida. I understand to do so could compromise my physical ability as a Firefighter, and create a negative impact on the Firefighters' Pension Plan. I do hereby affirm that I have not been a user of tobacco products or illegal drugs for at least one (1) year immediately preceding my application as a Firefighter with the Matlacha/Pine Island Fire Control District. Additionally, I hereby affirm that I am not addicted to the use of intoxicating beverages, substances or inhalants, illegal or "street drugs", pharmaceuticals or any other substance that may be abused in order to obtain an alteration in the Central Nervous System.

In regard to a violation of any of the above rules, I understand that this agreement / Constitutes a term and condition employment, and that for any violation of the same, I can be terminated from the fire service, and from employment with the Matlacha/ Pine Island Fire Control District, Florida.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

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State of \_\_\_\_\_ County of \_\_\_\_\_ Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is  
Personally known by me or who has produced identification\_\_\_\_\_.

\_\_\_\_\_(SEAL)  
Notary Public

\_\_\_\_\_  
Notary Public Signature

NOTE: IN ORDER TO PARTICIPATE IN THE MATLACHA/PINE ISLAND FIRE CONTROL DISTRICT'S WRITTEN EXAM FOR THE POSITION OF FIREFIGHTER, THIS DOCUMENT MUST BE SUBMITTED WITH THE APPLICATION PRIOR TO THE CLOSING DATE AND MUST BE COMPLETED, SIGNED AND NOTARIZED.

**Matlacha/Pine Island  
Fire Control District  
Drug-Free Workplace  
Acknowledgement & Testing Consent Form**

The Matlacha/Pine Island Fire Control District is committed to creating and maintaining a workplace free of substance abuse without jeopardizing the job security of a valued employee. To address this problem, the Matlacha/Pine Island Fire Control District has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. My initials below indicate acknowledgement and agreement to the following:

***Initial***

\_\_\_\_\_ I agree that Lab Corp or Quest Diagnostics may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the Matlacha/Pine Island Fire Control District for analysis. I further agree to hereby authorize the release of the test results to the Matlacha/Pine Island Fire Control District.

\_\_\_\_\_ I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

\_\_\_\_\_ I understand that my current or future use of illegal drugs may prohibit me from being employed at the Matlacha/Pine Island Fire Control District.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

\_\_\_\_\_ Pre-employment: As a part of the new-hire process.

\_\_\_\_\_ Post Accident: After causing, contributing to, or being involved in a workplace accident.

\_\_\_\_\_ Random: As a part of an unbiased and periodic testing program.

\_\_\_\_\_ Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**APPLICANT**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**WITNESS**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Matlacha/Pine Island Fire Control District**  
**5700 Pine Island Road**  
**Bokeelia, FL 33922**  
**ATTENTION – THIS STATEMENT MUST BE**  
**READ**

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration Act.
- To report income pursuant to the Federal Department of Internal Revenue Service.
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act.
- Drug Screening
- Testing Identification
- To process your Employment Benefits

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## EMPLOYMENT CHECK LIST

Name: \_\_\_\_\_  
                    Last  First  Middle

Florida Certified Firefighter	_____Yes	_____No
Florida Certified EMT	_____Yes	_____No
Florida Certified Paramedic	_____Yes	_____No
Florida Certified Practicing Paramedic	_____Yes	_____No

For Fire Department Use Only  
Do Not Complete Bottom Portion of this Page

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Conditional Job Offer    \_\_\_\_\_Yes    \_\_\_\_\_No

- \_\_\_\_\_ Employment Packet Complete
- \_\_\_\_\_ Physical Ability Test
- \_\_\_\_\_ Written Test
- \_\_\_\_\_ Oral Interview
- \_\_\_\_\_ Education and Reference Verifications
- \_\_\_\_\_ Background checks (Drivers License and Criminal History)
- \_\_\_\_\_ Physical (Pre employment), Stress Test and Drug Screening
- \_\_\_\_\_ Swim Test
- \_\_\_\_\_ Copy of Drivers License
- \_\_\_\_\_ Provided Union Contract
- \_\_\_\_\_ Provided Administrative Guidelines
- \_\_\_\_\_ Provided Standard Operating Guidelines (SOG's)
- \_\_\_\_\_ Provided Probationary Employee Packet

# Privacy Act Statement

**This privacy act statement is located on the back of the [FD-258 fingerprint card](#).**

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at [https://www.fbi.gov/services/cjis/identity\\_history\\_summary\\_checks](https://www.fbi.gov/services/cjis/identity_history_summary_checks) and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



# VECHS APPLICANT WAIVER AGREEMENT AND STATEMENT



For Criminal History Record Checks

**This form shall be completed and signed by every current or prospective employee, contractor/vendor, or volunteer.**

I hereby authorize (enter Name of Qualified Entity): \_\_\_\_\_ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me to determine eligibility for employment. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe the Florida information is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., Title 28, CFR, Section 16.30-34 and Rule 11C- 8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000.

I do  OR do not  authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee  Volunteer  Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY**