



# City of Davenport

1 South Allapaha Avenue

Davenport, Florida 33837

## AUXILIARY/RESERVE FIREFIGHTER APPLICATION

An Equal Opportunity Employer and a Drug/Smoke Free Workplace

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, disability, marital, or veteran status (except if eligible for veterans' preference).

**INSTRUCTIONS:** Please print in ink or type. Applications for positions with the City of Davenport will be accepted only when a vacancy exists for that position. This application will remain active for 90 days. This application has been developed to give you the opportunity to list qualifications, work experience and abilities. If you need additional space, use a separate sheet of paper. You may add a resume or attach copies of documents you feel help clarify your background, but resumes will not be accepted in lieu of a fully completed application. All questions must be answered. For those questions which do not apply, simply insert N/A. Incomplete applications will not be considered. If applying for more than one position, please submit a separate application for each position.

<b>POSITION APPLIED FOR:</b>	
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If referred by a current City employee, indicate his/her name here: REFERRED BY: \_\_\_\_\_

### CURRENT PERSONAL DATA

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELLULAR TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### AVAILABILITY

AN AUXILIARY/RESERVE FIREFIGHTER POSITION WITH THE CITY OF DAVENPORT MAY REQUIRE WORKING WEEKENDS, SHIFTS AND HOLIDAYS. ARE YOU ABLE TO WORK: (Check all that apply)

- FULL-TIME  PART-TIME  SHIFTS  EVENINGS  WEEKENDS  HOLIDAYS  TEMPORARY

EARLIEST YOU WOULD BE ABLE TO START \_\_\_\_\_  FIRE RESERVE/AUXILIARY

ARE YOU OVER 18 YEARS OF AGE?  YES  NO

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?  YES  NO

CAN YOU, UPON EMPLOYMENT SUBMIT DOCUMENTATION VERIFYING YOUR RIGHT TO WORK AND YOUR IDENTITY?  YES  NO

### EDUCATION

	GRADE/HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE SCHOOL
CIRCLE HIGHEST GRADE COMPLETED	5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4
	SCHOOL NAME/ADDRESS	ATTENDANCE DATES	DEGREE
GRADE SCHOOL			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
OTHER/GED			

**EMPLOYMENT HISTORY (THIS SECTION MUST BE COMPLETED EVEN IF ATTACHING RESUME)**

INSTRUCTIONS: BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL FULL AND PART-TIME EMPLOYMENT FOR THE LAST TEN YEARS AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT WHICH EXCEED THREE MONTHS. USE ADDITIONAL SHEETS IF NECESSARY IF YOU HAVE BEEN EMPLOYED UNDER OTHER NAMES, LIST WITH APPLICABLE EMPLOYER.

MAY THE CITY OF DAVENPORT CONTACT YOUR PRESENT EMPLOYER?  YES  NO

PRESENT/MOST RECENT EMPLOYER NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

PRESENT/MOST RECENT EMPLOYER NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

PRESENT/MOST RECENT EMPLOYER NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_ SEPARATION (END) DATE: \_\_\_\_\_

JOB DUTIES & RESPONSIBILITIES: \_\_\_\_\_

STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_

REASON FOR LEAVING (Be specific, this area must be completed): \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED, INDICTED, CONVICTED, OR PLED NO CONTEST TO ANY VIOLATION OF THE LAW, ORDINANCE, OR CRIMINAL TRAFFIC VIOLATION?  YES  NO

IF YES, PROVIDE DETAILS BELOW, INCLUDING FINES, ARRESTS, CONVICTIONS, PROBATION, JAIL OR PRISON SENTENCES (INCLUDING THOSE WHILE IN THE MILITARY):

DATE	OFFENSE/CHARGE	NAME/LOCATION OF COURT	DISPOSITION/SENTENCE

HAVE YOU EVER BEEN REFUSED A SURETY BOND?  YES  NO

NOTE: A CRIMINAL BACKGROUND CHECK AND DRIVING RECORD CHECK WILL BE CONDUCTED IF YOU ARE CONSIDERED FOR A POSITION. INFORMATION CONCERNING ARRESTS AND CONVICTIONS MAY NOT NECESSARILY DISQUALIFY AN APPLICANT. HOWEVER, ANY APPLICANT WHO FALSIFIES THE APPLICATION BY FAILING TO PROVIDE REQUIRED INFORMATION ON ARRESTS AND CONVICTIONS WILL, IF SELECTED, BE SUBJECT TO DISMISSAL, OR, IF NOT EMPLOYED, BE SUBJECT TO DISQUALIFICATION.

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

DRIVER LICENSE TYPE:  OPERATOR  CDL: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_

CDL ENDORSEMENTS \_\_\_\_\_

HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED OR REVOKED?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU HAD ANY LAPSES IN AUTOMOBILE INSURANCE COVERAGE IN THE LAST THREE YEARS?  YES  NO

IF YES, LIST DATES: \_\_\_\_\_

ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE CITY?  YES  NO

IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF DAVENPORT?  YES  NO

IF YES, COMPLETE THE FOLLOWING:

<b>DATES PREVIOUSLY EMPLOYED FROM/TO:</b>	
<b>POSITION:</b>	
<b>REASON FOR LEAVING:</b>	

LIST ANY LICENSES, CERTIFICATES, OR ADDITIONAL SKILLS, INCLUDING KNOWLEDGE OF SOFTWARE PROGRAMS YOU HAVE THAT MAY BE HELPFUL IN DOING THIS JOB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY SPECIAL EQUIPMENT OR MACHINERY YOU CAN OPERATE THAT MAY BE HELPFUL IN DOING THIS JOB:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ANY PROFESSIONAL, TECHNICAL, OR TRADE ASSOCIATION IN WHICH YOU ARE A MEMBER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NO RELATIVES OR EMPLOYERS)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN

**MILITARY SERVICE**

HAVE YOU EVER SERVED IN THE U.S. MILITARY?       YES     NO      IF YES, BRANCH: \_\_\_\_\_

DATES OF ACTIVE DUTY (FROM/TO): \_\_\_\_\_

RANK: \_\_\_\_\_

OCCUPATIONAL SPECIALTY: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

**VETERANS' PREFERENCE**

ARE YOU CLAIMING VETERANS' PREFERENCE PURSUANT TO F.S. 295.07?       YES     NO

IF YES, PLEASE DESIGNATE THE BASIS FOR YOUR PREFERENCE ON A FORM OBTAINED FROM THE CITY OF DAVENPORT AND ATTACH COPIES OF SUPPORTING DOCUMENTATION (DD214). THIS FORM MUST BE SUBMITTED WITH THE APPLICATION.

**CERTIFICATION**

THIS MUST BE SIGNED. PLEASE READ CAREFULLY.

I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE STATEMENTS AND ANSWERS ON THIS APPLICATION AND THAT ALL THE FOREGOING ENTRIES MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I HEREBY AUTHORIZE THE CITY OF DAVENPORT TO VERIFY ALL INFORMATION CONTAINED HEREIN AND I RELEASE ALL PAST EMPLOYERS AND ALL REFERENCES FROM ANY AND ALL LIABILITY FOR THE RELEASE OF INFORMATION TO THE CITY OF DAVENPORT.

I UNDERSTAND THAT ALL JOB OFFERS FROM THE CITY OF DAVENPORT ARE CONDITIONED ON SUCCESSFUL COMPLETION OF A HEALTH QUESTIONNAIRE AND MEDICAL EXAMINATION BY A CITY APPOINTED PHYSICIAN/FACILITY AND PSYCHOLOGICAL EVALUATION TO DETERMINE MY ABILITY TO PERFORM ANY JOB OFFERED. THE EXAMINATION SHALL INCLUDE AN ALCOHOL/DRUG SCREEN FOR WHICH I GIVE CONSENT AND AGREE TO GIVE A SPECIMEN OF MY BLOOD AND/OR URINE TO ANY MEDICAL FACILITY DESIGNATED BY THE CITY OF DAVENPORT FOR THIS PURPOSE.

I ALSO UNDERSTAND THAT IN ACCORDANCE WITH FLORIDA STATUTES, EMPLOYMENT WITH THE CITY OF DAVENPORT IS "AT-WILL" AND AS SUCH, MAY BE TERMINATED WITHOUT CAUSE AND WITHOUT NOTICE BY EITHER PARTY AT ANY TIME.

I UNDERSTAND THAT THE CITY OF DAVENPORT WILL NOT TOLERATE UNLAWFUL DISCRIMINATION OR UNLAWFUL HARRASSMENT AND THAT EMPLOYEES HAVE AN AFFIRMATIVE DUTY TO REPORT SUCH INCIDENTS AND THAT SUCH CONDUCT IS GROUNDS FOR TERMINATION OF EMPLOYEMENT.

I UNDERSTAND THAT I WILL BE SUBJECT TO ALL POLICIES AND DISCIPLINARY ACTIONS CONTAINED WITHIN DEPARTMENT POLICY AND THE CITY HANDBOOK.

I FURTHER UNDERSTAND AND AGREE IN ADVANCE THAT I MAY BE SUMMARILY DISCHARGED OR ANY EMPLOYMENT OFFER MAY BE WITHDRAN IF ANY OF THE INFORMATION PROVIDED BY ME CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATIONS OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED REGARDLESS OF WHEN THIS INFORMATION BECOMES KNOWN TO THE CITY OF DAVENPORT.

I HEREBY SWEAR OR AFFIRM THAT THERE ARE NO MISREPRESENTATIONS OR OMISSIONS IN OR FALSIFICATIONS OF THE ABOVE STATEMENTS AND ANSWERS TO QUESTIONS. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM PRESENT PROCESSING OR, IF AFTER MY ACCEPTANCE FOR EMPLOYMENT SUBSEQUENT INVESTIGATION SHOULD DISCLOSE MISREPRESENTATIONS, FALSIFICATIONS OR OMISSIONS, IT WILL BE JUST CAUSE FOR IMMEDIATE DISMISSAL FROM EMPLOYMENT WITH THE CITY OF DAVENPORT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

HAVE YOU READ ALL INSTRUCTIONS ON THE APPLICATION AND ANSWERED ALL QUESTIONS? If so, Please initial here: \_\_\_\_\_