



# *Pinellas Suncoast Fire & Rescue*

**304 FIRST STREET  
INDIAN ROCKS BEACH, FLORIDA 33785-2587**

**(727) 595-1117 FAX: (727) 250-0111  
[www.psfrd.org](http://www.psfrd.org)**

## **APPLICATION FOR APPOINTMENT TO POSITION OF FIRE COMMISSIONER**

**Note:** Prior to executing this application, it is recommended that all applicants carefully review the Charter and By-Laws of the Pinellas Suncoast Fire & Rescue District. Eligibility to serve as a Commissioner is contingent upon certain specific criteria. Submission of this application for consideration will be deemed to be an acknowledgment that the applicant knows and understands the eligibility criteria and agrees to meet all necessary criteria prior to or upon appointment.

**NAME:**

\_\_\_\_\_

(Last Name) (First Name) (Middle Name)

**RESIDENCE:**

\_\_\_\_\_

(Street) (Unit No.)

\_\_\_\_\_

(City) (State) (Zip Code)

**CONTACT INFORMATION:**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

The following information is optional and may be supplied by resume or other written or documentary materials.

**EDUCATION:**

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**EMPLOYMENT:**

\_\_\_\_\_

*QUALIFICATIONS:*

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*REFERENCES:*

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

\_\_\_\_\_

I certify that I am a resident of the subdistrict for the Seat for which I am applying and that I am a qualified applicant in accordance with Chapters 189 and 191, Florida Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date