



Pinellas Suncoast Fire & Rescue

304 1st Street
Indian Rocks Beach, FL 33785
(727) 595-1117 • info@psfrd.org

EMPLOYMENT APPLICATION

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

APPLYING FOR: **Firefighter/EMT** **Firefighter/Paramedic** **Support Position**

APPLICANT INFORMATION:

Full Name: _____ Date: _____
Last *First* *Middle*

Address: _____
Street Address *Apartment/Unit #* *City, State, ZIP Code*

Phone: _____ Email: _____

Are you legally eligible for employment in the United States? YES NO

BACKGROUND INFORMATION:

Have you ever been convicted of, plead no contest to, or utilized a pre-trial disposition for an offense against the law? YES NO

If yes, please explain: _____

Note: Answering "yes" to this question will not necessarily disqualify you for employment; however, withholding or falsifying information may result in termination, if hired. **If additional space is needed, please attach additional sheets or documents.**



If you have lived at your current residence for less than five years, list all addresses you have resided at for the last five years, and the dates that you resided at each (add pages as needed):

Three horizontal lines for listing addresses.

MILITARY SERVICE:

Have you ever served in the Armed Forces in the United States? YES NO

Have you ever served in the Armed Forces for a country other than the U.S.? YES NO

Date of Entry: _____ Date of Discharge: _____ Branch: _____

Are you currently a member of the National Guard or Reserves? YES NO

Will you be seeking Veteran's Preference? YES NO

Note: If you are seeking Veteran's Preference, please complete the PSFRD Veteran's Preference Eligibility Form and submit with your application.

EDUCATION AND TRAINING:

Table with 4 columns: Institution Type, Name and Location of Institution, # of Years Attended, Degree or Certification Received. Rows include College, Trade or Vocational, and Other.

Table with 4 columns: Certification, YES, NO, Note. Rows include Florida Certified Firefighter II, Florida Certified Paramedic, Florida Certified EMT, Emergency Vehicle Operator Course, Pinellas County Paramedic Certified, and Pinellas County EMT Certified.

Have you successfully completed the CPAT in the last 12 months? YES NO

(Note: CPAT is required for employment.)



DRIVER'S LICENSE:

Do you possess a current, valid Florida Driver's license? YES NO

Operator's License: _____ Class: _____ Expiration Date: _____

Have you been cited for any violations in which points were assessed against your license in the past five years? YES NO

If yes, for what violations? _____

Has your driver's license been suspended or revoked in the past five years? YES NO

EMPLOYMENT HISTORY:

Current Employer:

Are you presently employed? YES NO

If yes, may we contact your present employer? YES NO

Employer Name: _____ Date Employed: _____

Job Title: _____ Supervisor Name: _____

Address: _____ Phone: _____

Previous Employment:

Starting on the next page, please provide your full employment history for the last 10 years, beginning with the most recent and working backwards in time. Additional pages are provided, if needed. Explain any gap in your employment history that is greater than 30 days. **Please be as specific as possible.** *Incomplete information could disqualify you for further consideration.*



Employer:
Job Title:
From (Date): To (Date):
Address:
Phone Number:
Supervisor:
Duties Performed:
Reason for Leaving:

Employer:
Job Title:
From (Date): To (Date):
Address:
Phone Number:
Supervisor:
Duties Performed:
Reason for Leaving:

Employer:
Job Title:
From (Date): To (Date):
Address:
Phone Number:
Supervisor:
Duties Performed:
Reason for Leaving:



Employer:
Job Title:
From (Date): _____ To (Date): _____
Address:
Phone Number:
Supervisor:
Duties Performed:
Reason for Leaving:

Employer:
Job Title:
From (Date): _____ To (Date): _____
Address:
Phone Number:
Supervisor:
Duties Performed:
Reason for Leaving:

Employer:
Job Title:
From (Date): _____ To (Date): _____
Address:
Phone Number:
Supervisor:
Duties Performed:
Reason for Leaving:



PREVIOUS EMPLOYMENT QUESTIONS:

Have you ever been suspended, for any reason, by an employer? YES NO

If yes, please explain: _____

Have you ever had your clinical EMS privileges suspended or revoked? YES NO

If yes, please explain: _____

Have you ever been terminated by an employer or resigned to avoid termination? YES NO

If yes, please explain: _____

REFERENCES:

List three (3) references we may contact, not related to you and not former employers, whom you have known for at least three (3) years. Only one (1) reference may be an employee of the Pinellas Suncoast Fire & Rescue District.

Name	Address	Phone	Years Known

Please read carefully before signing.

Be advised that the Florida Supreme Court has ruled that all information supplied while making application for employment with all state, county, and municipal entities and agencies becomes a part of public record under provision of Chapter 119 of the Florida Statutes, and as such must be made available to interest parties upon specific request, with any appropriate and applicable redactions of protected information.



I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for PSFRD to hire me. Further, any person applying for employment as a firefighter must be a non-user of tobacco or tobacco products for one (1) year prior to employment, in accordance with Florida Statute 633.34(6). Employees shall remain tobacco free on and off-duty for the duration of their employment.

I attest with my signature below that I have given to PSFRD true and complete information on this application. No requested information has been concealed. I authorize PSFRD to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Additionally, by my signature, I hereby authorized the Pinellas Suncoast Fire & Rescue District to investigate my criminal background, motor vehicle driving record, and to obtain college or university transcripts, and/or employment references from my former employers.

Applicant Signature

Date

THIS APPLICATION IS VALID FOR THREE (3) YEARS FROM THE DATE SIGNED/DATED ABOVE.