

APPLICATION FOR EMPLOYMENT

Destin Fire Control District

848 Airport Road - Destin, FL 32541

Telephone (850) 837-8413 - Fax (850) 837-6715

| Personal Information | | | | |
|---|--|----------------------|--|-----------------|
| Name (Last name first) | | | Social Security # | |
| Present Address | | City | State | Zip code |
| Previous Address | | City | State | Zip code |
| Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone number | | Email Address | |
| Desired Employment | | | | |
| Position | | Date you can start | | Salary Desired |
| Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, may we inquire of your present employer? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ever applied to this District before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | When? | | |
| Ever worked for this District before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | When? | | |
| Reason for Leaving | | | | |
| | | | | |
| | | | | |
| Name of last supervisor at this District | | | | |
| Who referred you to this District? | | | | |
| Education | | | | |
| | Name of School: | Years of attendance: | Did you graduate? # years completed: | Type of Degree: |
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year |
| College | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year |
| Professional School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year |
| Certified Florida State Firefighter | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year |
| Certified Florida State EMT | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year |
| Certified Florida State Paramedic | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Year |

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General

Subjects of Special Study or Research Work:

Special Training:

Special Skills:

Employment History

Name of Present or Most Recent Employer

| | | | | |
|------------------------|---------------------|---|-------|----------|
| Address | | City | State | Zip code |
| Starting Date | Leaving Date | Job Title | | |
| Weekly Starting Salary | Weekly Final Salary | May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Supervisor | | Title | Phone | |
| Description of Work | | Reason for leaving | | |

Name of Previous Employer

| | | | | |
|------------------------|---------------------|---|-------|----------|
| Address | | City | State | Zip code |
| Starting Date | Leaving Date | Job Title | | |
| Weekly Starting Salary | Weekly Final Salary | May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Supervisor | | Title | Phone | |
| Description of Work | | Reason for leaving | | |

Name of Previous Employer

| | | | | |
|------------------------|---------------------|---|-------|----------|
| Address | | City | State | Zip code |
| Starting Date | Leaving Date | Job Title | | |
| Weekly Starting Salary | Weekly Final Salary | May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Supervisor | | Title | Phone | |
| Description of Work | | Reason for leaving | | |

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References

Below, Give the names of three (3) persons you are not related to, whom you have known at least one year.

| | Name and Title | Relationship | Address | Phone |
|----|----------------|--------------|---------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Service Record

Honorable Discharge? () Yes () No

Branch of Service:

Discharge Date:

Rank:

Duties:

Have you been convicted of a felony within the last five (5) years? () Yes () No

If yes, explain (will not necessarily exclude you from consideration)

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all the information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement, contrary to the foregoing, unless it is in writing and signed by an authorized District representative.

Date

Signature