

Destin Fire Control District

848 Airport Road - Destin, Florida 32541

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

Beach Safety Division 2018 Returning Applicant

Date of Application: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip) (Social Security Number)

Home # : _____ Cell # : _____

Email Address: _____

To reapply for part time, seasonal employment with the Destin Fire Control District the above applicant must complete all attached documents and consent to the use of the following previously executed documents: **(please initial on line to provide your consent)**

- _____ Application for Employment
- _____ Direct Deposit Authorization Form
- _____ Liability Release for Sun Exposure
- _____ Drug-Free Workplace Policy Acknowledgment
- _____ Drug-free Workplace Policy Summary
- _____ Drugs which may alter or affect a Drug Test
- _____ Acknowledgment of Medications & Voluntary Disclosure
- _____ Form I-9, Drivers' License and Social Security Card

Should applicant wish to view or update any of the documents listed above, please contact the administrative office at (850) 837-8413.

**Destin Fire Control District
Beach Safety Division – Returning Applicant**

I certify that all information I have provided in order to apply for and secure work with the District is true, complete and correct.

I authorize, without reservation, the District, its representatives, employees or agents to contract and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the District, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the District reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment of any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valued unless they are in writing and signed by the District's Fire Chief.

All personnel documents previously executed at the time of previous employment remain in full force unless superseded by newly executed documents.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: _____

IRS Statement – Withholding for 2018

December 26, 2017

The IRS is working to develop withholding guidance to implement the tax reform bill signed into law on December 22. We anticipate issuing the initial withholding guidance in January, and employers and payroll service providers will be encouraged to implement the changes in February. The IRS emphasizes this information will be designed to work with the existing Forms W-4 that employees have already filed, and no further action by taxpayers is needed at this time.

Use of the new 2018 withholding guidelines will allow taxpayers to begin seeing the changes in their paychecks as early as February. In the meantime, employers and payroll service providers should continue to use the existing 2017 withholding tables and systems.

Form W-4 will be provided once released.

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Beach Safety Program 2018 Job Description and Acknowledgement

1. Starting hourly rate, for new Beach Safety Employees, is \$13.17 with no benefits.
2. Compensation will be received for scheduled and approved hours only.
3. Employment with the Beach Safety Division is offered on a part-time, seasonal basis.
4. The Beach Safety Program may be terminated at anytime and is considered to be on an as needed basis.
5. The Destin Fire Control District is a drug-free workplace. A drug screen will be required upon employment.
6. All employees of the Destin Fire Control District Beach Safety Division are expected to conduct themselves in a professional manner at all times; while on duty or off-duty if in uniform.
7. All employees of the Beach Safety Division are required to meet the appearance standards as determined by the Destin Fire Control District.

It is understood that this is a part-time, seasonal position for the Beach Safety Division and an hourly position with no benefits. This position will only be for the period of time the Beach Safety program is in effect. It is understood that your position can be terminated by Chief Sasser at anytime.

Employee

Date

Joe D'Agostino, Division Chief

Date

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Beach Safety Division Overtime Policy

Overtime is considered any time worked in excess of 40 hours in one seven (7) day workweek beginning on Tuesday and ending on the following Monday. The Destin Fire Control District only recognizes authorized overtime for the Beach Safety Division. Authorized overtime and unauthorized overtime are defined as follows:

Authorized overtime can occur when the Beach Safety Division Chief or Command Officer requests that a Destin Beach Safety staff member remain in service longer than the designated shift creating a situation where the total hours worked for the workweek may be in excess of 40 hours. This request may be the result of situations such as: red or double red flag conditions, a late call received from dispatch, an extended rescue situation, etc. All situations will be reviewed by the Beach Safety Chief and/or the Fire Chief.

Unauthorized overtime occurs when a staff member works an excess of 40 hours in one seven (7) day workweek without the approval of the Beach Safety Division Chief or Command Officer. Any unauthorized overtime will result in the following discipline procedures:

- First offense a written warning will be issued
- Second offense a suspension of two shifts without pay
- Third offense immediate termination from employment

Your signature certifies an understanding that the Destin Fire Control District's normal workweek begins on Tuesday of each week and ends on the following Monday and that you agree to the conditions listed above regarding overtime.

Employee signature

Date

Printed name

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Background Investigation Waiver

I, _____, do hereby give my permission to the Destin Fire Control District and/or its agents to conduct a thorough investigation into my background. Said investigation may include, but is not limited to, criminal records, previous employment, matters of moral character, and any other pertinent information needed to verify application or to substantiate a complete and accurate background check. I agree the District will have my permission to contact any person, agency, or entity needed to complete same, previous to my consideration for employment.

Notification is herein given that the Destin Fire Control District participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

Signature

Witness

Joe D'Agostino, Division Chief

Date

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Release of Driver Transcript Consent

A Destin Fire Control Vehicle may be provided to _____ for work as a Beach Safety Division employee. In order for you to be permitted to operate the vehicle, you must have a valid driver's license and a good driving record. Further, you must authorize the District to obtain a copy of your motor vehicle records or reports and provide a copy of your license and any other documentation necessary to obtain such records or reports. The District may access or obtain your motor vehicle records or reports in connection with your initial application for employment and at any time during the time period that you have permission to operate a District vehicle. The District may revoke your right to use the District's vehicle at any time and for any reason, including but not limited to your failure to maintain a valid driver's license and a good driving record, your failure to abide by District policies concerning the use of its vehicles, and/or your failure to provide authorization for the District to access or obtain your motor vehicle records or reports.

I, _____ do hereby give my permission to the Destin Fire Control District and/or its agents to access or obtain my motor vehicle records or reports. I understand and agree that the District may access or obtain such records or reports in connection with my initial application for employment and at any time during the time period that I have permission to operate a District vehicle.

I further understand that my authorization is voluntary and can be withdrawn in writing at any time, however, my failure to provide authorization will be grounds for the District to deny or revoke permission for me to operate a District vehicle.

Signature

Witness

Date

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Applicant Drug Test Consent Agreement

As a prerequisite to employment, I hereby agree to allow an agent of the Destin Fire Control District to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized Destin Fire Control District management for appropriate review, and authorize the Destin Fire Control District, hereinafter called the "District" to use the test results as a defense to any legal action to which I am a party.

I understand that the results of the drug testing of my urine, if confirmed positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that if employed by the District, I must abide by the terms of the District's Drug-free Workplace Policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the District, and disciplinary action, up to and including discharge, may result if:

1. I refuse to consent to such testing or
2. I refuse to execute all forms of consent and releases of liability as are usually and reasonably attendant to such examinations or
3. I refuse to authorize release of the test results to the District, if the tests establish a violation of the District's Drug-free Workplace Policy or
4. I, otherwise, violate the policy.

I hereby consent to the administration of the drug test and to the terms and conditions of the Consent Agreement.

_____ Date _____ Social Security Number _____
 Applicant

_____ Date _____
 Witness

I hereby refuse the drug detection urine test.

_____ Date _____ Social Security Number _____
 Applicant

_____ Date _____
 Witness

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Chief Kevin Sasser

Physical Exam Requirement

The Destin Fire Control District requires that ALL employees meet the health and fitness standard of the United States Lifesaving Association.

Health & Fitness – Possesses adequate vision, hearing acuity, physical ability and stamina to perform the duties of an open water lifeguard as documented by a medical doctor, or the doctor's designated physician's assistant or ARNP (advanced registered Nurse Practitioner).

The duties that pertain to Lifeguarding for the Destin Fire Control District include:

- Vision - Ability to see swimmers in distress from the shore out to 100 meters
- Hearing - Ability to hear people yelling in a crowd, whistles, and radio transmissions
- Physical ability - Run, swim, and lift heavy objects. You must be able to complete a 550 yard swim in 10 minutes or less.

Physicals should be performed at Sacred Heart Medical Group located at 36500 Emerald Coast Parkway, Destin FL 32541 **AFTER AUTHORIZATION IS RECEIVED FROM DIVISION CHIEF JOE D'AGOSTINO.** This is the same location as your drug screen. Please set an appointment for the physical by calling Betty Jo Billups at 850-278-3899.

Should you wish to have your personal physician perform this physical it will be at your own cost. The physical should clearly state that you have been cleared to perform the above duties. Your physician's signature must also be included on this documentation along with a date.

You will not be scheduled to work until this information is received.



A Heart Ready
Community



An Advanced Life
Support Service

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USLA Membership Dues – Voluntary Deduction Form

I _____ hereby authorize Destin Fire Control District to withhold a one time deduction in the amount of \$45.00 from my paycheck, for dues in the United States Lifesaving Association, Destin Chapter. These funds will be remitted to the Chapter for the membership year beginning April 1, 2018 and ending March 31, 2019.

Please send all membership information to the following mailing address:

Date of Birth: _____

I authorize the release of my mailing address, provided above, to the Destin Fire Rescue USLA Chapter, Inc. and understand that I am waiving my rights, if any, to confidentiality and exemption under Florida Statutes for this information.

I understand that participation in the USLA is not mandatory to be employed with the District. I also understand that the District offers this deduction as a convenience which can be withdrawn at any time.

Employee signature

Date



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name DESTIN FIRE CONTROL DISTRICT		4. Employer Identification Number (EIN) 59-1510380	
5. Employer address 848 AIRPORT ROAD		6. Employer phone number 850-837-8413	
7. City DESTIN		8. State FL	9. ZIP code 32541
10. Who can we contact about employee health coverage at this job? KATHRYN L. WAGNER			
11. Phone number (if different from above)		12. Email address KWAGNER@DESTINFIRE.COM	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full-time employees

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Please contact employer for liability coverage for dependents

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
- No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

- Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

- Employer won't offer health coverage
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
- a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)