

Destin Fire Control District

848 Airport Road – Destin, Florida 32541
Telephone (850) 837-8413 Fax (850) 837-6715



Beach Safety Division 2024 Prospective Applicant

Chief Kevin Sasser

Thank you for considering working as a part-time, seasonal lifeguard with the Destin Fire Control District. To become a lifeguard, you will need to complete a 7-step process:

- 1) **COMPLETE JOB APPLICATION (SEE ATTACHED)**: Submit your completed application to the Destin Fire Control District, Station 9, 848 Airport Road, Destin FL 32541 between the hours of 8:00a.m. to 4:00p.m. Monday-Friday, or e-mail the completed application to jdagostino@destinfire.com
- 2) **COMPLETE A 550 YARD OR 500 METER SWIM IN 10 MINUTES OR LESS**: Once you have completed and turned in an application, the Division Chief will contact you to schedule a date to complete a swim test. The swim will be conducted at the Destin Aquatic Center or in the Gulf of Mexico.

Prior to completing an employment application, you must pass the swim test.

EMPLOYMENT APPLICATION: Upon successful completion of the swim test, you will need to complete an employment package which can be found at: <https://destinfire.com/wp-content/uploads/2023/12/1-2024-Beach-Safety-Employment-Package-New-Applicant-1.pdf> [Click Here for Application](#)

This package must be submitted with a copy of your Social Security Card, Driver's License, and Bank account and routing information. Please be very thorough in completing this package, as all information is required prior to being scheduled to work.

- 3) **COMPLETE A DRUG SCREEN AND PHYSICAL**: Instructions and addresses for physicals and drug screens are provided in the hiring packet. After completion of the physical you will receive documentation from the medical facility which must be submitted with the other required documentation.

Prior to being scheduled for work you will be required to complete the following:

- 4) **COMPLETE AN ONLINE TRAINING COURSE AND TEST**: These can be completed from any computer or smart device. A password will be given to you to complete this online.
- 5) **COMPLETE A PHYSICAL TRAINING ACADEMY / RIDE ALONG**: For the academy/ride along, you will need 2 dry towels, warm clothes, and proper attire for extended water sessions in the Gulf, water or sports drink and food. You must attend one of the following dates: March 15-16, 2024 / March 22-23, 2024 / May 17-18, 2024 / or May 31-June 1, 2024. Ride alongs can be scheduled starting March 17, 2024. They are available from 8:30a.m. - 6:30p.m. daily.
- 6) **COMPLETE CPR TRAINING**: You must attend one of the CPR Training courses offered on: January 19, 2024 / February 2, 2024 / or March 21, 2024. Spring and Summer CPR dates to be determined. To register, please call 850-797-9449.

Email questions to Beach Safety Division Chief Joe D'Agostino at: jdagostino@destinfire.com

APPLICATION FOR EMPLOYMENT

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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