

CITY OF LIGHTHOUSE POINT
Fire Rescue Department
3740 N.E. 22nd Avenue, Lighthouse Point, Florida 33064

EMPLOYMENT APPLICATION – FIREFIGHTER/PARAMEDIC

INSTRUCTIONS:

This Application must be filled out accurately and completely. Please type or print (in ink) all information. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Applicants who submit incomplete applications will not be considered for employment.

All statements made on the Application are subject to verification. Any exaggerated, false, or misleading statements may be cause for disqualification from further consideration from employment and/or subsequent termination from employment. Eligibility for hire may be based on a rating of this Application; therefore, completeness and accuracy is of the utmost importance.

The City of Lighthouse Point provides reasonable accommodation to applicants with disabilities where appropriate. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Personnel/Human Resources Department at (954) 943-6500 or at 2200 N.E. 38th Street, Lighthouse Point, Florida 33064. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

The City of Lighthouse Point is an Equal Opportunity Employer.

REQUIRED DOCUMENTS:

All applicants are required to submit copies of the following documents to be eligible for consideration of employment:

- High school diploma (or GED certificate)
- College certificate (or transcript), if applicable
- Florida driver's license, Class "E"
- EVOC certificate
- Proof of Florida certification for Firefighter, Paramedic, CPR, ACLS
- Current Broward County physical agility card or currently employed as a Firefighter/Paramedic
- DD Form 214 (when prior military)

FOR ADDITIONAL INFORMATION:

If you have any questions or require additional information, please call (954) 943-6500 or contact the Personnel/Human Resources Department at: City of Lighthouse Point, 2200 N.E. 38th Street 33064.

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

IMPORTANT NOTICES TO ALL APPLICANTS:

Fraudulent conduct or false statements by any applicant or by another person on the applicant's behalf and with the applicant's knowledge, in any aspect of the employment evaluation process, will be cause for the exclusion of such applicant from consideration from employment.

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

1. GENERAL PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: ____

Current Residential Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail address (if available): _____

Social Security Number: _____

Residential Addresses for prior ten (10) years (include City, State, and Zip Code:

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
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2. SUMMARY OF FIREFIGHTER/PARAMEDIC EXPERIENCE

Are you currently employed as both a firefighter and a paramedic? No___ Yes___

If yes, with what Agency are you currently employed?

Name and Address of Agency (including City, State, and Zip Code)

Phone number of Agency: _____

Dates of employment: _____

Current rank: _____ Highest rank attained: _____

Number of Firefighters employed by the Agency? _____

If you are **not** currently employed as a Firefighter/Paramedic, have you ever been employed as both a Firefighter and a Paramedic? No ___ Yes ___

If yes, with what agency(ies) were you so employed:

Name and Address of Agency (including City, State, and Zip Code)

Phone number of agency: _____

Dates of employment: _____

Highest rank attained: _____

Number of firefighters employed by the agency(ies): _____

Reason(s) for leaving: _____

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3. FIREFIGHTER/PARAMEDIC CERTIFICATION

Are you currently certified as a Firefighter by the State of Florida? No ___ Yes ___

Have you graduated from a Florida Fire Academy? No ___ Yes ___

If yes, from which Florida Fire Academy did you graduate: _____ Academy Hours: _____

Dates attended: _____ to _____

Florida Certificate No.: _____

Date Certificate Issued/Expires: _____ / _____

Are you currently certified as a Paramedic by the State of Florida? No ___ Yes ___

Have you graduated from an Academy? No ___ Yes ___

If yes, from which Academy _____

Name	City
------	------

Academy Hours: _____ Date attended: _____ to _____

Florida Certificate No.: _____

Date Certificate Issued/Expires: _____ / _____

Are you currently certified as an EMT by the State of Florida? No ___ Yes ___

Have you graduated from an Academy? No ___ Yes ___

If yes, from which Academy _____

Name	City
------	------

Academy Hours: _____ Date attended: _____ to _____

Florida Certificate No.: _____

Date Certificate Issued/Expires: _____ / _____

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4. EMPLOYMENT HISTORY

This section must be completed in full as resumes will not be accepted as official applications.

Identify for the last ten (10) years your paid work experience beginning with your current or most recent job. List each promotion or transfer as a separate job, even if with an employer you have already listed. Include military service, part-time employment, and self-employment. List all gaps in work history in the spaces provided. If necessary, attach additional sheets to this Application to ensure a complete listing of all employment.

Are you presently employed? No_____ Yes_____
Name of Current Employer: _____
Current Job Title: _____
Employer's Address: _____
Employer's Phone Number: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Current Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____
Number of Employees Supervised (if any): _____
May we contact your present employer? No ___ Yes ___
If no, please explain: _____

Name of Former Employer: _____
Job Title: _____
Employer's Address: _____
Employer's Phone Number: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____

Number of Employees Supervised (if any): _____
May we contact this former employer? No ___ Yes ___
If no, please explain : _____

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5. EMPLOYMENT HISTORY – (continued)

Name of Former Employer: _____
Job Title: _____
Employer's Address: _____
Employer's Phone Number: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____

Number of Employees Supervised (if any): _____
May we contact this former employer? No ___ Yes ___
If no, please explain : _____

Name of Former Employer: _____
Job Title: _____
Employer's Address: _____
Employer's Phone Number: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____

Number of Employees Supervised (if any): _____
May we contact this former employer? No ___ Yes ___
If no, please explain : _____

Name of Former Employer: _____
Job Title: _____
Employer's Address: _____
Employer's Phone Number: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____

Number of Employees Supervised (if any): _____
May we contact this former employer? No ___ Yes ___
If _____ no, _____ please _____ explain
: _____

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List ALL of the Fire Departments that you have applied to in the last TWO (2) years.

6. EMPLOYMENT SUMMARY

Have you ever been involuntarily terminated from employment or asked to resign from employment? No ___ Yes ___

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

Have you ever been subjected to disciplinary action (including written counseling, written reprimand, demotion, suspension, or termination), including during a probationary period? No ___ Yes ___

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

Have you ever terminated your employment while the subject of any investigation by an employer? No ___ Yes ___

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

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7. MILITARY HISTORY/EMPLOYMENT

You must respond to all questions in this section even if all information was provided above in section 4.

Do you now or have you ever served in the United States Armed Forces?

No___ Yes ___

If yes, in which branch(es) have you served: _____

Dates of Service: _____ to _____

Duty in Service (i.e., Military Police): _____

Type of Discharge: _____

While in the military service, were you ever arrested for an offense that resulted in a trial by a court or by a summary, special, or general court-martial? No___ Yes___

If yes, identify the arresting branch; the approximate dates of the investigation; explain the circumstances leading to the investigation; and identify the outcome of the investigation explain: _____

8. EDUCATION AND SPECIAL TRAINING

Do you have a High School diploma? No___ Yes___

If yes, date obtained: _____

If you do not have a High School diploma, do you have a G.E.D.?

No___ Yes___

If so, date obtained: _____

If you do not have a high school diploma or G.E.D., please indicate the highest grade completed: _____ grade

Last high school attended _____

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Name _____

City _____

State _____

8. EDUCATION AND SPECIAL TRAINING – (continued)

Colleges and Universities Attended

Name and Location: _____
Major/Minor Degree Field or Program of Study: _____
Did you graduate? No___ Yes___ Type of Degree received: _____
If no, indicate number of credit hours received: _____

Name and Location: _____
Major/Minor Degree Field or Program of Study: _____
Did you graduate? No___ Yes___ Type of Degree received: _____
If no, indicate number of credit hours received: _____

Name and Location: _____
Major/Minor Degree Field or Program of Study: _____
Did you graduate? No___ Yes___ Type of Degree received: _____
If no, indicate number of credit hours received: _____

Special Training Schools - (Business, Trade, Vocational, Armed Forces)

Name and Location : _____
Course/Subject Taken: _____
Certificates Received: _____
Total Hours Completed: _____ Hours Required for Certification _____

Name and Location : _____
Course/Subject Taken: _____
Certificates Received: _____
Total Hours Completed: _____ Hours Required for Certification _____

Name and Location : _____
Course/Subject Taken: _____
Certificates Received: _____
Total Hours Completed: _____ Hours Required for Certification _____

LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION

If you have more education training information to provide, please attach a separate sheet in the same format

9. CHARACTER REFERENCES

Do not include relatives, former employers, persons who live outside of the United States or its territories, or present supervisors. List only references who have definite knowledge of your qualifications and fitness for the position as a Firefighter/Paramedic. List five (5) persons.

Name: _____
Address: _____
_____ (include City, State, and Zip Code)
How long have you known this person? _____
Relationship: _____

Name: _____
Address: _____
_____ (include City, State, and Zip Code)
How long have you known this person? _____
Relationship: _____

Name: _____
Address: _____
_____ (include City, State, and Zip Code)
How long have you known this person? _____
Relationship: _____

Name: _____
Address: _____
_____ (include City, State, and Zip Code)
How long have you known this person? _____
Relationship: _____

Name: _____
Address: _____
_____ (include City, State, and Zip Code)
How long have you known this person? _____

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
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Relationship: _____

10. DRIVER'S LICENSE INFORMATION

Do you possess a valid Florida driver's license? No ___ Yes ___

If yes, what is your License number: _____

Type of license you have: _____

Date of issue: _____ Expiration Date: _____

Have you ever had a driver's license in any state other than Florida? No___ Yes___

If yes, what State: _____ License number: _____

Type of license: _____

Date of issue: _____ Expiration Date: _____

11. CRIMINAL HISTORY

Were you ever arrested or taken into custody under ANY circumstances (including all arrests as a juvenile): No___ Yes___

If yes, list all such arrests:

Charge	Agency	Date	Disposition/Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? No___ Yes___

If yes, please identify the state in which the arrest occurred; the date of the arrest; the arresting agency; the offense(s) with which you were charged; whether the offense was a misdemeanor or felony; and the outcome of the charge.

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12. FINANCIAL

Have you ever been brought into civil court for non-payment of a debt, had a credit or loan application declined, had property repossessed or auctioned, been evicted, or filed bankruptcy? No ___ Yes ___

If yes, explain (provide company involved, dates and locations):

List ALL debts you are presently paying, or which are outstanding. Include mortgages, car payments, credit cards, etc. List the creditor's name and phone number; amount owed; amount paid; period of payment (i.e., monthly, bi-weekly):

LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION

Please read this statement carefully before signing below:

I hereby certify that each response on this Application and all other information I have provided in applying for employment with the City of Lighthouse Point are true and correct and contain no misrepresentations, omissions, or concealment of material fact. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification from further consideration for employment or discharge from employment at any time.

Copies of all required documents must be submitted prior to employment. All information and documentation is subject to investigation and verification.

RELEASE AND WAIVER

To Whom It May Concern:

I am making application for employment as a firefighter/paramedic with the City of Lighthouse Point.

I understand that critical components of the City's investigation into my application for employment are an examination of my medical, educational, financial, employment, and personal conduct background.

I hereby authorize the City of Lighthouse Point, within one (1) year of the date noted below, to obtain all information in your files pertaining to any past or present employment, credit or educational records, including, but not limited to, academic achievement, attendance, athletic or medical performances/history, the product of any and/or all background, polygraph, CVSA, medical and/or psychological investigations or examinations, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records.

I also hereby authorize any duly-authorized representative of the City of Lighthouse Point bearing this release, or a copy thereof, to obtain copies of any or all of the above-mentioned records.

I hereby direct you to release this information upon request of the bearer. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Lighthouse Point.

My consent is granted for the City of Lighthouse Point to furnish the information described above to all parties required in the course of their official duties.

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
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I hereby release you, as the custodian of such records, of any past or present employer; school, college, university, or other educational institution wherein my scholastic records are available; any hospital or other repository of any of my medical records; any credit bureaus, lending institutions, consumer reporting agencies; or retail business establishments possessing my credit/debit payment records from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates, because of the compliance with this authorization and request to release information. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Your assistance in this matter is greatly appreciated. Thank you.

Applicant's Signature: _____

Applicant's Name (print): _____

Date: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ (name of person making statement).

Signature of Notary Public State of Florida
(NOTARY SEAL)

Name of Notary Typed, Printed, or Stamped

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Did you remember to:

- ☼ Include your Social Security Number?
- ☼ Answer all questions completely?
- ☼ Complete the Employment History portion of the application in detail?
- ☼ Explain all gaps in employment?
- ☼ Complete application supplement, if applicable?
- ☼ Submit copies of documents requested, if applicable?
- ☼ Sign and date the application?

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
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PRE-EMPLOYMENT AGREEMENT

PART 1 of 4

**DISCLOSURE TO APPLICANT OF MEDICAL EXAMINATION
REQUIREMENT
INCLUDING TEST FOR CURRENT USAGE OF DRUGS**

Prior to employment with the City of Lighthouse Point, Firefighter/Paramedic candidates with conditional job offers are required to submit to a medical examination to determine whether they are able to perform all essential job duties and to assure the safety, health, and welfare of City employees and the general public. The City of Lighthouse Point is a Drug-Free Workplace and, therefore, offers of employment are conditioned upon satisfactory results of drug testing. Conditional job offers will be revoked if the applicant refuses to submit to a drug testing or if the results of the drug testing are unsatisfactory.

CONSENT TO MEDICAL EXAMINATION AND DRUG TESTING

In the event that I am conditionally offered employment by the City of Lighthouse Point as a Firefighter/Paramedic, I voluntarily consent to a medical examination prior to my beginning employment. In the event that I am conditionally offered employment by the City of Lighthouse Point, I also consent to a drug test of my urine and/or blood and/or hair prior to my beginning employment. I hereby authorize and give full permission to have the City's contracted medical provider, its staff, and/or associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs. I authorize these results, whether positive or negative, to be given to a Medical Review Officer selected by the City and the City's Personnel Department. I release the City of Lighthouse Point, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination and/or drug test or the use of the results therefrom. I have read in full and understand the above Disclosure and Consent and conditions of employment contained therein.

Applicant's Name (print) _____

Applicant's Signature _____ Date _____

Witness' Signature _____ Date _____

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT AGREEMENT

PART 2 of 4

TOBACCO PRODUCTS AFFIDAVIT

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

Do you now or have you ever within the last twelve (12) months smoked or used tobacco products? No ___ Yes ___

If yes, explain _____

AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco products within the at least twelve (12) months immediately preceding my application for employment with the City of Lighthouse Point. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this _____ day of _____, 20____.

Signature of Applicant

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT AGREEMENT

PART 3 of 4

EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking employment with the City of Lighthouse Point, will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, credit reports, education records, former and current employers, and personal references. I hereby authorize the City of Lighthouse Point to obtain any information in your files pertaining to any past or present employment, credit, or educational records, including, but not limited to, academic achievement, the product of any and/or all background, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records. Additionally, I authorize the City of Lighthouse Point to conduct a credit, criminal, and driving record inquiry. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the City of Lighthouse Point. Consent is further granted for the City of Lighthouse Point to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name _____

Current Address _____

Phone Number _____ Social Security Number _____

Driver's License Number _____ State _____

Other Prior Names/Aliases _____

Applicant's Signature _____ Date _____

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT AGREEMENT

PART 4 of 4

**NOTICE TO APPLICANT OR EMPLOYEE OF
INTENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT**

Dear Applicant or Employee:

In connection with your application for employment or your employment, the City of Lighthouse Point would like to procure certain background information concerning you which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your: credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends, and/or associates (e.g., former employers).

Before we may procure an investigative consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure an investigative consumer report. However, we will not consider you further for employment if you so decline. If you are an employee, we may consider employment action if you decline.

We intend to ask your former employer(s) the following questions concerning you:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances.
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

Attached to this form you will find a release which will allow us to obtain an investigative consumer report concerning the foregoing questions. Please read the release carefully before signing it and indicating your choice regarding disclosure.

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT AGREEMENT

PART 4 of 4 – (continued)

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant" letter attached to this form.

I understand that I have the right to decline authorization for the City of Lighthouse Point to procure an investigative consumer report concerning me.

I understand that the investigative consumer report may contain information concerning my: credit worthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background.

As disclosed on the form below, I understand the nature and scope of the investigation that is going to be made into my background.

Understanding these rights,

I authorize the City of Lighthouse Point to procure an investigative consumer report concerning me.

I do not authorize the City of Lighthouse Point to procure an investigative consumer report concerning me.

NAME (Print please): _____

SIGNATURE: _____

DATE: _____

PLEASE PRINT ALL REQUESTED INFORMATION

Full Name _____ Other Names Used _____

Current Address _____ Telephone Number _____

City _____ State _____ Zip Code _____

Previous Address _____

City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Expiration Date _____

Social Security Number _____ Date of Birth* _____

Applicant's Signature _____ Date _____

Prospective Employ _____

*Date of Birth is being requested to obtain accurate retrieval of records.