

**Captiva Island Fire Control  
District  
14981 Captiva Drive/ PO Box 477  
Captiva, FL 33924  
APPLICATION FOR EMPLOYMENT**

Position(s) Applied For	Date of Application
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**PERSONAL INFORMATION**

Last Name	First Name	Middle Initial
Street Address	City	State      Zip Code
Telephone Number(s)	E-Mail Address	

Are you legally eligible for employment in the USA? YES      NO	If hired, give date you will be available to start work.
Do you want to work full-time or part-time?	Referred by:

Have you ever been arrested?      YES      NO	If Yes, please explain:
Have you ever been charged or convicted?      YES      NO	If Yes, please explain:

**NOTE: An arrest or conviction will be judged in relation to circumstances and will not necessarily bar you from employment.**

Have you ever been demoted, discharged, or forced to resign?      YES      NO	If Yes, please explain:
Are you related to anyone employed by the Captiva Island Fire Control District YES      NO	If Yes, give name and relationship:

Do you have a valid Florida Driver's License?      YES      NO Type      Number      Expiration Date:
Explain all traffic citations received in the past (5) years:

**EDUCATION AND TRAINING: Please provide copies of all certificates or degrees**

Highest grade completed:	Name and Location of High School
Name of College or University Attended:	Course(s):
Number of Years Completed _____ Degree:	Other Schools Attended (Business, Technical, Correspondence, Etc.)
Do you have a valid trade license or certificate: YES      NO      If Yes, type and expiration date:	Are you a veteran of the armed forces? YES      NO      If Yes, give service date:

**EMPLOYMENT HISTORY**

List LAST EMPLOYER first. Include military service and temporary or part-time jobs in proper time sequence. You may include any volunteer work performed.

Employer	Dates Employed From                      To		Work Performed
Address			
	Hourly Rate/Salary Starting                      Final		
Telephone Number			
Job Title			Reason for Leaving:
Employer	Dates Employed From                      To		Work Performed
Address			
	Hourly Rate/Salary Starting                      Final		
Telephone Number			
Job Title			Reason for Leaving
Employer	Dates Employed From                      To		Work Performed
Address			
	Hourly Rate/Salary Starting                      Final		
Telephone Number			
Job Title			Reason for Leaving

**INCLUDE ADDITIONAL SHEETS IF NECESSARY**

Do you have any objection to your current employer being contacted?    YES    NO  
Describe any **special** experience, skills or qualifications you may have.

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Indicate any foreign languages you

	Fluent	Good	Fair
<b>Speak:</b>			
<b>Read:</b>			
<b>Write:</b>			

**Personal References & Acquaintances**

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who have known you well for the past three (3) years.

Complete Name: _____	Home Address: _____
Last                                  First                                  Middle	_____
Years Known: _____	Home Phone: _____
Complete Name: _____	Home Address: _____
Last                                  First                                  Middle	_____
Years Known: _____	Home Phone: _____
Complete Name: _____	Home Address: _____
Last                                  First                                  Middle	_____
Years Known: _____	Home Phone: _____

\*\*\*\*PLEASE NOTE THE FOLLOWING BEFORE SIGNING THIS APPLICATION\*\*\*\*

- If this application is incomplete or not signed in ink, it will be rejected without further notice.
- An employment physical will include drug screening.
- A criminal history background investigation will be conducted.
- A driver's license history will be conducted.
- On certain job descriptions a credit history will be conducted.
- Copy of driver's license, if applicable to position applied.
- High school diploma.

**AGREEMENT:** To the best of my knowledge, I certify that answers given herein are true and complete. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. In the event of my employment, I will abide by all rules and regulations of the District and understand that **FALSE OR MISLEADING** information given herein or during my interview(s) **WILL** result in immediate discharge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**NON-DISCRIMINATION POLICY:** It is the District's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations, or because of race, color, creed, sex, age, or national origin.

Applicants with disabilities will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. All complaints should be submitted in writing to the Director of General Services.

**PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS AND SIGN BELOW:**

I hereby certify to the best of my knowledge that all of the information contained in the application is True. Any willful misrepresentation or omission of facts will give cause for my application not to be considered and if I have been employed, will be cause for my immediate discharge.

\_\_\_\_\_  
(Initials)

I hereby give my permission to the Control Captiva Island Fire Control District to make investigations related to this application, and for my former employers to furnish their records of any service, my reason for leaving their employ, together with all information they may have concerning me, whether on record or not, I release them and their company from any liability for any damage whatsoever for issuing same.

\_\_\_\_\_  
(Initials)

I understand and agree that all policies and procedures may be modified, amended, or deleted by the Captiva Island Fire Control District with or without notice to me or such amendment, modification or deletions, that the policies and procedures, whether oral or written are to be advisory only and are not to be interpreted as a contract of employment or to give me any right of continued employment.

\_\_\_\_\_  
(Initials)

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration for employment.

\_\_\_\_\_  
(Initials)

I understand that, if the Captiva Island Fire Control District, Florida, employs me my Employment will be at the will and pleasure of the District and may be terminated by the District at any time, for any or no reason with or without notice. As all employees serve at the will and pleasure of the District there is no requirement that the employer establish just cause for any employment action up to and including discipline, transfers, layoffs, or discharge.

\_\_\_\_\_  
(Initials)

I understand that my employment, if for a driving position, is contingent upon my having a clean driving record for the immediate past three years, and I hereby give my permission to the Captiva Island Fire Control District to make investigation related to this contingency.

\_\_\_\_\_  
(Initials)

## PERSONAL INQUIRY WAIVER

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I respectfully request and authorize you to furnish to the Captiva Island Fire Control District, information that you have concerning my work record, school record, driving record, military record, and a nationwide criminal background check. This information is to be used to assist the District in determining my qualifications for the position I am seeking with the Captiva Island Fire Control District.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested above, and I execute this document of my own free will and accord with full knowledge of the purpose thereof.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

## TOBACCO AND SUBSTANCE ABUSE AFFIDAVIT

I further agree that I will not smoke, or use any form of tobacco products, either on or off the job, during employment in the fire service of the Captiva Island Fire Control District, Florida. I understand to do so could compromise my physical ability as a Firefighter, and create a negative impact on the Firefighters' Pension Plan. I do hereby affirm that I have not been a user of tobacco products or illegal drugs for at least one (1) year immediately preceding my application as a Firefighter with the Captiva Island Fire Control District. Additionally, I hereby affirm that I am not addicted to the use of intoxicating beverages, substances or inhalants, illegal or "street drugs", pharmaceuticals or any other substance that may be abused in order to obtain an alteration in the Central Nervous System.

In regard to a violation of any of the above rules, I understand that this agreement / Constitutes a term and condition employment, and that for any violation of the same, I can be terminated from the fire service, and from employment with the Captiva Island Fire Control District, Florida.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

State of Florida County of \_\_\_\_\_ Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is  
Personally known by me or who has produced identification \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (SEAL)

\_\_\_\_\_  
Notary Public Signature

**NOTE: IN ORDER TO PARTICIPATE IN THE CAPTIVA ISLAND FIRE CONTROL DISTRICT'S WRITTEN EXAM FOR THE POSITION OF FIREFIGHTER, THIS DOCUMENT MUST BE SUBMITTED WITH THE APPLICATION PRIOR TO THE CLOSING DATE AND MUST BE COMPLETED, SIGNED AND NOTARIZED.**

**Captiva Island Fire  
Control District  
Drug-Free Workplace  
Acknowledgement & Testing Consent Form**

The Captiva Island Fire Control District is committed to creating and maintaining a workplace free of substance abuse without jeopardizing the job security of a valued employee. To address this problem, the Captiva Island Fire Control District has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. My initials below indicate acknowledgement and agreement to the following:

**Initial**

\_\_\_\_\_ I agree that Lab Corp may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the Captiva Island Fire Control District for analysis. I further agree to hereby authorize the release of the test results to the Captiva Island Fire Control District.

\_\_\_\_\_ I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

\_\_\_\_\_ I understand that my current or future use of illegal drugs may prohibit me from being employed at the Captiva Island Fire Control District.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

\_\_\_\_\_ Pre-employment: As a part of the new-hire process.

\_\_\_\_\_ Post Accident: After causing, contributing to, or being involved in a workplace accident.

\_\_\_\_\_ Random: As a part of an unbiased and periodic testing program.

\_\_\_\_\_ Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**APPLICANT**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**WITNESS**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Captiva Island Fire Control District**  
14981 Captiva Drive/ PO Box 477  
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**ATTENTION – THIS STATEMENT MUST BE  
READ**

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

This office has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration
- Act To report income pursuant to the Federal Department of Internal Revenue
- Service  
To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair credit Reporting Act
- For Drug Screening Test
- Identification To process your  
Employment Benefits

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



