

City of Kissimmee Fire Department *New Firefighter Application Package*

We are currently hiring for the position of Firefighter. Preference will be given first to those Firefighters that hold a current Florida Paramedic Certification; and secondly to those Firefighters that hold a current Florida EMT Certification <u>AND</u> are enrolled in paramedic school. If you are interested and wish to apply you <u>must</u> meet the following requirements:

Minimum Requirements

- At least 18 years old and able to lawfully work in the U.S.
- State of Florida Certificate of Compliance Fire Standards (FF I and II)
- State of Florida EMT (for those in Paramedic School) or Paramedic Certification
- Proof of current enrollment in a State of Florida Approved Paramedic School (for Firefighter/EMTs only)
- Current CPR Card <u>EMTs and Paramedics</u>
- Current ACLS (Advanced Cardiac Life Support Certification) for Paramedics ONLY
- EVOC (Emergency Vehicle Operations Course) 16-hour certificate
- Valid Florida Driver's License
- High School Diploma or GED
- ICS-100, 200, 700, 800

Salary and Benefits

- Salary Information Firefighter \$39,653 \$61,778 + FLSA annually; ***Paramedics receive an** additional \$7,500 annually. *Once cleared by the Medical Director to function in solo status.
- Incentive pay for Certifications (Inspector, Instructor, Hazmat Tech, Live Fire Instructor, CPR instructor, ACLS Instructor, Specials Operation Tech, SCBA Service Technician)
- Excellent pension plan
- 144 hours sick leave accrued per year
- 192 hours of holiday leave (Floating holiday)
- 120 hours vacation per year (Years 1-5, Increasing after)
- Health insurance (no cost for single employee)
- Family coverage offered
- Health Clinic (free for anyone on employee insurance)
- Uniforms and gear provided by the department
- Approved job related training paid for after 1 year
- College Tuition Reimbursement Program
- 24/48 hour work schedule
- College Degree incentives

~ Application Instruction Found on Page 2 ~

After applications are processed,

you will be notified whether you qualify and are moving forward to our testing process. This evaluation process may contain a written test, EMS & firefighter skills evaluation, and interview. At that time, you will be given dates for the process and will be contacted prior to each phase to schedule your evaluation.

To apply you must complete and submit this **City of Kissimmee New Firefighter Application Packet** must include all the following:

*NOTE: The first four forms listed below are included in this Package. Applicant must PRINT, READ, SIGN and SUBMIT these items along with copies of the other required items for consideration.

*Completed and signed original of City of Kissimmee Job Application form (rev 7/09)
*Signed original of Form KFD#0057-B Employment Standards
*Signed original of KFD Grooming & Appearance SOG 200.05
*Signed and NOTORIZED original of Tobacco Affidavit
Copy of – Florida Firefighter Certificate of Compliance (Firefighter I and II)
Copy of – State of Florida EMT or Paramedic Certification
Copy of Proof of current enrollment in a Florida Approved Paramedic School (FF/EMTs Only)
Copy of – Current Healthcare provider CPR card (Front and Back on the same page)
Copy of – Current ACLS card (Front and Back on the same page) Paramedics ONLY
Copy of – FL. Driver's License (Front and Back on the same page)
Copy of – EVOC Certificate (or 16 hour equivalent)
Copy of – High School Diploma or GED
Copy of – College Degree (Associates and/or Bachelor)
Copy of - IS-100.b IS 200 IS 700.a IS 800 Complete on-line at-
http://training.fema.gov/IS/NIMS.asp
FCDICE # - Call Florida State Fire College if you don't know yours. 352-369-2800
Copy of - DD 214 Military preference (If you are a Veteran)
Copy of – Wildland 🗆 S130 🗆 180 🗆 L 190-Not Required. Send it if you have it.
Complete Lifetime Florida Driver License Record – Obtain from the FDMV office/on-line or your local
County Clerk's (We will not accept 3 or 7 year records regardless of driving years)
<u>Complete</u> Out-Of-State Driver License Record (For every state you've ever held a driver's license)

Special Instructions

- Your name must appear on <u>all pages</u> submitted.
- To keep the process efficient, <u>only</u> the items listed above are to be submitted with the application packet, <u>nothing more</u>. No resumes please.
- Keep Original versions of your documents. You will be required to provide all of them if you reach the interview.
- Color Copies preferred. Slightly enlarge smaller items by 10-15%, no larger; i.e. Driver's License, CPR/ACLS card, etc. If copies are not legible, we will request that you resend it or your application will be considered incomplete.

DO NOT send copies of your birth certificate or social security card!

How and Where to Submit your Application Packet

You must hand deliver or mail your completed Application Packet to:

City of Kissimmee City Hall Attention: Personnel Department 101 Church St. Kissimmee, FL, 34741 Suite 230 If you wish to confirm your application was received contact the Personnel Dept. at 407-518-2110.

Applications Packets must <u>not</u> be sent electronically. Incomplete application packets will not be considered.

CITY OF KISSIMMEE APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTU	NITY EMPLOYER
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DATE:

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. PRE-EMPLOYMENT TESTING WILL INCLUDE DRUG SCREENING AND A CRIMINAL BACKGROUND CHECK. THIS EMPLOYER PARTICIPATES IN E-VERIFY. ALL FULL-TIME PERMANENT EMPLOYEES ARE GENERALLY REQUIRED TO HAVE THEIR PAYCHECK DIRECTLY DEPOSITED INTO A BANK ACCOUNT.

PLEASE ATTACH EXTRA PAGES WITH ANY ADDITIONAL INFORMATION.

PO	SITION APPLIED FOR:
1.	PERSONAL INFORMATION

DEPARTMENT:

A) NAME	TELEPHONE	E-MAIL					
B) ADDRESS	CITY		STATE	ZIP			
C) ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? D) DO YOU HAVE A VALID FLORIDA DRIVERS LICENSE IF YES, WHICH TYPE: CLASS LICENSE NUMBER: E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) DO YOU HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) PO Y HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) PO Y HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMMEE? E) PO Y HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMME HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMME HAVE ANY RELATIVES WORKING FOR THE CITY OF KISSIMA HAVE ANY RELATIVES WORKING FOR HA							
IF YES, GIVE NAME(S) AND RELATION	ONSHIP:						
F) WERE YOU EVER EMPLOYED BY TH IF YES, STATE DEPARTMENT AND H			YES	NO NO			
G) WERE YOU IN THE ARMED FORCES LIST BRANCH AND DATES OF ENTR	?	OF DISCHARGE:	YES	□ NO			
H) HAVE YOU EVER BEEN DISCHARG IF YES, GIVE AN EXPLANATION BE		ANY JOB?	YES	NO NO			
2. EDUCATION AND TRAININ	G						
ARE YOU A HIGH SCHOOL GRADUATE	2? YES N	NO GED?	YES	NO NO			
SCHOOLS ATTENDED AFTER H.S.	LOCATION	COURSE/MAJOR	D	EGREE/CERTIFICATE			
DESCRIBE ANY SPECIALIZED TRAININ	G/APPRENTICESHIP SKILL YOU H	AVE RECEIVED:					
CAN YOU OPERATE ANY SPECIAL MAG	CHINERY OR EQUIPMENT?		YES	NO			
IF YES, LIST TYPES:							
HAVE YOU ANY TRADE LICENSES OR CERTIFICATIONS?							
HAVE VALLEVED DEEN CONVERSES OF							
HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSES AGAINST THE LAW? A 'YES' WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT; HOWEVER, WHAT YOU WERE CONVICTED OF, AND HOW LONG AGO IS IMPORTANT. GIVE ALL FACTS SO THAT A DECISION CAN BE MADE. (YOU MAY OMIT MINOR TRAFFIC VIOLATIONS, ANY OFFENSE JUDGED IN A JUVENILE COURT OR UNDER A YOUTHFUL OFFENDER LAW.)							
USE THIS SPACE TO GIVE ANY EXPLANATION TO THE ABOVE QUESTION:							

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN.

I hereby certify that each answer to any question, and all the information provided on this application (including attachments) is true and correct. I understand that any incorrect, incomplete, or false statements or information furnished by me may subject me to disqualification, or to discharge at any time. If employed by the City Of Kissimmee, I agree to comply with all its orders, rules and regulations. I authorize the City Of Kissimmee to conduct any PRE-EMPLOYMENT investigation it deems appropriate, including the administration of polygraph, physical examination, and urinalysis for drug screening. I understand that positive results for drug screening will disqualify me from consideration for employment.

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POSITION APPLYING FOR:

START WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT.

DATES	STARTING SALARY	FINAL SALARY	JOB TITLE
FROM TO			
NAME & ADDRESS OF COMPANY	DESCRIBE THE WORK YOU DID		SUPERVISOR
			REASON FOR LEAVING
MAY WE CONTACT THIS EMPLOYER? YES NO			

DATES	STARTING SALARY	FINAL SALARY	JOB TITLE
FROM TO			
NAME & ADDRESS OF COMPANY	DESCRIBE THE WORK YOU DID		SUPERVISOR
			REASON FOR LEAVING
MAY WE CONTACT THIS			
EMPLOYER? YES NO			

DATES	STARTING SALARY	FINAL SALARY	JOB TITLE
FROM TO			
NAME & ADDRESS OF COMPANY	DESCRIBE THE WORK YOU DID		SUPERVISOR
			REASON FOR LEAVING
MAY WE CONTACT THIS			
EMPLOYER? YES NO			

DATES	STARTING SALARY	FINAL SALARY	JOB TITLE
FROM TO			
NAME & ADDRESS OF COMPANY	DESCRIBE THE WORK YOU DID		SUPERVISOR
			REASON FOR LEAVING
MAY WE CONTACT THIS			
EMPLOYER? YES NO			

SPECIAL SKILL AND QUALIFICATIONS: DESCRIBE ANY SPECIAL JOB-RELATED SKILLS OR QUALIFICATIONS ACQUIRED THROUGH EMPLOYMENT EXPERIENCES.

APPLICANT SIGNATURE

EEO INFORMATION FOR RECORD REPORTING AND OTHER STATUTORY REQUIREMENTS

This information is confidential and will <u>NOT</u> be attached to your application for employment. Completion is voluntary and <u>NOT</u> a condition to your employment.

Qualified applicants are considered for employment and treated without regard to race, color, religion, sex, national origin, age, marital status or handicap.

DATE:				
POSITION APPLIED FOR:				
REFERRED BY:				
NAME:		PHONE:		
ADDRESS:				
BIRTHDATE:				
RACE/ETHNIC GROUP:				
AFRICAN-AMERICAN		□ ASIAN		
HISPANIC HISPANIC				
U WHITE		INDIA	AN/ALA	ASKAN
GENDER		MALE		FEMALE
VIETNAM ERA VETERAN	□ YE	S		NO
IF DISABLED, WHAT IS YOUR DISABILITY RATING?%				
HAVE YOU EVER FILED A CLA	IM FOF	R WORKER'S COMP YES	ENSAT	ION? NO

VETERAN'S PREFERENCE

DOCUMENTATION SUBSTANTIATING YOUR CLAIM MUST BE FURNISHED AT THE TIME OF APPLICATION. CHECK THE APPROPRIATE BOX IF YOU ARE CLAIMING VETERAN'S PREFERENCE AT THIS TIME.

- A Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and Department of Defense, or
- The spouse of a veteran who cannot qualify for employment because of total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or,
- A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955, and who was discharged or separated with an honorable discharge from the Armed Forces of the United States of America, if any part of such active duty was performed during wartime era:
 - I. World War II (12/7/41 through 12/31/46)
 - II. Korean Conflict (6/27/50 through 1/31/55)
 - III. Vietnam Era (8/5/64 through 5/5/75)
 - IV. Persian Gulf (8/2/90 1/2/92)
 - V. Operation Iraqi Freedom (1/97 Present)

The un-married widow or widower of a veteran who died of a service-connected disability.

- * An eligible veteran or spouse has a single claim to preference, exercisable once.
- * An honorable discharge is necessary
- * Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference unless they are disabled veterans.
- * Guard and Reserve active duty for training purposes does not qualify for preference.
- Receipt of an armed forces expeditionary medal or global war on terrorism expeditionary medal.

Branch of Service

Date of Entry

Date of Discharge

In accordance with F.S. Title XX, Section 295.101, a Veteran's Employment Preference expires once the veteran has applied and been employed by the agency or any political subdivision of the state.

Have you claimed and been employed through Veteran's Preference since October 1st 1987?

If yes, give name of employer

NOTE: UNDER FLORIDA LAW, PREFERENCE IN APPOINTMENT SHALL BE GIVEN, BY THE STATE AND ITS POLITICAL SUBDIVISIONS, FIRST TO THOSE PERSONS INCLUDED IN 1 AND 2 ABOVE, AND SECOND TO THOSE PERSONS INCLUDED UNDER 3 AND 4 ABOVE. IF ANY APPLICANT CLAIMING VETERAN'S PREFERENCE FOR A VACANT POSITION IS NOT SELECTED FOR THE POSITION, HE/SHE MAY FILE A COMPLAINT WITH THE DIVISION OF VETERAN'S AFFAIRS; P.O. BOX 1437, ST. PETERSBURG, FL 33731. A COMPLAINT SHALL BE FILLED WITHIN 21 DAYS AFTER NOTICE OF HIRING DECISION. IF NO NOTICE OF A HIRING DECISION IS GIVEN, A COMPLAINT MAY BE FILED AT ANY TIME.

Signature of Applicant



City of Kissimmee Fire Department Employment Standards

Applicants shall meet specific standards as outlined in this Guideline. Applicants who are ineligible based on incomplete paperwork, examination, interview, investigation or test will be notified in writing.

- 1. <u>TESTING AND INTERVIEW</u>: Applicants who pass the following requirements may be hired or placed on the Department's hiring list:
 - **a.** <u>Written Examination</u>: A written test may be conducted to test an applicant's knowledge and familiarity of the fire service and emergency medical procedures.
 - b. <u>Practical Skills Test</u>: A skills test is an evaluation of practical firefighting and EMS skills which provide the Department a standard and consistent measurement of candidates.
 - **c.** <u>Interview</u>: The goal of the interview is to determine which candidates will best fit into the Department. The interview will look at personalities, communication skills, personal values and behavioral issues.
- 2. <u>DRUG USE</u>: To be eligible for appointment, an applicant will not have:
 - **a.** Used, tried, experimented with or possessed marijuana within the previous three years.
 - **b.** Used, tried, experimented with or possessed any other illegal controlled substance or abused prescription drugs in the previous ten years.
 - **c.** Sold, delivered, cultivated or manufactured any controlled substance illegally at any time.
 - d. Used any illegal controlled substance after the age of 23.
- 3. <u>CRIMINAL HISTORY</u>: Any person who pleads guilty or nolo contendere to, or is found guilty of, any felony or misdemeanor involving perjury, false statement or domestic violence may not be eligible for employment, even if the sentence was suspended or adjudication withheld.
- 4. <u>ARMED FORCES</u>: Any individual who has served in the Armed Forces of the United States and received a Dishonorable Discharge cannot be considered for a firefighter position with the Department.

5. BODY ART, BRANDING, PIERCING AND DENTAL JEWELRY:

All candidates must be in compliance with KFD Grooming & Appearance Standard Operating Guideline 200.05. This guideline is attached and all candidates must sign EACH PAGE indicating they are in compliance with this document.

- 6. <u>DRIVING RECORD</u>: The safe and efficient operation of emergency vehicles is essential to successful job performance. The below listed traffic convictions may compromise an applicant's ability to perform his/her job successfully. Applicant(s) will be disqualified for traffic convictions under any of the following conditions.
 - **a.** One conviction within four (4) years prior to the date of application and continuing to date of employment:
 - i. Voluntary or involuntary manslaughter resulting from the operation of a motor vehicle; OR

Applicant Print Name _

- **ii.** Failing to stop and render aid as required under any applicable State or Federal law, in the event of a motor vehicle accident resulting in the death or personal injury of another; OR
- iii. Driving a motor vehicle or being in actual physical control while having an unlawful blood alcohol level or while driving under the influence of alcoholic beverages or any other illegal substances controlled under State or Federal law; OR
- iv. Attempting to elude police
- **b.** One (1) conviction within three (3) years of the date of application and continuing to date of employment:
 - i. Driving a motor vehicle while driver's license is suspended or revoked for reasons other than financial responsibility; OR
 - ii. Reckless driving
- **c.** Two (2) convictions singularly or in conjunction within three (3) years prior to the date of application and continuing to date of employment;
 - i. Leaving the scene of an accident resulting in property damage of more than \$50; OR
 - ii. Unlawful speed resulting in an accident
- **d.** Five (5) convictions singularly or in combination within three (3) years prior to the date of application and continuing within three (3) years prior to the date of employment for traffic violations, except parking tickets, covered under State or Federal law, or any valid ordinance of a municipality or county.
 - i. Traffic conviction record in which the accumulation of points resulted in the suspension of a driver's license within three (3) years prior to the date of application and continuing to date of employment.
- e. Driver's license suspended within the last four (4) years prior to the date of application and continuing to date of employment for failure to submit to a chemical test for impairment (either breathalyzer or blood test).
- **f.** Suspended driver's license for one (1) of the following reasons within one (1) year prior to the date of application and continuing to date of employment;
 - i. Failure to attend court ordered driving schools; OR
 - **ii.** Any suspension arising from an arrest or conviction for DUI. For the purposes of this section, issuance of a driver's license "For Business Purposes Only" will result in disqualification; OR
 - iii. Failure to pay two (2) or more traffic fines. The circumstances resulting in the non-payment of only one (1) traffic fine will be evaluated on an individual basis and may or may not disqualify the applicant; OR
 - iv. Financial responsibility (insurance cancellation, etc.) will be evaluated on an individual basis and may or may not disqualify the applicant.

Please print-out this City of Kissimmee Fire Department Employment Standards form, read, sign and turn in with your COMPLETE Application Package and required credentials to City of Kissimmee Personnel Department.

I, (print name)_____ understand

the above employment standards of the City of Kissimmee Fire Department and certify that I meet all of the requirements.

I agree to repay the City of Kissimmee the cost incurred for pre-employment psychological testing, personal protective equipment, and uniforms if I leave, or if I am dismissed with cause, during the first two years of employment with the City of Kissimmee. I understand that I am liable for these costs.

Applicant Signature

Date

Applicant Print Name ____



City of Kissimmee Fire Department Standard Operating Guidelines



Title: Grooming & Appearance

Effective Date: 06-08-2015 Revision Date: 04-07-2017 Replaces: All Previous Total Pages: 4

Fire Chief's Approval:



- **Purpose:** To establish a guideline that creates a consistent, safe, professional and uniform appearance and grooming standard for all personnel when performing job duties or interacting with the public.
- **Scope:** It is the responsibility of all personnel to be familiar with this guideline. It is the responsibility of all supervisors to ensure compliance with this guideline. It is the responsibility of the command staff to set the standard for City of Kissimmee Fire Department (Department) personnel.
- **General:** Safety of members is our priority. It is also important that the first impression given to the public by personnel exudes confidence from the very people we serve. Maintaining a uniform professional appearance and grooming is incumbent upon all members.

Guideline:

Personal Appearance

- **200.05.01** Personnel shall be neat, clean and keep their body free of offensive odors as circumstances permit.
- **200.05.02** Personnel shall adhere to these business appropriate appearance standards, which commensurate with the high values traditionally associated with the Department.
- **200.05.03** No peculiarities in dress or appearance are permitted because they detract from uniformity and team identity.
- **200.05.04** The Fire Chief/designee shall determine appropriateness of individual styles.
- **200.05.05** Personnel shall remain well-groomed and clean shaven throughout their tour of duty or when conducting Department functions.
- **200.05.06** Hair shall be kept neat, clean, and well-groomed in appearance and above all, in a manner conducive to personal safety.
- **200.05.07** Artificial hair colors or hair styles that cause noticeable distraction are not permitted.
- **200.05.08** The wearing of wigs or hairpieces while in uniform is allowed for the purpose of covering baldness or disfiguration. When such hair covering is worn, it shall conform to haircut criteria in this guideline.

- **200.05.09** For Operations Division personnel, to ensure the maximum amount of safety possible, the following additional grooming requirements apply:
 - **.01** Hair that is unsecured (natural lay), regardless of style, shall not be loose to the extent it becomes a hazard or detracts from the professional appearance. In addition:
 - **.02** Personnel are permitted to use a reasonable amount of hair spray or gel product in an effort to control portions or sections of hair (bangs and/or neck hair) to achieve a clean, sharp, uniform and professional appearance. No flammable or combustible styling sprays or gels allowed.
 - **.03** Personnel responding to an active alarm shall be allowed to modify their hair in such a manner to adequately, safely, properly, and/or comfortably don their PPE in the performance of their duties for the duration of the alarm.
 - .04 Hair shall not be able to extend into the eyes to obstruct one's vision.
 - .05 All hair, regardless of style, shall not interfere with the proper use of any PPE item.
 - **.06** Sideburns or hair between the ears and face area shall not extend below the bottom of the earlobe. A slight flair/taper will be allowed.
 - **.07** Mustaches, sideburns, or any other facial hair shall not come between the sealing surface of any respiratory facepiece and the skin of the face at any time.
 - .08 Facial hair grown below the lower lip ("soul patch") is not permitted.

NOTE: Employees may be subjected to occasional inspection or testing to ensure compliance to this policy if their facial hair is in question.

- **.09** Any member assigned to the Operations Division that has a medical condition that prevents the face from being clean shaven as listed above or that prevents a proper seal between the SCBA facepiece and the skin due to hair growth will be removed from an Operations assignment until the condition is resolved. In these cases, the employee shall provide a doctor's note detailing the limitations to the Fire Chief's Office for approval via the employee's chain-of-command.
- **.10** It shall be the responsibility of the Company Officer or Acting Company Officer to ensure that these policies are adhered to without exception.

Body Ornamentation

- **200.05.10** "Body ornamentation," including but not limited to tattoos, brands, body mutilation, dental ornamentation, and body or tongue piercing, shall be strictly regulated. Body ornamentation shall not include the normal piercing of the lower ear lobe.
- **200.05.11** Employees are prohibited from having tattoos or body art that are prejudicial to good order, discipline or morale, or bring discredit to the Department. Examples of prohibited markings include those that are considered by the Fire Chief to be sexist, racist, vulgar, anti-social, violent or discriminate against any protected class by including words, symbols, or pictures in the tattoo or body art. A sketch or artistic rendering of all new tattoo designs must be submitted in writing to the Fire Chief for approval via the employee's chain-of-command.
- **200.05.12** Tattoos on the head, neck, face, mouth and/or hands are prohibited; the only exception will be a ring/wedding band style tattoo on the left ring finger.

- **200.05.13** No Department employee shall use gold, platinum, or other veneers or caps for the purposes of ornamentation unless prescribed by a dentist as necessary dental work. Teeth, whether natural, capped, or veneer, will not be decorated with designs, jewels, initials, etc.
- **200.05.14** No Department employee shall have any intentional/non-medical body mutilation, piercing (including tongue), branding or intentional scarring. Examples of prohibited intentional mutilation include:
 - .01 Split or forked tongues;
 - .02 Foreign objects inserted under the skin to create a design or pattern
 - **.03** Enlarged or stretched out holes in the ears (other than normal piercing)
 - .04 Intentional scarring that is visible.
- **200.05.15** Applicants in the hiring process must sign a form acknowledging they are in compliance with this SOG before they may be employed.
- **200.05.16** The Fire Chief or the Chief's designee shall make the final determination on appropriate tattoos and reserves the right to interpret how this policy applies in particular cases to body ornamentation.

Jewelry and Other Adornments

- **200.05.17** Necklaces, crosses, pendants, medallions, and bracelets will not be worn exposed while in uniform. Office staff may wear conservative items.
- **200.05.18** Wrist watches and medical alert bracelets may be worn if the article does not interfere with the use of gloves and PPE, and is not subject to catching or snagging due to being loose on the wrists.
- **200.05.19** Makeup shall remain conservative in nature and applied lightly with no extreme colors.
- **200.05.20** All personnel shall be allowed to wear a wedding band or ring if desired; however, personnel shall be aware that due to the demanding requirements and potential dangers associated with this profession, it is discouraged. A single ring may be worn if it is not overly large or ornate and will not subject the individual to potential injury. Rings that interfere with donning of PPE (including gloves) shall not be permitted.
- **200.05.21** Sunglasses and frames are not to be ornate. Frames should be of a simple design. The wearing of sunglasses while inside of buildings is not permitted unless prescribed by a physician.
- **200.05.22** No more than two (2) earrings per ear lobe are permitted. No earring(s) shall be permitted on only one ear lobe; and if worn by the employee at all, earrings must represent a duplicate match in each ear. Hoop styles that are more than ½ inch are prohibited for safety reasons.
- **200.05.23** Fingernails shall be clean and well-tended. Polish shall not consist of extreme color or design.
- **200.05.24** Miscellaneous items such as wallets/watch chains, pins, jewelry, handkerchiefs, combs, cigars, cigarettes, other tobacco products (including synthetics) and are not part of the uniform shall not be attached to the uniform or worn while on-duty unless approved by the Fire Chief or Chief's designee.
- **200.05.25** The use of excessive perfume/cologne is prohibited for shift personnel (some patients may be allergic). Unscented deodorant is encouraged.

200.05.26 Any jewelry which detracts from the professional appearance and/or affects the ability to perform job functions shall not be permitted.

Uniform Regulations and Civilian Clothes Policy

- **200.05.27** The Department uniform and all accessories will be of the style, color, and type of material approved by the Fire Chief as outlined in SOG 200.04 *Uniforms*.
- **200.05.28** All uniform personnel shall be in the appropriate uniform or approved workout clothes prior to the start of their assigned shift.
- **200.05.29** The uniform shirt shall be tucked in at all times, and pants shall be clean.
- 200.05.30 Shoes shall be kept clean and polished.
- **200.05.31** Department provided shoes that are worn out, broken or otherwise deemed beyond repair shall be reported in writing through the chain-of-command so that a replacement pair may be obtained.
- **200.05.32** Administrative members of the Department not required to wear the official Department uniform shall follow the City's Dress and Appearance policy found in Section 7 of the City Administrative Rules and Regulations.
- **200.05.33** In an effort to properly identify all members of the Department, each employee will be issued a name tag identification badge, which shall be prominently displayed on or above the waist during regular duty hours when in civilian clothes.
- **200.05.34** Employees shall not lend their name tag, identification badge, proximity card or badges, or permit them to be photographed or reproduced, without the approval of the Fire Chief.



City of Kissimmee Fire Department

TOBACCO AFFIDAVIT

Please type or print legibly.				
NAME: LAST	FIRST	MI	DATE OF BIRTH	
HOME ADDRESS:	CITY	STATE	ZIP CODE	
E-MAIL ADDRESS		CONTACT PHONE N	IUMBER	

I confirm I have been a nonuser of tobacco or tobacco products for at least one year immediately preceding application as required by Florida State Statute 633.412.

SIGNATURE	DATE	
	NOTARIZED	
STATE OF FLORIDA COUNTY OF		
On,,, _,, _) , (Applicant's Name)	personally
appeared before me and,	who is personally known to me, or	who has provided
	as identification.	
	Notary Public Signature	
	Commission expires:	

PLEASE AFFIX SEAL ABOVE