

# FIREFIGHTER APPLICATION



City of New Smyrna Beach  
210 Sams Ave.  
New Smyrna Beach, FL 32168



# FIREFIGHTER EMPLOYMENT APPLICATION and BACKGROUND INVESTIGATION

Human Resources  
City of New Smyrna Beach  
210 Sams Avenue  
New Smyrna Beach, Florida 32168

PLEASE PRINT OR TYPE

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

\_\_\_\_\_

The City of New Smyrna Beach accepts applications at the time open positions are posted. Applications may be rejected if you do not complete the entire application form and provide the requested documents. Your application will be kept active for one year. If you wish to apply for other job openings within this one year period you may use the same application form by contacting Human Resources with your request at the time a new position is posted.

How did you hear about this position? City Website \_\_\_ Referral \_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Have you applied for a position here before? \_\_\_ No \_\_\_ Yes Date When \_\_\_\_\_

Have you ever been employed here before? \_\_\_ No \_\_\_ Yes Date When \_\_\_\_\_

Are you a lawfully eligible to work in the United States? \_\_\_ Yes \_\_\_ No (Verification of eligibility will be confirmed upon employment)

Are you available to work? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work

Does the City of New Smyrna Beach employ any relative (by blood or marriage) or cohabitant of yours?

\_\_\_ Yes \_\_\_ No **If yes**, provide name, relationship and department where they work:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept. where employed \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Dept. where employed \_\_\_\_\_

The City of New Smyrna Beach provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, The City of New Smyrna Beach complies with applicable state and local laws governing nondiscrimination in employment in every location in which the City has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

The City of New Smyrna Beach expressly prohibits any forms of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, nation origin, age, genetic information, disability, or veteran status.

## RECORD OF EDUCATION/MILITARY

SCHOOL	NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA / DEGREE
HIGH SCHOOL/ GED			10 11 12	Yes/No	
COLLEGE			1 2 3 4	Yes/No	
TECHNICAL/ EXTENSION COURSES			1 2 3 4	Yes/No	

**Honors Received:** \_\_\_\_\_

Specialized Training/Skills/Equipment: Copy/Scan/Fax \_\_\_\_ 10-key \_\_\_\_ Personal Computer \_\_\_\_ Other \_\_\_\_\_

*Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position which you are applying for:*

\_\_\_\_\_  
\_\_\_\_\_

**Do you meet the minimum requirements listed on the Job Description for the position you are applying for?**

Yes \_\_\_\_ No \_\_\_\_

**Military Service Record:** Were you in the U.S. Armed Forces \_\_\_\_ Yes \_\_\_\_ No If yes, what Branch? \_\_\_\_\_

Are you currently a member of the Reserves or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch?  
\_\_\_\_\_

How many periods of active Military Service have you had? \_\_\_\_\_

What is your type of discharge for each period served?

(Honorable, Dishonorable, Medical, Honorable Conditions, etc.) Be exact.

\_\_\_\_\_  
\_\_\_\_\_

List date(s) and location of entrance to Active Duty:

\_\_\_\_\_  
\_\_\_\_\_

List date(s) and location of discharge:

\_\_\_\_\_  
\_\_\_\_\_

*\*You must complete the Veterans Preference form included in this packet, and attach your DD214 or Member Letter with this application to be considered with Veterans Preference.*

**Work History:** List each job held for the last ten (10) years. Start with your PRESENT or MOST RECENT job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin). Are there any employers listed below you WOULD NOT like contacted for employment reference checks?

Yes  No If yes, please indicate by placing a check in the box by employer's name.

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
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Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

**WORK HISTORY CONTINUED:**

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

Employer	Dates		WORK PERFORMED
	From	To	
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Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

**WORK HISTORY CONTINUED:**

Are you now, or have you ever been employed by any Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the name of the Agency, what capacity you were in, how long were you employed?

Have you ever applied for employment with any other Fire Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the date of application and the name of the Department:

Have you ever been terminated or been asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,

explain; \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, how long have you not been employed? \_\_\_\_\_

Please explain periods of not being employed: \_\_\_\_\_

Have your former employers always treated you fairly? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain:

DO YOU OBJECT TO WORKING 24 HOUR SHIFTS? YES \_\_\_\_\_ NO \_\_\_\_\_

**DRIVING HISTORY**

Can you operate a motor vehicle: \_\_\_ Yes \_\_\_ No

Current Operator's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is Florida Driver's License Valid? \_\_\_ Yes \_\_\_ No

Chauffeur's License Number: \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is It Or Ever Have Had Your Driver's License Suspended/Revoked Or Canceled?

Reason for Suspension, Revocation, or Cancellation; \_\_\_\_\_

Was Your License Restored? Date: \_\_\_\_\_

**Have You Ever Had An Out-of-State Driver's License? If Yes:**

Issuing State: \_\_\_\_\_ Driver's License Number; \_\_\_\_\_

**Have You Ever Received A Traffic Citation, If Yes:**

\_\_\_\_\_  
*Issuing City/County/State*                      *MM/YY Received*                      *Charge*

\_\_\_\_\_  
*Issuing City/County/State*                      *MM/YY Received*                      *Charge*

\_\_\_\_\_  
*Issuing City/County/State*                      *MM/YY Received*                      *Charge*

## REFERENCES

**FILL IN THE NAMES OF SIX (6) PERSONS NOT RELATED TO YOU, NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU INTIMATELY FOR A SUBSTANTIAL PERIOD, PREFERABLY MORE THAN FIVE (5) YEARS.**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ RESIDENTIAL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ RESIDENTIAL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ RESIDENTIAL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ RESIDENTIAL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ RESIDENTIAL PHONE \_\_\_\_\_



List chronologically all of your residences for the past ten years, beginning with the most recent. Include addresses while attending school, if away from home, and all military addresses, including any off military base (use additional sheet if necessary).

**Current Address:**

From	Street Address	City	State	Zip
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\* *If you currently reside in an apartment or rental home, list landlord information below:*

Landlord Name	Phone Number
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Street	City	State	Zip
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From / To	Street Address	City	State	Zip
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From / To	Street Address	City	State	Zip
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From / To	Street Address	City	State	Zip
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From / To	Street Address	City	State	Zip
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From / To	Street Address	City	State	Zip
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From / To	Street Address	City	State	Zip
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From / To	Street Address	City	State	Zip
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From / To	Street Address	City	State	Zip
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## CRIMINAL HISTORY

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY. ANY FALSIFICATION OR MISSTATEMENT OF FACTS WILL BE SUFFICIENT TO DISQUALIFY YOU.

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR, WITHIN THE LAST TEN (10) YEARS, A MISDEMEANOR WHICH RESULTED IN IMPRISONMENT AND/OR FINE? If you mark "No" and Public Records indicate otherwise, you may be disqualified.

YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, LIST BELOW:

NATURE OF CHARGE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

NATURE OF CHARGE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

NATURE OF CHARGE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

NATURE OF CHARGE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

\* If yes, you must provide a full explanation on a separate sheet of paper. Conviction of a crime alone typically will not disqualify you from being considered for employment. Upon review factors taken into consideration may include nature of infraction, remoteness in time and rehabilitation.

## CERTIFICATES AND EDUCATION

Applicant Name: \_\_\_\_\_

**Please return a copy of the following with your application.**

### **Check One**

<b>Yes</b>	<b>No</b>	<b>Certificate/Education</b>
		Certificate of Compliance
		EMT Card
		Paramedic Card
		Chauffers License or Class E Drivers License
		Birth Certificate
		Social Security Card
		EVOC Certificate
		ACLS Card
		BTLS Card
		CPR Card
		PALS Card
		HIV/AIDS Certificate
		Proof of Hepatitis B Vaccination

**CITY OF NEW SMYRNA BEACH  
JOB DESCRIPTION**



**JOB TITLE:** Firefighter/EMT  
**DEPARTMENT:** Fire  
**REPORTS TO:** Various  
**DATE:** 06/2015

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**JOB SUMMARY**

Performs work in controlling and extinguishing fires, rescue and emergency medical services. May be assigned to various support divisions and specialized teams within the Fire Department when specific assignments are made and reviewed by a superior officer.

**ESSENTIAL JOB FUNCTIONS** (All responsibilities may not be performed by all incumbents.)

Responds to fire calls, connects and lays hose lines, enters burning buildings with hose lines to operate nozzles and place streams of water on fires as directed.

Searches structures for victims and removes them from hazardous locations.

Performs first aid, emergency rescue and may provide medical treatment at the emergency scene.

Responds to accidents, disasters, emergency rescues, searches, and any other emergency situation as directed by superior officer.

Performs victim extrication from wrecked vehicles.

Secures and protects the fire scene when arson may be suspected so that valuable evidence is not destroyed.

Testifies in court on cases regarding fires or EMS responses.

Completes related and relative reports following responses.

May assist or perform training responsibilities, maintain employee records, evaluate performance, and make recommendations concerning personnel.

Assists police with searches and traffic control at accident scenes.

Performs salvage and overhaul at the fire scene

Performs pre-fire plans and completes associated paperwork.

Cleans and inspects all issued firefighting equipment, oils and cleans fire trucks, washes and cleans fire hoses, and assists in the maintenance of general cleanliness in and about a fire station.

May be required to drive engines, ladder trucks and rescue unit in absence of other personnel.

Conducts tours of fire station facility; provides directions to citizens as requested.

Performs specific tasks as directed in various phases of fire prevention, training and administration.

Assist paramedics in establishing patient care measures in the preparation of all advanced life support procedures.

Performs record keeping duties as required for maintenance of equipment, fire and emergency statistical data and other records.

Responds to citizens locked out of homes or automobile, bomb threats, elevator rescues, boat fires in dock, and good will assistance calls.

Assists with the Public Education Program at local schools in the City and adult public education programs for citizens or groups as requested.

Performs routine maintenance on fire hydrants.

Performs blood pressure checks at fire stations.

May perform work in a specified support division within the department where specific assignments are made and reviewed by a superior officer.

Performs other related duties as assigned.

### **MATERIAL AND EQUIPMENT USED**

Firefighting Equipment, Emergency Rescue and Medical Equipment, Fire Alarm Systems, Fire Engine, Self-Contained Breathing Apparatus, Fire Apparatus, Radios, Cellular Phone, Computer

### **MINIMUM QUALIFICATIONS REQUIRED**

#### **Education and Experience:**

High School diploma or GED; and,

Firefighter II certification from State of Florida

Emergency Medical Technician certification recognized by the State of Florida

Any combination of education, training and experience, which provides the required knowledge, skills and abilities to perform the essential functions of the job.

#### **Licenses and Certifications:**

(Depending on area of assignment)

State Firefighter II Certification.  
Valid Commercial Driver's License.  
EMT License.

## **KNOWLEDGE, SKILLS, AND ABILITIES**

### **Knowledge of:**

Principles and practices of firefighting techniques.

Hydraulics and fire pump operation.

Demonstrate an applied understanding of Volusia County EMS protocol at the Basic Life Support level.

Operating and mechanical principles involved in the operation of fire apparatus, mechanical, electrical and/or allied equipment.

Principles and practices of emergency medical services techniques.

Basic laws and ordinances regarding outdoor burning by individuals and contractors.

Department Operating Guidelines and Department Rules and Regulations.

Computer applications related to the work.

Applicable state, federal and local laws, rules and regulations.

Record keeping, report preparation, filing methods and records management techniques.

Standard business arithmetic, including percentages and decimals.

### **Skill in:**

Using tact, discretion, initiative and independent judgment within established guidelines.

Communicating clearly and effectively, both orally and in writing.

### **Mental and Physical Abilities to:**

Understand and follow departmental policies, rules and instructions.

Learn firefighting techniques and methods and apply such information to specific situations.

Analyze situations and to take effective courses of action.

Understand and carry out oral and written instructions, giving close attention to detail and accuracy.

Read and interpret documents such as safety rules, operation and maintenance instructions, procedure manuals, and so forth.

Establish and maintain effective working relationships with others.

Mitigate situations involving Fire Alarm Systems.

Remain calm and courteous and work in extremely stressful situations.

Operate associated equipment.

While performing the essential functions of this job the employee is frequently required to stand; walk; sit; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; talk or hear; smell; and lift and/or move up to 100 pounds.

**Working Conditions**

While performing the essential functions of this position the employee is frequently exposed to extreme heat or cold, poor visibility, flames, smoke, wet or humid conditions, perform detailed rescue procedures near moving mechanical parts, in high or precarious places, in close proximity of toxic or caustic chemicals in industrial grade concentrations, contagious and/or infectious diseases, fumes or airborne particles, risk of electrical shock, and work with explosives. The employee will have little or no preparation time before work is to be performed and therefore is expected to maintain a high level of preparation and readiness at all times. The incumbent's working conditions are typically loud.

Working time requires irregular hours and shift times.

This position is part of the City's Emergency Management Team and, as such, shall be expected to perform all duties that are assigned during an emergency management operation. Any additional compensation, above the normal weekly salary shall be outlined by the City Manager in the City's Emergency Management Activation and Emergency Declaration. Failure to appear to perform emergency management assignment and to work assigned shifts as scheduled by the City's Emergency Management Director or individuals designated by the City Manager to assign such functions will result in disciplinary action up to and including termination.

*This class specification should not be interpreted as all-inclusive. It is intended to identify the essential functions and requirements of this job. Incumbents may be requested to perform job-related responsibilities and tasks other than those stated in this specification. Any essential function or requirement of this class will be evaluated as necessary should an incumbent/applicant be unable to perform the function or requirement due to a disability as defined by the Americans with Disabilities Act (ADA). Reasonable accommodation for the specific disability will be made for the incumbent/applicant when possible.*

Acknowledgement of receipt of Job Description

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**New Smyrna Beach Fire/Rescue**



**I acknowledge I have received a Job Description for the Firefighter position with New Smyrna Beach Fire/Rescue**

\_\_\_\_\_  
**Signature**

# APPLICANT AFFIDAVIT

## APPLICANT’S CERTIFICATION and AGREEMENT – THIS FORMS MUST BE NOTARIZED

**Statement of Application:** I understand that previous employers will be contacted for references. I hereby authorize former employers to furnish any and all records of my service with them. I also release my former employers from any liability for any damage in providing this information. I also authorize educational institutions to furnish any records of education-related information they may have concerning me.

**Status:** I understand that positions regarded as part-time and/or temporary are paid for actual hours worked and are not entitled to benefits offered to full time positions, with the exception of FICA and Worker’s Compensation.

**Probation Period:** I understand that if hired, my position with the City of New Smyrna Beach is temporary during the established initial probationary period. My employment may be ended before the expiration of that period for any reason, without recourse.

**Physical Examination/Drug/Alcohol Testing:** I am aware that the City of New Smyrna Beach is a “Drug-free Workplace”. I understand that I may be required to take and pass a physical examination after an offer of employment is made and employment is contingent on the results of that examination in accordance with the Americans With Disabilities Act (ADA). I also understand that post-offer, I will receive a copy of the City’s Drug-free Workplace Program. Any illegal or controlled substance that shows in my test results will cause my immediate disqualification for employment with the City of New Smyrna Beach.

**Public Records:** Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the City of New Smyrna Beach may be public record and open for inspection by the public. Some records, such as social security numbers, examination questions and answers and medical documentation are not public records and may not be disclosed.

**Certification:** I understand that this application must be completed in full. Incomplete applications may be rejected. I agree that any false or misleading information provided by me will be cause for canceling the application process. If hired by the City of New Smyrna Beach, after my hire date, it may cause my dismissal from City service. I have answered all the questions on this form completely and truthfully. I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. If hired, I agree to accept conditions of employment and abide by rules, procedures and policies of the City of New Smyrna Beach.

**Release of Information:** By signing below you hereby authorize and give consent for the City of New Smyrna Beach to obtain information pertaining to possible criminal history on myself. This includes the following: Criminal Background Records/Information, Sex Offender Registry Information, Addresses and Social Security Number Verification. I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the District, its officers, agents or employees, and (ii) the District, its officers, agents or employees for any statements, acts or omissions in the course of obtaining said information. Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my relative fitness for employment with the City of New Smyrna Beach.

I, \_\_\_\_\_ an applicant for the City of New Smyrna Beach Fire Department, do solemnly swear and attest to the correctness and truthfulness of all information contained in my employment application with the City of New Smyrna Beach, Florida. I further swear and attest that all information I have provided does not contain any deception misleading or false information, I also understand that should it be found that I have provided incorrect, untruthful, deceptive, misleading or false information, I will be terminated immediately from employment with the City of New Smyrna Beach.

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

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_.

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE any officer or authorized representative of the City of New Smyrna Beach Human Resources Department or Fire Department bearing this release, or a copy of it, to obtain information in your files pertaining to my employment, credit, U.S. military or educational records including but not limited to academic, achievement, attendance, athletic, personal history performance reports, medical reports, and records pertaining to military records that may be or are housed by the: National Personnel Records Center, National Archives, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records.

I ALSO HEREBY AUTHORIZE any officer or authorized representative of the City of New Smyrna Beach Human Resources Department or Fire Department bearing this release, or a copy of it, to obtain my medical records or medical information in the files of my current or former employer(s), school medical records or any current or former physician(s), or from any other source which may be in possession of such medical records which pertain to my application for employment or actual and/or current employment.

I HEREBY DIRECT you to release this information upon request of the bearer. This release is Executed with full knowledge and understanding that information is for the official use of the City of New Smyrna Beach.

CONSENT IS GRANTED for the New Smyrna Beach Human Resources Department or Fire Department to furnish this information described above to their parties in the course of fulfilling its official responsibilities.

I HEREBY RELEASE YOU, as the custodian of such records, and any school, college, university or other educational institution, hospital or other repository of medical records, the U.S. military or National Personnel Records Center, the National Archives, Credit Bureau, lending institution, Consumer reporting agency, or retail business establishment including collectively from any and all liability for damages of whatever kind, which at any time may result to me my heirs, family or association, 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.

I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS AUTHORIZATION AND ACKNOWLEDGEMENT THAT I HAVE RECEIVED A COPY OF IT.

FULL NAME: \_\_\_\_\_  
(PRINTED)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(SIGNATURE)

WITNESS: \_\_\_\_\_



# City of New Smyrna Beach

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

The City of New Smyrna Beach provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, The City of New Smyrna Beach complies with applicable state and local laws governing nondiscrimination in employment in every location in which the City has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

The information below will be used only in the compilation of data for required reporting to the Federal Government. Completion of this form is voluntary and will be kept confidential. It will not affect your opportunity for employment, or terms and conditions of employment, if hired. A photocopy of your Driver License or State ID is also required.

Position Applied for: \_\_\_\_\_

Female                      Male

Race (check one):

African American or Black (not Hispanic origin)

Alaskan Native or American Indian

Asian or Pacific Islander

Hispanic

White (not Hispanic origin )

Other

Please Specify: \_\_\_\_\_

Thank you for your interest in employment at the City of New Smyrna Beach,  
Human Resources Department  
City of New Smyrna Beach

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/D - DRUG FREE WORKPLACE**

*You must complete the following page if you are claiming Veterans Preference.*

## VETERAN'S PREFERENCE

This form *must* be completed if you wish to apply with Veteran's Preference

I am Claiming Veterans' Preference (Attach DD214 form)

I \_\_\_\_\_ am claiming Veterans' Preference and certify that I am eligible to do so.  
(Print Name)

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Type of Discharge

\_\_\_\_\_  
Date of Entry

\_\_\_\_\_  
Date of Discharge

\_\_\_\_\_  
Signature

**VETERAN'S PREFERENCE CRITERIA:** Under Florida law, preference in appointment and employment shall be given, by the State and its political divisions, to those persons with compensable service related disability eligible to or is receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense. Preference in employment, reemployment, promotion, and retention shall be given to an eligible veteran pursuant to ss. 295.07, 295.08, 295.085, and 295.09 as long as the veteran meets the minimum eligibility requirements and has the knowledge, skills, and abilities required for the particular position. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731-1437. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed within three months of the date of application.

**Are you claiming Veteran's Preference as a:** *(Please check one)*

- \_\_\_\_\_ 1) Disabled veteran;
- \_\_\_\_\_ 2) Spouse of totally disabled veteran or who is MIA; allowed for eligibility under this paragraph)
- \_\_\_\_\_ 3) Veteran of any war, who has served at least one day during the following war time or who has been awarded a campaign or expeditionary medal, (Active duty for training shall not be allowed for eligibility under this paragraph).
- \_\_\_\_\_ 4) The unremarried widow or widower of a veteran who died of a service-connected disability.
- \_\_\_\_\_ 5) The mother, father, legal guardian, or unmarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the U.S. Department of Defense.
- \_\_\_\_\_ 6) A Veteran as defined in section 1.01m [14] Florida Statutes. "Active Duty for Training" may not be allowed under this paragraph. The term "veteran" is defined as a person who served in the active military, naval, or air service and who was discharged or released therefrom under honorable conditions only or who later received an upgraded discharge under honorable conditions.
- \_\_\_\_\_ 7) A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

Wartime periods are defined as follows:

World War II: December 7, 1941 to December 31, 1946

Korean Conflict: June 27, 1950 to January 31, 1955

Vietnam Era: February 28, 1961 to May 7, 1975

Persian Gulf War: August 2, 1990 to January 2, 1992

Operation Enduring Freedom: October 7, 2001 to TBD

Operation Iraqi Freedom: March 19, 2003 to TBD

Operation New Dawn: September 1, 2010 to TBD

**Applicants claiming preference is responsible for providing the required documentation (DD214, Member letter) at the time of making an application for a vacant position.**



Florida Department of Law Enforcement

**AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC 58**

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records  
APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INFORMATION: New Smyrna Beach Fire Department

ADDRESS: 210 Sams Ave. New Smyrna Beach FL 32168

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, 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 compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

New Smyrna Beach Fire Department

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

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

Applicant's Address \_\_\_\_\_

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public - State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_