

WEST PALM BEACH FIRE RESCUE DEPARTMENT



FIREFIGHTER

Application - Part 2

UPLOAD INSTRUCTIONS

This document is part of your online application.

Your application will not be considered without this document.

The first step in completing this application is to save this document on your computer, a portable disk or drive. The entire document needs to be filled out. However, you may stop at any time to save the document, and go back to add to it later. Once the entire application has been completed and saved on your computer, you will need to log back into your account via the online application system, where you registered, click on "Employment" under the City Services on the City of West Palm Beach website, and upload your **completed** application into your online profile under the **Documents** section located under **Personal Information**.

THE CITY OF WEST PALM BEACH IS AN EQUAL OPPORTUNITY EMPLOYER

Veteran's Preference must be requested at the time your application is submitted.

Applicants with a disability who require accommodation during the application/interview process should direct a request in advance to Human Resources.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, familial status, marital status, or sexual orientation.

Please Be Completely Honest

Acknowledgement of prior drug use, arrest history, or other incidents of concern will not necessarily result in disqualification. However, omissions, untruthfulness, misrepresentation or any method of deception is likely to disqualify applicants from further or continued employment consideration.

**NOTICE REGARDING THE COLLECTION
OF SOCIAL SECURITY NUMBERS**

PURSUANT TO SECTION 119.071(5)(a), FLORIDA STATUTES, THE CITY OF WEST PALM BEACH IS PROVIDING THE FOLLOWING STATEMENT REGARDING ITS COLLECTION OF SOCIAL SECURITY NUMBERS:

SOCIAL SECURITY NUMBERS ARE COLLECTED BY THE CITY OF WEST PALM BEACH WHEN SPECIFICALLY AUTHORIZED BY LAW TO DO SO OR WHEN IT IS IMPERATIVE FOR THE PERFORMANCE OF THE FIREFIGHTER'S DUTIES AND RESPONSIBILITIES AS PRESCRIBED BY LAW. THE CITY OF WEST PALM BEACH HAS COLLECTED YOUR SOCIAL SECURITY NUMBER FOR ONE OR MORE OF THE FOLLOWING PURPOSES: EMPLOYMENT; BACKGROUND INVESTIGATIONS; CREDIT WORTHINESS; BENEFIT PROCESSING; PAYROLL AND TAX REPORTING; IDENTIFICATION AND VERIFICATION; TO OBTAIN CRIMINAL HISTORY INFORMATION; BOOKING; AND CRIMINAL INTELLIGENCE AND INVESTIGATIONS.

FIREFIGHTER APPLICANTS REQUIRED MINIMUM CRITERIA

All applicants must meet the following requirements

Check appropriate box:

- Meet all qualifications in the Florida State Statute Number 633.34, "Firefighter; Qualifications for employment." All employees hired after October 1, 1998 shall comply with Florida Statute 112 regarding tobacco products and during their term employment shall remain tobacco free.
- High School Diploma from an institution recognized by the Florida Department of Education or GED.
- Valid driver's license from any state (equivalent to a State of Florida Class E) may be utilized upon application; with the ability to obtain the State of Florida driver's license on hire date.
- Must possess and maintain State of Florida Certification for Firefighter and Emergency Medical Technician (EMT), or Paramedic; or enrolled in school and have obtained State of Florida certification for Firefighter and EMT by October 18, 2019.
- Must have successfully completed the CPAT (Candidate Physical Ability Test) or Broward County Wide Ability test within six (6) months of application closing date. (March 21, 2019 to September 21, 2019).
- Must possess and maintain valid Cardio-pulmonary Resuscitation (CPR) at the Health Care Provider level.
- Must have documentation attesting to successful completion of an Emergency Vehicle Operator Course (EVOC), or reasonable equivalent as approved by the Florida Department of Health Bureau of Emergency Medical Services.
- IS-100.B Introduction to Incident Command System, IS-200.B ICS for Single Resources and Initial Action Incidents, IS-700.A National Incident Management System (NIMS) an Introduction, and IS-800.B National Response Framework, an Introduction are required.
- Must be able to meet Departmental physical standards.
- Must successfully pass the City of West Palm Beach Fire Rescue Department swim test within one year of appointment.
- Have not lost any driving privileges by reason of revocation, suspension, or denial of license, or have been convicted and/or had an adjudication withheld of three or more moving violations or have had DUI (Driving Under the Influence) in any preceding 24 month period.
- Not more than one DUI (conviction or adjudication withheld) in Florida or any other state within the past ten (10) years. Refusal to submit to a sobriety test will be considered a DUI.
- Have not failed the background, psychological evaluation or post offer physical, drug and alcohol screening within one year from failure date.
- Have a stable work history free of repeated disciplinary actions, suspensions, terminations and resignations.
- Have not been dishonorably discharged from any of the Armed Forces of the United States.
- All required certifications listed above and any other certifications, which may be required by the State of Florida or the City of West Palm Beach, must be maintained throughout term of employment to retain this classification.

I CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND MEET ALL OF THE REQUIRED MINIMUM CRITERIA. I FULLY UNDERSTAND NON-COMPLIANCE WITH ANY OF THE CRITERIA IS GROUNDS FOR REJECTION OF MY APPLICATION OR TERMINATION.

Applicant Name / Signature

Date

1. Legal Name: Last Suffix First Middle

2. Date of Birth: Place of Birth:

3. Social Security #

4. Driver License # State: Exp. Date

5. List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s). Include original documentation of legal name change (e.g.marriage certificate and/or divorce decree).

Name	Circumstance	Date From (mm/yyyy)	Date To (mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Are you a U.S. citizen? Yes No

If naturalized, list Naturalization Certificate No.

Date, Place and Court

6a. If not a U.S. Citizen, list alien registration

EMPLOYMENT QUESTIONS
Entire Work History

1. May we contact your present employer? Yes No

2. Have you **ever** been dismissed, forced to resign, or asked to resign by an employer?
 Yes No If yes, please explain.

DATE	NAME OF EMPLOYER	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Have you **ever** had any disciplinary actions taken against you by any employer? This includes, but is not limited to, written warning(s), written counseling(s), suspension(s), or demotion(s).
 Yes No If yes, please explain.

DATE	NAME OF EMPLOYER	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Have you **ever** resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?
 Yes No If yes, please explain.

DATE	NAME OF EMPLOYER	REASON FOR LEAVING
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Have you **ever** applied to, or performed, paid (or unpaid) services for a Fire / Public Safety agency not listed as employer?
 Yes No If yes, please explain.

DATE	NAME OF AGENCY	POSITION HELD
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Have you **ever** submitted an application or been employed by the West Palm Beach Fire Department or **any other** Fire / Public Safety agency?
 Yes No If yes, please explain.

DATE	NAME OF AGENCY	POSITION HELD	DATE (S) EMPLOYED	
			From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFICATIONS

1. Are you currently a State of Florida Certified Firefighter? Yes No

2. Are you currently a State of Florida Certified EMT? Yes No

3. Are you currently a State of Florida Certified Paramedic? Yes No

3a. If not, are you currently enrolled in a Paramedic Program? Yes No

3b. If yes, what semester and school? First Second Third

APPLICATION FOR VETERANS' PREFERENCE

Applicants wishing to claim Veterans' Preference in employment must complete this form and submit as an attachment to your employment application, along with required documentation.

I wish to claim Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category: (Check one)

- A Veteran with an existing compensable service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the DVA and the Department of Defense.
- The spouse of a Veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a Veteran missing in action, captured in line of duty by a hostile force, or detained or interned in line of duty by a foreign government or power.
- A Veteran of any war who has served at least one day on active duty during a wartime period as defined in FSS 295.07, Section 1.01 (14), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America or who has been awarded a campaign or expeditionary medal.
- The unremarried widow or widower of a Veteran who died of a service-connected disability.
- The mother, father, legal guardian, or unremarried widow or widower of a service member who died as a result of military service under combat-related conditions as verified by the United States Department of Defense.
- A Veteran as defined in Section 1.01 (14), Florida Statutes: The term 'Veteran' means a person who served in the active military, naval, or air service and who was discharged under honorable conditions.
- A current member of any reserve component of the United States Armed Forces or The Florida National Guard.

Wartime Periods:

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

Character of Discharge: (Check one)

Honorable General Dishonorable Other (explain) _____

Documents that must be submitted at time of application in order to claim preference:

Veterans, disabled Veterans, spouses of disabled Veterans and family members shall furnish a DD-214 or equivalent certification listing military status, dates of service and Character of Discharge.

Disabled Veterans shall also furnish a document from the Department of Defense, the DVA, or the Department certifying that the Veteran has a service-connected disability.

Spouses of disabled Veterans shall also furnish either a certification from the Department of Defense or the DVA that the Veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also furnish evidence of marriage to the Veteran and a statement that the spouse is still married to the Veteran at the time of the application for employment; the spouse shall also submit proof that the disabled Veteran cannot qualify for employment because of the service-connected disability.

Spouses of persons on active duty shall furnish a document from the Department of Defense or the DVA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment.

The mother, father, legal guardian, or unremarried widow or widower of a deceased Veteran shall furnish a document from the Department of Defense showing the death of service member while on duty status under combat-related conditions or the DVA certifying the service-connected death of the Veteran, and shall further furnish evidence of marriage. The legal guardian shall show the proper court documents establishing the legal authority for the Guardian.

Current reserve and National Guard members provide a letter from their Commanding Officer stating the dates of their military service.

DRIVING HISTORY

1. Are you a licensed Florida vehicle operator? Yes No License No.#

Date of Expiration: Restrictions:

2. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked? Yes No **If yes**, provide complete details including why license was revoked. Use additional space on page 15, if needed.

STATE	DATE	REASON/CHARGE	OUTCOME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3. Have you had any traffic accidents within the last 7 years? Yes No **If yes**, give details.

WERE YOU CHARGED?	DATE OF ACCIDENT	EXPLAIN
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

4. Were the traffic accidents job related? Yes No **If yes**, list year occurred and explain.

5. Did job related traffic accidents result in discipline? Yes No **If yes**, please explain.

6. Have you **ever** received a ticket or been convicted of a traffic violation (exclude parking tickets)?

Yes No **If yes**, explain.

ARREST HISTORY/COURT DATA

If you answer "Yes" to any of the following questions, please explain in the space provided. An affirmative response may not be disqualifying.

1. Have you ever been arrested or given notice or summons to appear for any criminal violation even as a juvenile? (Include any arrest in which the records were sealed or expunged.) Yes No

Crime

Police Agency Date

Sentence

2. Have you **ever** been investigated, arrested or convicted of domestic violence? Yes No

Crime

Police Agency Date

Sentence

2a. Have you ever been served with a restraining order or a no contact order?

Yes No **If yes**, attach explanation.

3. Have you **ever** committed a crime for which you were not arrested or convicted?

Yes No **If yes**, attach explanation.

3a. Have you ever plead guilty or nolo contendere to a crime other than traffic violation?

Yes No

Crime

Police Agency Date

Sentence

4. Have you ever been detained, stopped, questioned or held for interview by any law enforcement agency for **any** reason, including minor traffic violations? Yes No

If yes, explain.

5. To your knowledge have you **ever** been the subject of, or a suspect in, a criminal investigation?

Yes No

If yes, explain.

6. Have you **ever** been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

Name of Organization	Date	Purpose of Fingerprinting
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

7. Have you **ever** been placed on probation? Yes No **If yes**, explain.

**CITY OF WEST PALM BEACH FIRE RESCUE DEPARTMENT
TOBACCO AFFIDAVIT
(Notary Required)**

I _____ do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application for certification as a firefighter, in accordance with Section 633.34(6) Florida Statutes.

All employees hired after October 1, 1998 shall comply with Florida Statute 633.34(6) regarding tobacco products and during their term of employment shall remain tobacco free.

Under the penalties of perjury, I declare I have read foregoing affidavit and that the facts stated in it are true.

Date and signed this _____ day of _____ year _____.

Print Name

Signature **Date**

Affidavit

State of: _____

County of: _____

Before me personally appeared the said _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____
year _____.

My commission expires: _____

Signature Notary Public: _____

REFERENCES

Do not include relatives, former employers or supervisors, or persons living outside the United States or its Territories.

1. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone Business Phone
(Include area code) (Include area code)
How Long Known

2. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone Business Phone
(Include area code) (Include area code)
How Long Known

3. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone Business Phone
(Include area code) (Include area code)
How Long Known

4. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone Business Phone
(Include area code) (Include area code)
How Long Known

5. Name Occupation
Street Address
(House/Apt. Number, Street) (City) (State) (Zip Code)
Home Phone Business Phone
(Include area code) (Include area code)
How Long Known

NEIGHBORHOOD REFERENCES

LIST THREE NEIGHBORS YOU HAVE HAD WITHIN THE LAST 3 YEARS

NAME	STREET ADDRESS, CITY, STATE, ZIP CODE	TELEPHONE NUMBER (area code)	DATE WHEN THIS PERSON WAS A NEIGHBOR

MISCELLANEOUS

1. Are you now or have you **ever** been issued a license to engage in a business or profession?

Yes No **If yes**, explain.

2. Was your business or occupational license **ever** cancelled, suspended or revoked?

Yes No **If yes**, explain.

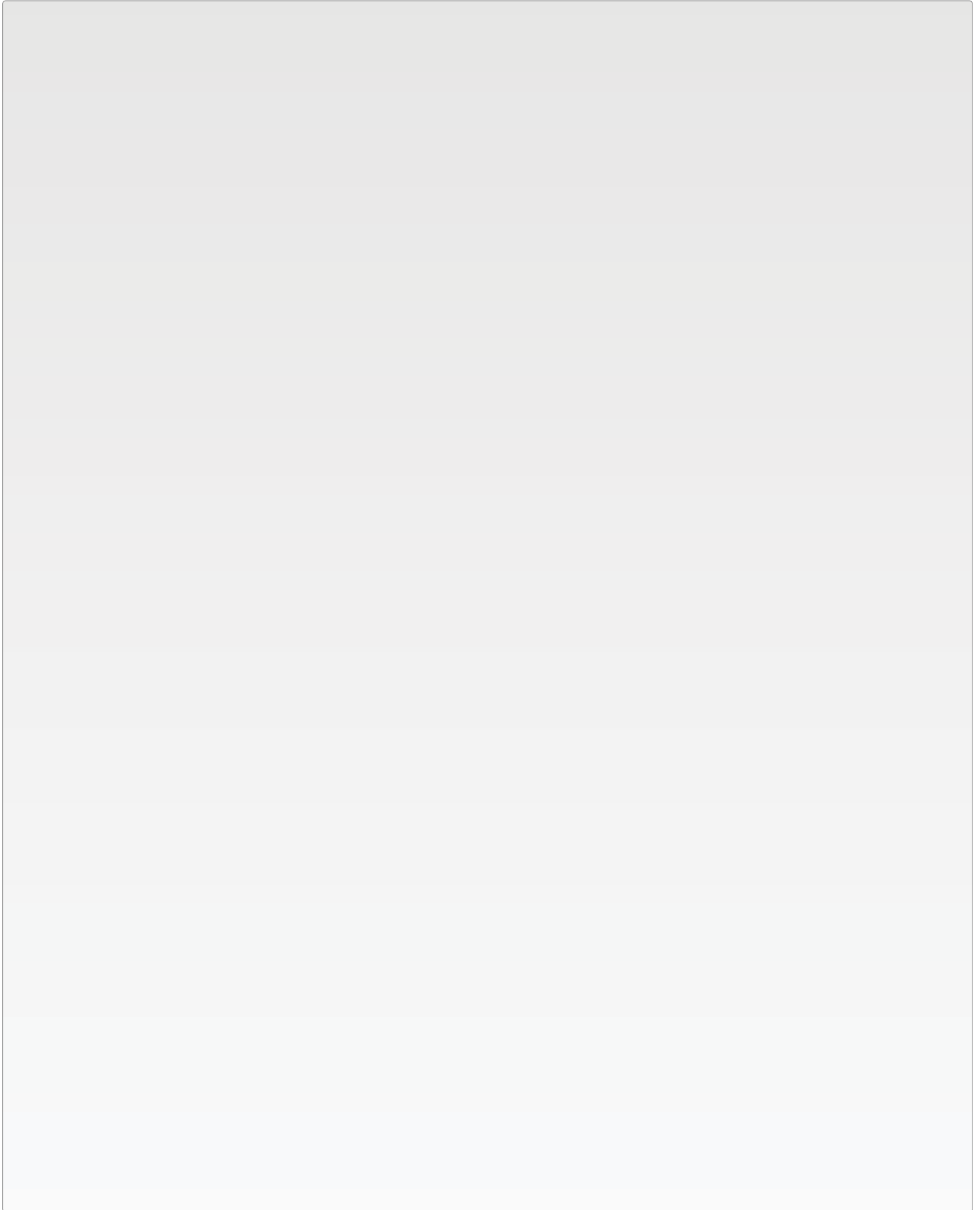
3. Do you have any sources of income other than your salary or the salary of your spouse?

Yes No **If yes**, explain.

4. Are you able to perform the duties set forth in the job description, job posting, and/or job information provided, with or without a reasonable accommodation?

Yes No **If no**, explain.

Please use the following space to clarify your answers to any questions in this application. Please include page and question number.



APPLICANT'S CERTIFICATION

I understand my appointment or employment will be contingent upon the results of a complete background investigation. I am aware any omissions, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the West Palm Beach Fire Rescue Department I agree to the conditions and certify all statements made by me on this application are true, correct and complete, to the best of my knowledge. I further fully understand and consent to a polygraph and/or VIPER (certified voice stress analysis) examination concerning the veracity of my responses to the information requested on the application or which is discovered as a result of the background investigation, or any medical or psychological, or drug test. I also understand I will be fingerprinted.

I understand the West Palm Beach Fire Rescue Department has no funds available to reimburse any expenses I may incur in seeking this position. I recognize the time required to process and select applicants is lengthy and time consuming. No promises or commitments are expected as to a time when a hiring decision and/or actual hiring will take place.

I understand this application is the property of the West Palm Beach Fire Rescue Department. Once submitted for pre-employment processing, it will not be returned to me.

I am also aware any and all documents or information (including this application) submitted to the West Palm Beach Fire Rescue Department will be subject to Public Records Law with the exception of certain personal information which is exempted under Florida Statute(s), Chapter 119.

I further understand and agree my employment/appointment will be contingent upon the results of a complete drug test and I may be required to take drug tests during the term of my employment/appointment with the West Palm Beach Fire Rescue Department.

I understand the West Palm Beach Fire Rescue Department offers employment/appointment to those persons most qualified for a position.

I understand the use or possession of illegal drugs by employees or appointees is prohibited at any time, whether on or off duty.

I understand my continued employment/appointment may be contingent upon the results of medical or psychological examinations which I may be required to take during the term of my employment/appointment and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the essential duties of my position or assignment with the West Palm Beach Fire Rescue Department.

I understand and agree my acceptance for employment/appointment does not offer or guarantee any proprietary rights for continued employment/appointment.

I agree to conform to the rules, regulations and orders of the West Palm Beach Fire Rescue Department and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by the West Palm Beach Fire Rescue Department, at its discretion, at any time and without any prior notice to me.

By typing your name and date below, you are acknowledging and agreeing to comply with all of the above statements.

Applicant Name/Signature

Date Signed

OPTIONAL INFORMATION

The West Palm Beach Fire Rescue Department is an employer with a voluntary Affirmative Action Plan. This plan and other governmental regulations require us to comply with certain regulations.

Please answer the questions below. Please be aware you are not obligated to complete this portion of the form and any information you do provide voluntarily, will be maintained in a file separate from your employment application. The information will be used for the purpose of monitoring the success of the West Palm Beach Fire Department Affirmative Action Plan programs and will not be used for, or have any effect on, any hiring decision.

1. Sex: Male Female

2. Race/Ethnicity

Check the appropriate box below:

<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> White (not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Black or African-American (not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian (not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.