

THE VILLAGE OF  
North Palm Beach

FIRE RESCUE DEPARTMENT  
560 US HWY 1, NORTH PALM BEACH  
FLORIDA 33408-4902  
561-848-2525 Fax 561-881-5708  
firerescue@village-npb.org



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

Position Applying For

- Florida Certified     EMT  
 Florida Certified     Paramedic  
 Florida Certified     Fire Fighter

(Check all that apply)

- Career  
 Volunteer

**INSTRUCTIONS:**

Fill out this application completely and accurately. All statements in this application are subject to verification. Any applicant intentionally giving false information will be subject to disqualification. If a question does not apply to you, write N/A (not applicable). If the space provided is inadequate, please document the additional information on a separate full size sheet of paper (8 1/2 x 11) and indicate the question which you are answering. More than one answer may be put on a sheet. This application form must be **HANDWRITTEN** only, **LEGIBLY** printed in black ink, and not completed by a computer or typewriter.

**Section One - PERSONAL INFORMATION**

1. Full name: \_\_\_\_\_  
Last First Middle

2. Are you at least 18 years of age? Yes  No  (\$633.34, Fla. Stat.: firefighters must be at least 18)

3. Present Home Address: \_\_\_\_\_  
Street City State Zip

4. Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Business Number (\_\_\_\_\_) \_\_\_\_\_

Cell/Pager (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

5. Are you licensed to drive in the State of Florida? Yes  No

6. Are you eligible to work in the United States? Yes  No

7. Can you swim? Yes  No  Are you a certified diver?

8. Do you have any language skills? If so, list language and proficiency: \_\_\_\_\_

9. Have you ever applied for a position with any Fire Department? Yes  No

*If yes, indicate below: (1) the fire department to which you applied, (2) the date which you applied, (3) whether you were rejected or accepted, (4) if rejected, the reason for rejection, and (5) if accepted, the reason you refused employment. (Continue on a separate sheet if necessary)*

**Section Two - MOTOR VEHICLE OPERATION**

*If you answer "yes" to any question below, please give details on a separate piece of paper including date, location, agency, specific reason, and disposition;*

10. Have you ever received a traffic citation (non-parking)? Yes  No

12. Has your Driver's License ever been suspended or revoked? Yes  No

13. Have you ever been refused a Driver's License by any state? Yes  No

Reason: \_\_\_\_\_

*If needed, continue on separate sheet the reason for the refusal.*

14. Was your driver's license ever restored? Yes  No

15. Have you ever been involved in a motor vehicle accident? Yes  No

16. Have you ever been involved in a motor vehicle accident while operating an emergency vehicle?

Yes  No

*If yes, indicate on a separate sheet: (1) the date, (2) the location, (3) charges, and (4) the final disposition of any police charges or civil liability*

17. Have you ever had your automobile insurance withdrawn or revoked, or have you ever been refused automobile insurance? Yes  No

18. Have you ever been licensed in another state? Yes  No

State: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

**Section Three – MOTOR VEHICLE ACCIDENT HISTORY**

**If you answered "yes" to any accident question, give details for each accident whether collision, non-collision or hit-and-run;**

DATE	LOCATION	CAUSE OF ACCIDENT (i.e. RAN RED LIGHT, CARELESS DRIVING, ETC.)
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POLICE INVESTIGATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*If yes, indicate below: (1) the fire department to which you applied, (2) the date which you applied, (3) whether you were rejected or accepted, (4) if rejected, the reason for rejection, and (5) if accepted, the reason you refused employment. (Continue on a separate sheet if necessary)*

**Section Four - CLUBS, SOCIETIES, CIVIC, CHARITABLE OR FRATERNAL ORGANIZATIONS**

Organization Name	From	To	Position Held	Address and Point of Contact

**Section Five - EMPLOYMENT HISTORY**

*List ALL employment, including part-time employment, over twenty (20) days. (Use separate sheet if necessary)*

**PLEASE FURNISH COMPLETE ADDRESSES AND ZIP CODES**

Dates From/To Month/Year	Employer Name and Mailing Address	Position	Reason for Leaving	Name and Phone Number of Immediate Supervisor

19. Do you object to your present employer being contacted? Yes  No

If so, why? \_\_\_\_\_

20. Have you ever been discharged or requested to resign? Yes  No

If yes, list those employers below whom either: (1) disciplined you, (2) discharged you, or (3) requested that you resign:

\_\_\_\_\_

\_\_\_\_\_

21. If any of the employers whom you have listed are relatives, indicate which ones (this includes relatives through marriage): \_\_\_\_\_

\_\_\_\_\_

22. Please explain any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Section Six – VETERAN’S PREFERENCE AND MILITARY SERVICE

22. Have you or your spouse ever served in any branch of the Armed Forces of the United States?

Yes  No

*Attach copies of DD214 ( WITH SEPARATION CODES) for all military service*

23. Are you claiming a Veteran’s Preference pursuant to Chapter 295, Florida Statutes? Yes  No

(Veteran’s Preference is not available for the following positions: temporary positions without benefits; heads of departments; positions which require licensure as a physician, chiropractic physician, osteopathic physician; or, positions requiring Florida Bar membership).

24. If you answered yes, please answer the following questions to identify the basis for your Veteran’s Preference claim:

- a. Are you a disable veteran who has served on active duty in any branch of the Armed Forces of the United States, been separated under honorable conditions, and have established the present existence of a service-connected disability which is compensable under public laws administered by the U.S. Dept. of Veterans’ Affairs? Yes  No
- b. Are you a disable veteran who is receiving compensation, disability, retirement benefits, or pension by reason of public laws administered by the U.S. Dept. of Veteran’s Affairs and the Dept. of Defense? Yes  No
- c. Are you the spouse of any person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of any person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power? Yes  No
- d. Are you a veteran of a war, defined by Fla. Stat. §1.01(14) who served at least one day during a wartime period (active duty training does not qualify under this provision)? Yes  No
- e. Are you the unremarried widow or widower of a veteran who died of a service connected disability? Yes  No

**IF YOU ARE CLAIMING A VETERAN’S PREFERENCE, YOU MUST PROVIDE DOCUMENTATION WHEN YOU SUBMIT THE APPLICATION. DOCUMENTATION INCLUDES:**

- (a) Veterans, disabled veterans, and spouses of disabled veterans must submit a Department of Defense document, commonly known as form DD-214 or military discharge papers, or equivalent certification from the DVA, listing military status, dates of service and discharge type.
- (b) Disabled veterans shall also submit a document from the Department of Defense, the DVA, or the Department certifying that the veteran has a service-connected disability.
- (c) Spouses of disabled veterans shall also submit either a certification from the Department of Defense or the VA that the veteran is totally and permanently disabled or an identification card issued by the Department; spouses shall also submit 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.
- (d) 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.
- (e) The unremarried widow or widower of a deceased veteran shall furnish a document from the Department of Defense or the DVA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried.

*If you are veteran’s preference eligible and a non-preference eligible applicant is hired, you have the right to request an investigation by the Department of Veteran’s Affairs by submitting such request to the Florida Department of Veterans’ Affairs, Division of Benefits and Assistance—Veterans’ Preference, PO Box 31003, St. Petersburg, FL 33731 within three months of the date of your application.*

25. If yes, give periods of active military service and other data requested. Indicate if information provided is based on your own, or your spouse’s, military service.

From: \_\_\_\_\_ To: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Type Discharge Received: \_\_\_\_\_ Reason for Discharge: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Rank: \_\_\_\_\_

Type Discharge Received: \_\_\_\_\_ Reason for Discharge: \_\_\_\_\_

26. Were you ever tried, punished, reprimanded or reduced in rank for any infraction of military rules and regulations? Yes  No

*If yes, indicate on a separate sheet of paper: (1) date(s), (2) charge(s) against you, (3) type of courts-martial or other disciplinary proceedings and (4) the disposition of the charges.*

27. Has your discharge or separation ever been corrected or changed? Yes  No

*If yes, indicate details below:*

Change From: \_\_\_\_\_ To: \_\_\_\_\_

Authority: \_\_\_\_\_

28. Are you now or were you ever an active member of any branch of the United States Reserves or State National Guard? Yes  No

*If yes, indicate whether it was a United States Reserve Force or State National Guard, along with other data requested:*

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Unit: \_\_\_\_\_ Present or Last Rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Mailing Address of Unit: \_\_\_\_\_

**Section Seven - EDUCATIONAL BACKGROUND**

29. List all high schools, trade/vocational schools and colleges that you have attended:

COMPLETE ADDRESSES AND ZIP CODES ARE REQUIRED.

Educational Facility Name	Mailing Address	Did you Graduate?

30. Do you have any special skills? \_\_\_\_\_
32. Can you operate any special equipment? \_\_\_\_\_
33. Can you operate a computer and/or computer programs? \_\_\_\_\_

**Section Eight – CONFLICTS OF INTEREST AND CODE OF ETHICS**

The Village of North Palm Beach employees are required to abide by the State of Florida and Palm Beach County Code of Ethics and must avoid conflicts of interest. These laws limit or prohibit certain types of relationships between Village employees, vendors, lobbyists and others.

34. If employed by the Village of North Palm Beach, Fire Rescue Department, do you anticipate receiving compensations from other employers, including self-employment, where the outside employer maintains a business or lobbying relationship with the Village?

Yes  No  If yes, identify outside employer : \_\_\_\_\_

35. Do you have any relatives currently employed by the Village of North Palm Beach?

Yes  No  If yes, identify relative and position held: \_\_\_\_\_

36. Do you have any relatives holding elected or appointed board positions at the Village of North Palm Beach?

Yes  No  If yes, identify relative and position held : \_\_\_\_\_

37. Do you or any relatives provide goods or services to the Village of North Palm Beach?

Yes  No  If yes, identify relative and position held: \_\_\_\_\_

**Section Nine – CRIMINAL/LITIGATION HISTORY**

**NOTE**

An applicant cannot lawfully deny convictions, notwithstanding adjudication being withheld or the sealing or expungement of conviction records. The applicant is advised that Florida Statute Section 633.34 provides that a firefighter cannot have been convicted of a felony or a misdemeanor directly related to the position of employment sought, nor have pled nolo contendere to any charge of a felony. Applicants who have been convicted of a misdemeanor directly related to the position of employment sought shall be excluded from employment for a period of four years after expiration of the sentence. If the sentence is suspended or adjudication is withheld in a felony charge or a misdemeanor directly related to the position of employment sought and a period of probation is imposed, the applicant must have been released from probation.

38. Have you ever been convicted of, pled guilty, or entered a plea of nolo contendere (“no contest”) to a crime?  
Yes  No

If yes, list the following information regarding the circumstances surrounding the incident: the county and state where the crime occurred, the date of conviction or plea, the nature of the charges (e.g. DUI, battery, assault, fraud, etc.), whether the crime was a misdemeanor or felony, and whether you are currently on probation for the crime.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

39. Have you ever had any records sealed or expunged? Yes  No

40. Have you ever been placed on probation? Yes  No  Explain: \_\_\_\_\_  
 \_\_\_\_\_

41. Have you ever been a defendant in a civil action or lawsuit for an intentional tort (e.g. battery, intentional infliction of emotional distress, etc.)?  
 If yes, please state the: case number; county and state where lawsuit took place; nature of the intentional tort and the disposition of the action (e.g. settlement, jury verdict against you, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section Ten - DRUG FREE WORKPLACE**

**NOTE**

The Village operates a Drug Free Workplace in accordance with Florida Statute 440.102. All job applicants for mandatory testing or special risk positions, which includes firefighters, must successfully complete a drug test prior to beginning employment.

**Section Eleven - PERSONAL REFERENCES**

Fill in the name of three (3) persons not related to you and not former employers who have known you for at least five (5) years. All persons who you refer to will be asked to appraise your character, ability, experience, personality, and other work-related qualities.

**PLEASE FURNISH COMPLETE ADDRESSES, ZIP CODES AND PHONE NUMBERS**

1. Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Business, Occupation or Profession: \_\_\_\_\_ Years Known \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Business, Occupation or Profession: \_\_\_\_\_ Years Known \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Business, Occupation or Profession: \_\_\_\_\_ Years Known \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
 Business Address: \_\_\_\_\_

**Section Twelve: AUTHORIZATION, ACKNOWLEDGEMENT AND VERIFICATION**

The information I have provided in this application, including all attachments is true and correct. I understand that if I have misrepresented, omitted or falsified information in this application or in any accompanying documentation or resume which I may submit in support of this application, I will not be considered for employment. If I have been hired by the Village and any misrepresentation, falsification, or omission is discovered after I have begun employment, I understand that my employment may be terminated.

By signing this application, I authorize the Village to conduct an inquiry into the information contained in this application. I authorize my current and former employers and educational institutions to provide information about me. I hereby release all employer, educational institutions and other individuals or entities which may provide information about me in connection with this application from all liability for issuing such information. I hereby waive any privilege I may have to such information. I also understand that any offer of employment is conditioned upon the Village receiving acceptable references, background checks and successful drug testing under the Village's Drug-Free Workplace Policy.

I understand that the Village may request a consumer report in connection with this application for employment. I acknowledge that if a consumer report is requested or prepared I have the right to request a summary of my rights under the Fair Credit Reporting Act by sending a written request to the Village's Human Resources Department.

I understand that nothing contained in this employment application, the interview process, the Village's policies, procedures, correspondence or manuals that I might receive constitute a contract or promise of employment for any specified period of time. I understand that the employment relationship, if I am hired, is "at-will" which means that the Village or I may terminate the employment relationship at any time and for any reason, with or without notice or prior discipline, subject to any collective bargaining agreement applicable to the position held.

I understand that the Village will consider this application for the open position I have specified but for no longer than 60 days. I understand I am required to reapply for any other open positions for which I wish to be considered.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Village of North Palm Beach is a Drug-Free Workplace and an Equal Opportunity Employer**

**SUBMIT COPIES OF:**

- \_\_\_\_\_ High School Diploma or G.E.D. Equivalency
- \_\_\_\_\_ Valid Florida Driver's License
- \_\_\_\_\_ College Transcript and/or Diploma
- \_\_\_\_\_ Any certificates, vocational or trade school certificates
- \_\_\_\_\_ If Florida state certified (Fire Fighter, Paramedic or E.M.T.), submit copy of certificate
- \_\_\_\_\_ DD214 (*with separation codes*)
- \_\_\_\_\_ Documentation of current physical within last calendar year (**volunteers only**)

**PLEASE NOTE:**

- Incomplete, or illegible applications will not be processed
- ALL forms must be notarized as indicated
- *If you have indicated that you were convicted or pled guilty or nolo contendere to a misdemeanor or felony, you MUST include all related agency (police reports, etc.) and court documentation, including disposition, releases from supervision or probation, and other associated documentation.*
- Make a copy of this application for yourself before submitting

Employment is subject to successful completion of background checks, drug/alcohol screen, and/or pre-employment examination. All applications are subject to public inspection and copying.



**Must be notarized**

*I swear or affirm that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. Should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, I am aware that my application may be rejected and my name removed from the eligibility list. If already appointed, I may be dismissed.*

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

**NOTARY**

STATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced (type of identification) \_\_\_\_\_ as identification, who did (did not) take an oath, and who said that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose thereof.

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

**Notary's Official Stamp or Seal**

Village of North Palm Beach  
Fire Rescue Department



**RELEASE AND AUTHORIZATION FOR BACKGROUND  
INVESTIGATION**

**Please read the release below carefully before signing it.**

I hereby authorize the Village to obtain the following information in connection with my application for employment or if hired, at any time during my employment: **criminal and/or motor vehicle records, employment records, educational records, consumer reports, consumer investigative reports, including credit reports obtained through consumer reporting agencies.**

I acknowledge that the Village has informed me that it may make use of this information in evaluating my application for employment and in the Village's decisions regarding hiring, compensation, promotion, reassignment, retention, and other terms and conditions of my employment at the Village. I hereby authorize the Village to make use of the above-reference information, and release the Village and any entity that provides information to the Village from liability in connection with this information.

If a **consumer investigative report** obtained through a consumer reporting agency is completed, it may include information obtained through personal interviews regarding my character, general reputation, and personal characteristics. I understand that I may obtain a complete and accurate disclosure of the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act by sending a written request to the Human Resources Department.

Any offers of employment are contingent upon satisfactory background investigations. I authorize the reinvestigation of any of the above information, at any time, during my employment. **If I am employed in a position which requires a continuing satisfactory driving record, I agree to inform the Village of any driving or traffic violations and I understand that if my driving record is or becomes unsatisfactory, it may be a basis for termination of employment.**

First Name	Middle Name	Last Name	
Former Name(s) or Alias (including Maiden names):			
Number, Street Address	City/Town	State	Zip Code
Social Security Number	Driver's License Number and State		
Date of Birth (required to ensure accurate retrieval of records)			

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

\_\_\_\_\_  
**Date**



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

**APPLICANT'S NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_  
**SOCIAL SECURITY NUMBER (Optional):** \_\_\_\_\_

**EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:**

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, 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 photocopy 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 photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to: **Village of North Palm Beach**

768.095, F.S., titled Employer Immunity from Liability; 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 or 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.

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

\_\_\_\_\_  
**Date**

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

AFFIDAVIT

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

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

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires on \_\_\_\_\_, 20\_\_\_\_\_. Personally Known \_\_\_\_\_ - or -

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_