

AN EQUAL OPPORTUNITY EMPLOYER

3) 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, or are you otherwise the spouse of any person missing in action, captured in the line of duty, or forcibly detained or interned in the line of duty by a foreign government or power? Yes No

4) Are you a veteran of any war? Yes No

5) Are you the unmarried widow or widower of a veteran who died of a service-connected disability? Yes No

EMPLOYMENT DESIRED

Position _____ Date available to begin work _____ Pay desired _____

Have you previously applied for employment with the Town of Orange Park? Yes No

If yes, what position? _____ When? _____

Have you previously been employed by the Town of Orange Park? Yes No

If yes, Job _____ Location _____ Dates _____

EDUCATION

	NAME & LOCATION OF SCHOOL	DEGREE/ DIPLOMA	HIGHEST GRADE COMPLET ED	MAJOR AREA OF STUDY
HIGH SCHOOL		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
COLLEGE(S)		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
GRADUATE SCHOOL		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		
TRADE OR BUSINESS SCHOOL		<input type="checkbox"/> Yes		
		<input type="checkbox"/> No		

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EMPLOYMENT HISTORY

List below your last three employers, giving current or most recent employer first. If currently employed, may we contact your employer? Yes No

From _____ Mo./Yr.	Name of Employer _____ Address _____ _____ City State Zip Telephone _____	Your Job Title _____ Duties _____ _____ Pay: Beginning \$ _____ Ending \$ _____ Reason for Leaving _____ _____
To _____ Mo./Yr.	Name of Last Supervisor _____ Supervisor's Title _____	

From _____ Mo./Yr.	Name of Employer _____ Address _____ _____ City State Zip Telephone _____	Your Job Title _____ Duties _____ _____ Pay: Beginning \$ _____ Ending \$ _____ Reason for Leaving _____ _____
To _____ Mo./Yr.	Name of Last Supervisor _____ Supervisor's Title _____	

From _____ Mo./Yr.	Name of Employer _____ Address _____ _____ City State Zip Telephone _____	Your Job Title _____ Duties _____ _____ Pay: Beginning \$ _____ Ending \$ _____ Reason for Leaving _____ _____
To _____ Mo./Yr.	Name of Last Supervisor _____ Supervisor's Title _____	

Please explain any gaps in your employment history: _____

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Have you ever been convicted of, or pled guilty or no contest to, a crime; had an adjudication withheld for a criminal offense; entered a pre-trial intervention program, or been placed on court-ordered probation?*(This is not necessarily a disqualifier.) Yes No (If yes, please explain.)

*Note: If you do not understand this question you must ask the Town of Orange Park for clarification.

Have you ever been sued for an intentional tort (such as, but not limited to, assault, battery, or false imprisonment)? If so, provide details, including the date the lawsuit commenced and concluded, the nature of the tort or claim, and the outcome.* (This is not necessarily a disqualifier). Yes No

*Note: If you do not understand this question, you must ask the Town of Orange Park for clarification.

MILITARY:

Branch of Service _____ Period of Active Duty _____ to _____

Describe your duties and any special training _____

Rank at Discharge _____ Date of Final Discharge _____

Please set forth any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, professional licenses or certificates held, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, ethnicity, disability, or other protected characteristics.)

Have you ever been employed under any other name? Yes No

If yes, please list: _____

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Please read the following statements carefully.

I certify that all of the facts and information contained in the application or any other written documents I have submitted are true and complete, and I understand that any false, incomplete, or misleading information is grounds for rejection of this application or, if hired and discovered at any time after I am employed, may result in my dismissal. By submitting this application or other documents, I agree to conform to the policies of the Town of Orange Park and understand that, if hired, my employment and compensation will be for no definite duration and can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Town of Orange Park or me.

I authorize an investigation of my statements and information contained in this application for employment as may be necessary in arriving at any employment decision. All third parties (including individuals, schools, businesses, former employers, law enforcement authorities, governmental agencies and consumer reporting bureaus) are authorized to disclose any and all requested information to this prospective employer, and I agree to release all third parties, as well as the Town of Orange Park and its employees, from any claims arising out of actions taken under these authorizations.

I also authorize the procurement of a consumer report by the Town as part of the preemployment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the Town to procure consumer reports at any time during my employment period.

If accepted for employment, I understand that the Town of Orange Park is a drug-free workplace and the use of illegal drugs is prohibited. I agree to submit to testing in accordance with the Town's Substance Abuse Policy.. I understand that any offer of employment is conditional upon satisfactory results of any required drug test and background investigation.

In the event of employment, I agree to comply with all other Town of Orange Park policies, procedures, rules and regulations made known to me at the time of employment or any other times thereafter, and to perform all duties assigned to me to the best of my ability.

Signature: _____ Date: _____

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INVESTIGATIVE REPORT DISCLOSURE STATEMENT

By this document, the Town of Orange Park discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and, if hire, at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to signify receipt of the foregoing disclosure.

Signature of Candidate

Signature of Town Representative

Date

DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
FLORIDA STATE FIRE COLLEGE

TOBACCO AFFIDAVIT

I _____,do hereby affirm that I have not been a
(Name of Applicant)
user of 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. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Signature of Applicant

Date

State of _____ County of _____
Sworn to (or affirmed) and subscribed before me

Signature of Notary

This date _____
() Personally known or () produced identification

My commission expires _____
(seal)

Type of identification produced:

*ORANGE PARK FIRE DEPARTMENT
PHYSICAL ABILITIES TEST
INJURY WAIVER*

I, _____, agree to hold harmless, the Town of Orange

Park, and any of its employee's or representatives, due to any injury that may occur as a result of my participation in the Orange Park Fire Department's physical abilities test. Furthermore, I will be responsible for any and all medical expenses incurred as a result of any injury sustained from my participation in the afore mentioned physical abilities test. I also agree not to make any claims for any injury or disability resulting from my participation in the aforementioned physical abilities test.

Signature of Applicant

Date

**ORANGE PARK FIRE DEPARTMENT
PHYSICAL AGILITY TEST
DESCRIPTION AND REQUIREMENTS**

THE EXAMINEE WILL TEST IN FULL TURN-OUT GEAR AND SCBA BREATHING OFF THE AIR TANK. EXAMINEE MUST COMPLETE ALL TESTING STATIONS IN SUCCESSION ON ONE BOTTLE OF AIR, IN ORDER TO PASS.

HOSECARRY/ STAIR CLIMB: EXAMINEE WILL SHOULDER CARRY 100 FT. OF 1 3/4 " HOSE, ASCEND AND DESCEND 4 FLIGHTS OF STAIRS.

HOSE LIFT: EXAMINEE WILL HOIST AND LOWER (APPROXIMATELY 14 FT.) A ROLL OF 3"HOSE HAND OVER HAND FOUR TIMES.

SIMULATED VENTILATION: EXAMINEE USING A 6 LB. SLEDGE HAMMER WILL HIT A DESIGNATED SPOT 56 TIMES. SWINGS WILL BE SHORT VENTILATION CHOPS.

MANDATORY COOL DOWN: EXAMINEE WILL WALK APPROXIMATELY 145 FT. TO THE NEXT TEST STATION.

HOSE PULL: EXAMINEE WILL PULL A CHARGED 1 3/4 "HOSE LINE 100 FT. AND DISCHARGE WATER.

SIMULATED VICTIM CARRY: EXAMINEE WILL SIMULATE A VICTIM RESCUE USING A RESCUE DRAG TECHNIQUE, DRAGGING A 175 LB. DUMMY TO A DESIGNATED POINT. (APPROXIMATELY 100 FT.)
TEST OVER.

APPLICANT NAME

S.S. #

AS A LICENSED PHYSICIAN AND BY MY SIGNATURE, I HAVE READ THE DESCRIPTION AND REQUIREMENTS OF THE ORANGE PARK FIRE DEPARTMENT AGILITY TEST AND FIND THAT THE ABOVE NAMED APPLICANT CAN ___ / ___ CANNOT PARTICIPATE IN THIS TESTING.
(CHECK ONE)

PHYSICIAN'S SIGNATURE

PHYSICIAN'S PRINTED NAME

DATE