

# INSTRUCTIONS

Read the following instructions carefully before filling out your application. **Please attach a copy of the following documents if applicable to the completed application:**

- Driver's License
- Social Security Card
- Birth Certificate
- Military Service DD 214 Form (if applicable)
- High School Diploma, GED Certificate, and/or College Degree (s) and Transcripts
- Florida Firefighter Standards Certificate
- EMT and/or Paramedic Certification
- EVOC (16 hrs) or CEVO (16 hrs)
- CPR Certificate
- ACLS Certificates (Paramedics)
- All Applicable Fire or EMT or Paramedic Certificates and Transcripts

## NOTE

**Only the applicant can complete and sign this application. Falsification or omission of information will result in the rejection of your application, or dismissal if you are employed by the City of Mount Dora. If you are found to have falsified or omitted any information at any time in the selection process, you will be disqualified, even if the accurate information would not have disqualified you. If hired and it is later found that you falsified information you will be subject to termination.**

**Print** \_\_\_\_\_

**SS#** \_\_\_\_\_

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

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



# MILITARY SERVICE

## Active Military Service:

Have you ever served or trained in the U. S. Armed Forces?    Yes [ ]    No [ ]

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

Rank: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

<b>Check type of discharge:</b>		
<input type="checkbox"/> <b>Honorable</b>	<input type="checkbox"/> <b>General under Honorable</b>	<input type="checkbox"/> <b>Dishonorable</b>

Dates of active military service:

Entry Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_

## Reserve, National, or State Guard:

Are you presently a member of the U. S. Military Reserve, National, or State Guard Organization?

Yes [ ]    No [ ]    If yes, please complete the following:    Active [ ]    Inactive [ ]

Entry Date: \_\_\_\_\_ Separation Date: \_\_\_\_\_

Rank: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

Branch of Service and Component: \_\_\_\_\_

Organization and Station or Unit: \_\_\_\_\_

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

Have you ever been a defendant in a military court martial (excluding proceedings leading to non-judicial punishment), or received any other disciplinary action?

Yes [ ]    No [ ]    If yes, explain in detail \_\_\_\_\_

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

Have you ever held a military security clearance?    Yes [ ]    No [ ]

If yes, level of clearance \_\_\_\_\_

Have you ever been denied or had a security clearance revoked?    Yes [ ]    No [ ]

# DRIVER'S LICENSE

## Driving History:

Do you hold a current valid driver's license? Yes [ ] No [ ]

Issuing State: \_\_\_\_\_ Number: \_\_\_\_\_

Chauffeurs License Number (if applicable): \_\_\_\_\_

List any other driver's licenses which you have possessed in the past:

State: \_\_\_\_\_ Number: \_\_\_\_\_

State: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever had a driver's license, and/or commercial license or certificate, revoked or suspended by the issuing authority? Yes [ ] No [ ]

If yes, date (s) of suspension: \_\_\_\_\_

Please explain in detail: \_\_\_\_\_

---



---



---

List all traffic summons/citations/tickets received in the past five years, including those from other states. Do not list parking tickets. **IF NONE, CHECK HERE:** [ ]

DATE	LOCATION OCCURRED	VIOLATION TYPE	PENALTY/DISPOSITION

List all automobile accidents in which you have been involved (whether at fault or not):

DATE	LOCATION OCCURRED	VIOLATION TYPE	PENALTY/DISPOSITION

## PERSONAL CHARACTER BACKGROUND

Has any legal judgment (i.e., divorce, child support, alimony) ever been issued against you?

Yes [ ] No [ ] If yes, explain in detail: \_\_\_\_\_

---

---

---

Have you ever been refused a surety bond (i.e., contractor, security guard or entrepreneurship) or refused employment that required bonding? Yes [ ] No [ ] If yes, explain in detail.

---

---

### Criminal History:

Have you ever been arrested, incarcerated, indicted, issued a Notice to Appear, or other wise charged with a crime? **Include juvenile arrest and sealed/expunged arrests:** Yes [ ] No [ ]  
If yes, list date, charge, police agency, city, and county.

Date	Charge	Police Agency	City, County
------	--------	---------------	--------------

Explain in detail: \_\_\_\_\_

---

---

---

Have you ever been found guilty or pled guilty or no contest to a crime, including arrestable traffic offenses (i.e., driving while intoxicated, reckless driving, driving with a suspended driver's license, etc.)? For purposes of this section and/or question, a plea of guilty or "no contest" after July 1, 1981, shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended.

Yes [ ] No [ ] If yes, explain in detail: \_\_\_\_\_

---

---

---

**PERSONAL CHARACTER BACKGROUND** (continued)

Have you ever been involuntarily terminated (fired) from employment or resigned in lieu of termination or resigned pending an investigation?

Yes [ ] No [ ] If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

Have you ever been disciplined or accused of discrimination or harassment or had a civil lawsuit filed against you?

Yes [ ] No [ ] If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

**Drug History:**

Have you ever sold any type of illegal drug? Yes [ ] No [ ]

Have you ever possessed illegal drugs? Yes [ ] No [ ] If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever used any type of illegal drug? Yes [ ] No [ ]

NAME/TYPE OF DRUG USED	DATES		TOTAL TIMES USED
	From: (Month/Yr.)	To: (Month/Yr.)	

Does the City of Mount Dora employ any relative (by blood or marriage) or cohabitant of yours?

Yes [ ] No [ ] If yes, give name(s), relationship and department where he/she works.

\_\_\_\_\_  
Name Relationship/Department

\_\_\_\_\_  
Name Relationship/Department

Have you ever been known by any other last name? Yes [ ] No [ ] If yes, list all names used, locations, and circumstances (i.e., divorce, adoption, legal name change, etc.):

\_\_\_\_\_  
Name Dates: From/To City, State Circumstance

\_\_\_\_\_  
Name Dates: From/To City, State Circumstance

**PERSONAL CHARACTER BACKGROUND (continued)**

How many times, in the last year, have you been intoxicated to the point that you felt you should not operate a motor vehicle? \_\_\_\_\_

How many times, in the last year, have you missed work/school due to intoxication? \_\_\_\_\_

How many times, in the last year, have you consumed alcohol while at work? \_\_\_\_\_

**PREVIOUS FIREFIGHTER APPLICATIONS**

Have you previously applied for employment to the Mount Dora Fire Department?

Yes [ ] No [ ] If yes, date applied: \_\_\_\_\_

Have you ever applied to another fire department? Yes [ ] No [ ] If yes, list the department, date applied, and status of your application:

1. Agency and/or Department: \_\_\_\_\_

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

Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Date applied/tested: \_\_\_\_\_

2. Agency and/or Department: \_\_\_\_\_

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

Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Date applied/tested: \_\_\_\_\_

3. Agency and/or Department: \_\_\_\_\_

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

Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Date applied/tested: \_\_\_\_\_

4. Agency and/or Department: \_\_\_\_\_

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

Position applied for: \_\_\_\_\_ Status: \_\_\_\_\_

Date applied/tested: \_\_\_\_\_

# CERTIFICATION / RELEASE OF INFORMATION AUTHORIZATION

I agree to submit to the department's selection process and understand that I must successfully complete this process before given final consideration for employment. I also agree that in the event I am employed by the Mount Dora Fire Department, I will submit to a physical examination when requested.

I hereby authorize all former employers, educational institutions, and any other persons or individuals to furnish any information concerning me, whether or not it is in their records, and I release them and their companies from any liability whatsoever. I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other personnel record may result in my not being employed or, if employed, in my termination from employment.

In the event of my employment, I agree to abide by all present and subsequently issued rules of the department.

Also, in the event of employment, and in consideration thereof, the department and any person or entity it may authorize shall be entitled, without further consent, to use, in any manner required, any picture or photograph of me or a recording of my voice.

The department is authorized to request a transcript where necessary in order to verify my education. I further agree to submit my fingerprints for a records check by the Federal Bureau of Investigation.

I have read and understand the above:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

State

\_\_\_\_\_

Printed or Typed Name of Applicant

Personally appeared before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements,

Known to me to be the person described in and who executed the foregoing application for employment as his/her true act and deed.

STATE OF FLORIDA

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_

\_\_\_\_\_ as identification and who did (did not) take an oath.

SEAL

\_\_\_\_\_

Notary Public

Commission No.: \_\_\_\_\_

My commission expires: \_\_\_\_\_



