

Punta Gorda Volunteer Fire Department

APPLICATION CHECKLIST

I. _____ Fill out all the information requested in the PGVFD Application packet to the best of your knowledge. Please do so legibly as to not hamper the application process.

II. _____ It is mandatory that a **physical examination** be administered by a certified medical professional to ascertain that you are able to perform strenuous physical activities, and those activities will not jeopardize your health. The physical examination certificate must be submitted prior to your background check

III. _____ **The cost of the Background/Driver's License check and drug screen are borne by the applicant.** Background check is approximately \$130.00, drug screen is approximately \$40.00. You will be notified of the exact amount due.

The PGVFD is not responsible for the return of any monies expended should you fail to pass the physical examination, background check or drug screen. If you know beforehand you will not have a clean drug screen, do not submit the application packet.

Please print and sign your name attesting that you have read and understand the above.

Name: _____
(Print)

Signature: _____

Date: _____

Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

DEMOGRAPHIC INFORMATION

(Last Name) (First Name) (Middle Name) (Suffix)

(Address) (Suite/Apt/Bldg/Floor)

(City) (State) (Zip)

(Home phone) (Mobile phone)

(Email)

DOB: _____ SSN: _____

Marital status: Single _____ Height: _____
Married _____ Weight: _____
Divorced _____ Color hair: _____
Separated _____ Color eyes: _____

Emergency contact: _____ Relationship: _____
(Name)

(Phone)

Referred by: _____
(Name)

Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

EDUCATION HISTORY

COLLEGE:

NAME: _____

FROM: _____ TO: _____ MAJOR: _____

GRADUATE? Yes ___ No ___ DEGREE: _____

HIGH SCHOOL:

NAME: _____

FROM: _____ TO: _____ YEAR GRADUATED: _____

OTHER:

NAME: _____

FROM: _____ TO: _____ GRADUATE? Yes ___ No ___

COURSE OF STUDY: _____

EMPLOYMENT HISTORY (begin with present or most recent employer. Add additional sheets if necessary)

EMPLOYER NAME: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

POSITION HELD: _____ FROM _____ TO _____

EMPLOYER NAME: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

POSITION HELD: _____ FROM _____ TO _____

Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

WERE YOU IN THE MILITARY? YES ____ NO ____

IF YES, FROM ____ TO ____ DISCHARGE RANK ____ RESERVES? YES ____ NO ____

MOS: _____

LIST ANY EMERGENCY SERVICE DEPARTMENTS (CAREER OR VOLUNTEER) YOU HAVE BEEN AFFILIATED WITH (begin with present or most recent. Add additional sheets if necessary)

DEPARTMENT NAME: _____

ADDRESS: _____

CHIEF/SUPERVISOR: _____ PHONE: _____

FROM ____ TO ____

DEPARTMENT NAME: _____

ADDRESS: _____

CHIEF/SUPERVISOR: _____ PHONE: _____

FROM ____ TO ____

DEPARTMENT NAME: _____

ADDRESS: _____

CHIEF/SUPERVISOR: _____ PHONE: _____

FROM ____ TO ____

DRIVING RECORD

DRIVER'S LICENSE# _____ STATE ____ EXP ____

HAVE YOUR DRIVING PRIVILEGES BEEN SUSPENDED? YES ____ NO ____

IF YES, FROM ____ TO ____ REASON: _____

HAVE YOUR DRIVING PRIVILEGES BEEN REVOKED? YES ____ NO ____

IF YES, FROM ____ TO ____ REASON: _____

NUMBER VIOLATIONS PAST THREE (3) YEARS _____

EXPLAIN VIOLATIONS: _____

Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

GENERAL QUESTIONS

HAVE YOU EVER BEEN CONVICTED OF, PLEADED “NO-CONTEST” OR GUILTY TO, A FELONY? YES _____ NO _____ IF YES, DESCRIBE _____

NOTE: A “YES” RESPONSE DOES NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FROM MEMBERSHIP. ATTACH ADDITIONAL SHEETS IF YOU FEEL ADDITIONAL INFORMATION/COMMENTS WOULD BE HELPFUL.

LIST ANY SPECIAL TRAINING/SKILLS YOU HAVE _____

LIST ANY VEHICLES YOU ARE QUALIFIED TO OPERATE: _____

ARE YOU MULTI-LINGUAL? YES _____ NO _____ IF YES, LANGUAGE(S) _____

DO YOU KNOW SIGN LANGUAGE? YES _____ NO _____

REFERENCES

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES, NOT RELATED TO YOU

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

I authorize investigation of all statements contained in this application, including a check of my driving record.

I understand that misrepresentation or omission of facts called for in this application, in any attached supplement to this application, or my interview may result in my dismissal from the Department at any time.

I hereby acknowledge the first six (6) months of membership constitute a probationary period.

I agree to abide by all rules and regulations of the City of Punta Gorda Fire Department.

I agree to abide by all bylaws set forth by the Punta Gorda Volunteer Fire Department.

SIGNATURE

DATE

OFFICIAL USE ONLY

BACKGROUND CHECK COMPLETED _____ **DRUG SCREEN COMPLETED** _____

REFERENCES CHECKED _____ **INTERVIEW DATE/TIME:** _____

SCREENING COMMITTEE MEMBERS: _____

APPROVED / REJECTED

REASON:



City of Punta Gorda, Florida

HUMAN RESOURCES

326 West Marion Avenue

Punta Gorda, Florida

941-575-3304 Telephone

941-575-3300 Fax

www.ci.punta-gorda.fl.us

As required under the Fair Credit Reporting Act, this is to advise you that, in connection with your application for employment with the City of Punta Gorda, a consumer report regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be obtained with respect to you for employment purposes from a consumer reporting agency.

Should an investigative consumer report be requested, you have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION FOR RELEASE OF CREDIT/PERSONAL BACKGROUND INFORMATION

I, the undersigned, hereby authorize any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide a consumer report and documentation of my current credit status to the City of Punta Gorda for employment purposes. I also authorize the City of Punta Gorda to conduct a background check through access to law enforcement databases, including the National Criminal Information Center (NCIC) and Florida Criminal Information Center (FCIC).

Because this authorization is used for pre-employment purposes, I, the undersigned, also grant permission for criminal records (including felony and misdemeanor records), motor vehicle records, and employment records, including worker's compensation investigations, medical records, and education backgrounds to be released to the City of Punta Gorda.

I certify that this authorization to release information is solely for the purposes of obtaining employment with the City of Punta Gorda and may only be used within the context of this employment application. I understand that all information obtained by the City from this credit/personal background check will be held in confidence by the City of Punta Gorda. This information will not be released to any other persons or organizations without my express written permission to do so, unless otherwise specified or permitted by applicable ordinance, statute, or law.

Print Name: _____ Soc. Sec. # _____ Birth Date _____

Present Address: _____ Apt. # _____

City: _____ State: _____ Zip Code (required) _____

Signature: _____ Date: _____ DL# _____

The City of Punta Gorda is a DFWP, EEO, ADA, and VP Employer

Punta Gorda Volunteer Fire Department

Tobacco Affidavit

I, _____, do hereby affirm that I have not used tobacco or tobacco products for at least one (1) year immediately preceding my application for membership in the Punta Gorda Volunteer Fire Department, in accordance with Section 633.34(6), Florida Statutes.

Under penalty of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true. I further understand that if accepted, I must remain tobacco-free for the duration of that membership.

Applicant Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, ____ by

(AFFIANT)

Personally known _____
Produce Identification _____
Type of ID produced _____

[SEAL] _____
SIGNATURE OF NOTARY