



APPLICATION FOR EMPLOYMENT
FIRE DEPARTMENT

CITY OF TEMPLE TERRACE

11250 North 56th Street
Temple Terrace, FL 33617
Phone (813) 506-6430 www.templeterrace.com

FOR OFFICE USE ONLY
Date Received
Date Returned

Position Position # Date

PERSONAL INFORMATION

NAME DRIVER LICENSE #

ADDRESS

CITY STATE ZIP PHONE #

DATE OF BIRTH HEIGHT WEIGHT EYES HAIR

PHOTO taken
within Last 6 Months
(Minimum size - 1 1/2 x 1 1/2")

REQUIRED ATTACHMENTS

(Photocopies, if applicable)

- BIRTH CERTIFICATE
HIGH SCHOOL DIPLOMA OR G.E.D.
COLLEGE DIPLOMA
MILITARY DISCHARGE PAPERS
STATE CERTIFICATE
CERTIFICATE OF COMPLIANCE
OTHER

THIS SECTION FOR DEPARTMENT USE ONLY

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Oral Interview Date
Physical Date
Other

Application Received
Acknowledged
Reviewed
Applicant Interviewed (Date)

REMARKS

REMARKS section with horizontal lines for text entry.

1. List all jobs you have held in the last 10 years with your present or most recent job first. Include Military Service, Temporary, or part-time jobs in the proper time sequence. Use an additional sheet if necessary.

DATES		COMPANY & ADDRESS	WORK PERFORMED	SALARY	REASON FOR LEAVING
From				Begin	
To				End	
		Phone #			
		Supervisor			
From				Begin	
To				End	
		Phone #			
		Supervisor			
From				Begin	
To				End	
		Phone #			
		Supervisor			
From				Begin	
To				End	
		Phone #			
		Supervisor			
From				Begin	
To				End	
		Phone #			
		Supervisor			

2. Are you willing to have your present employer contacted in reference to your qualifications?  Yes  No

3. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?  Yes  No  
**If Yes, Explain** \_\_\_\_\_

4. Have you ever filed a claim for Workers' Compensation?  Yes  No  
**If Yes, Explain** \_\_\_\_\_

5. Have you any relative(s) or members of your household now working for the City of Temple Terrace?  Yes  No  
**If Yes, Give Name** \_\_\_\_\_

6. Do you know of anything that would disqualify you for employment, or prevent your full discharge of official duties?  Yes  No  
**If Yes, Explain** \_\_\_\_\_

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7. List addresses (include City, State, and zip code) for the past five years (current address first).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

8. List below five persons who are not related to you, and who would have knowledge of your qualifications for the position for which you are applying. (Former co-workers, teachers, etc.)

*Do not repeat names of supervisors listed on page 2.*

NAME & OCCUPATION

ADDRESS (CITY, STATE, ZIP)

PHONE NUMBER

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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**FAMILY HISTORY**

9. Place of Birth \_\_\_\_\_

10. Are you a citizen of the United States?       Yes       No

11. Dependents

NAME

RELATIONSHIP

DATE OF BIRTH

BIRTH PLACE

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>BIRTH PLACE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. List information concerning family, (parents, brothers, sisters).

NAME

RELATIONSHIP

DATE OF BIRTH

LIVING

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>LIVING</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**EDUCATION HISTORY**

13. Highest grade completed \_\_\_\_\_

Date of high school graduation, or G.E.D. \_\_\_\_\_

Circle number of College years completed 1 2 3 4

Name of College \_\_\_\_\_

Graduated? \_\_\_\_\_ Date \_\_\_\_\_ Degree \_\_\_\_\_ Course \_\_\_\_\_

Other schools (business, technical, correspondence, etc.). Give names, addresses, courses, date(s) completed, and degree if applicable.

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

14. Languages. Specify any language other than English that you read, write, or speak.

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

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**MILITARY HISTORY**

15. Are you registered for selective service?

**If Yes, give number** \_\_\_\_\_  Yes  No

16. Have you ever served in a military organization?

Yes  No

17. Are you now, or were you ever, an active or inactive member of any branch of the United States Reserve Forces ?

Yes  No

18. Are you now, or were you ever, a member of the National Guard?

**If Yes, to questions 17, 18, 19, give details. (Branch, unit, address, highest rank, and dates of service)**

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
Method of separation (retirement, type of discharge) and rank at time of separation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**GENERAL**

19. Have you ever been convicted of an offense against the law, or are you now under charges for any offense against the Law ?  Yes  No

**If Yes, give dates, charges, places, courts and disposition.** \_\_\_\_\_  
\_\_\_\_\_

(NOTE: A conviction does not automatically mean you cannot be appointed. Consideration will be given as to the offense, how long ago and relationship to position for which you are applying.)

20. Have you ever been fingerprinted other than for arrest?  Yes  No

**If Yes, give agency, date and purpose** (answers will be verified) \_\_\_\_\_  
\_\_\_\_\_

21. Do you possess a Driver's or Chauffeur's license?  Yes  No

**If Yes, give number, state issued, type and expiration date.** \_\_\_\_\_  
\_\_\_\_\_

22. Has your license ever been revoked or suspended?  Yes  No

**If Yes, give details (when, where, why)** \_\_\_\_\_  
\_\_\_\_\_

23. Have you ever been refused an operator's license by any state?  Yes  No

**If Yes, give details** \_\_\_\_\_  
\_\_\_\_\_

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

**If Yes, give details (date, location, collision or non-collision, cause, injury or non-injury, and who was legally at fault).** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. List any other occupational licenses or certificates you may possess. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Describe your interest in this department, and state why you are filing this application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATIONS OF STATEMENTS AND ANSWERS TO QUESTIONS CONTAINED HEREIN. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS AND FALSIFICATIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITION IN THE SERVICE OF THE CITY OF TEMPLE TERRACE.

I DO HEREBY AGREE TO PERSONALLY ASSUME RESPONSIBILITY FOR ANY DAMAGE, OR INJURY TO MY PERSON OR PROPERTY, WHICH MAY OCCUR DURING, OR AS A RESULT OF MY APPLICATION, IN TESTS CONDUCTED BY THE CITY OF TEMPLE TERRACE, PURSUANT TO THIS APPLICATION.

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Date

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Signature of Applicant

**NOTE: IF THIS APPLICATION IS NOT SIGNED IN INK OR IS INCOMPLETE, IT MAY BE REJECTED WITHOUT FURTHER NOTICE.**

**\*THE PRE-EMPLOYMENT PHYSICAL WILL INCLUDE DRUG SCREENING.**

**I HEREBY AUTHORIZE THE CITY OF TEMPLE TERRACE, FLORIDA, TO MAKE ANY INVESTIGATION THEY DEEM NECESSARY INTO MY PERSONAL BACKGROUND AND EMPLOYMENT RECORD. I AUTHORIZE MY FORMER EMPLOYERS TO RELEASE INFORMATION CONTAINED IN MY PERSONNEL FILE.**

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Date

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Signature of Applicant

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**DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING  
PERSONAL INQUIRY WAIVER**

APPLICANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I respectfully request and authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter or firesafety inspector in the State of Florida.

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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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

(Name of person acknowledging)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

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**CITY OF TEMPLE TERRACE FIRE DEPARTMENT  
NON-USE OF TOBACCO PRODUCTS AGREEMENT**

**TOBACCO AFFIDAVIT**

I, \_\_\_\_\_, acknowledge the City of Temple Terrace  
Fire

(Print Name)

Department is dedicated to providing a healthy, comfortable, and tobacco-free work environment for its employees, the citizens of Temple Terrace, Hillsborough County, and the State of Florida.

In accordance with Florida Statute 633.35(2) I do hereby affirm I have not used any tobacco products at any time for one year preceding my Firefighter certification. Further, if hired as a Temple Terrace Fire Department employee, I will not use any tobacco products either on-duty or off-duty.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and the statements are true. As a condition of my employment, I will comply with the City of Temple Terrace Fire Department's "Non-Use of Tobacco Products Agreement".

\_\_\_\_\_  
(Signature of Applicant)

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Notary Public-State of Florida)

\_\_\_\_\_  
(Notary Seal)

\_\_\_\_\_  
(Name of Notary Public-State of Florida)

Personally Known \_\_\_ or Produced Identification \_\_\_

Type of Identification Produced \_\_\_\_\_

**NON-DISCRIMINATION POLICY**

It is the City's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations or because of race, color, creed, sex, age, or national origin.

Handicapped applicants will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on the basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. Any complaints should be submitted in writing to the Human Resources Director.

**PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION.**

If this application is incomplete or is not signed in ink, it may be rejected without further notice.

A pre-employment drug screen, criminal history background investigation, and driver's license verification will be conducted.

**THE CITY OF TEMPLE TERRACE IS A DRUG-FREE WORKPLACE.**

**CERTIFICATION, AUTHORIZATION, AND SIGNATURE**

I certify that answers given herein are true and complete and I authorize investigation of all statements contained herein. If I am employed, I will abide by all City rules and regulations and understand that FALSE OR MISLEADING information given herein or during my interview(s) will result in immediate discharge.

I have read and understand the conditions of employment stated above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE