

**Test Provided  
November 6th, 2009  
At Seminole State College**



**City of Longwood**

City Hall 175 W. Warren Avenue  
Longwood, Florida 32750

**Firefighter/EMT**  
**Employment Application**

**(An Equal Opportunity Employer)**

Employment/Personnel Office 407-260-3481  
Fire/EMS Training Office 407-260-3486

**It is preferred that the applicant complete the Fire Department/Skills Assessment:** This is a process that is conducted at Seminole State College FIR0323 Fire Department/Skills Assessment. The skills assessment will measure a candidate's strength, endurance and agility. The assessment is graded and distributed to the Longwood Fire-Rescue Department. The results of the physical ability assessment are valid for up to one year. Please call the Fire Science Office on the Seminole State College campus at 407-708-2199 for more information and assessment dates.

Pursuant to Florida Statutes 119 and 286.001, the Public Records Law and Sunshine Law, all documents made or received by this Department in the course of processing your application are public record and shall be at all times open for inspection by the public to the extent required by law.

The Longwood Fire-Rescue Department is an equal opportunity employer and does not discriminate in recruiting, hiring, training, promoting, or other employment practices for reasons of age, sex, national origin, religion, or marital status. We do not discriminate against veterans or the handicapped. The City of Longwood abides by the provisions of the American with Disabilities Act. The Age Discrimination in Employment Act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 years but less than 70 years in age.

Please fill out the FIRE-RESCUE DEPARTMENT application using ink in print or a typewriter. NO FACACSIMILE (FAX). All questions must be answered completely and accurately. You will be disqualified for any false statement or for omitting information. An applicant whom is found not to be truthful during the hiring process will be excluded from the current and future consideration. We suggest you keep a copy of the application you file. You may not obtain a copy while the examination is in progress.

**APPLYING BY MAIL** – If you wish, you may file your application by mail. Be certain that you answer all the questions on your application and submit all required documents. Your application should be received, NOT POSTED MARKED by the last day to apply. It is the applicant's responsibility to allow adequate mail or delivery time. Late applications may be disqualified.

**ACCEPTANCE** – Applicants, who fail to submit all required information, may not be considered for employment. All applications are accepted on a tentative basis subject to a later review of your employment history. If you do not meet the minimum requirements or your work record is not acceptable, you will not be considered for employment even if you have taken and passed the examination.

**Your application MUST BE RECEIVED at City Hall located at 175 W. Warren Avenue, Longwood, Fl. 32750, before 5:00 pm by the last day to apply. If you change your address or phone number after applying, you must notify the Personnel Department in writing immediately.**

# Application Outline

- I. Current Personal Data
- II. Miscellaneous Information
- III. Educational Background
- IV. Residences Background
- V. Employment Background
- VI. Miscellaneous Information
- VII. Driver's License Background
- VIII. Personal Character Background
- IX. Military Service Information
- X. Previous Fire Department Applications
- XI. Remarks
- XII. Release of Information Waiver
- XIII. Authorization Letter

I. Current Personal Data

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Circle one: Male or Female Drivers License Number: \_\_\_\_\_

What language or languages do you speak? \_\_\_\_\_

Are you a United States Citizen? Circle one: Yes or No If yes, documentation will be required.

If you are not a United States Citizen, do you have the legal right to remain and work in the United States? Circle one: Yes or No If yes, documentation will be required, if no, please explain:

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

Have you taken and successfully completed the FIRE/EMS Skills Assessment Class at Seminole State College? Circle one: Yes or No Date taken: \_\_\_\_\_

Scheduled to be taken: \_\_\_\_\_

Are you currently employed? Circle one: Yes or No Title/position held: \_\_\_\_\_

If yes, name of employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Date of Employment, from \_\_\_\_\_ to \_\_\_\_\_ Supervisor name: \_\_\_\_\_

May we contact your employer? Circle one: Yes or No Phone number: \_\_\_\_\_

II. Miscellaneous Information

Have you ever been involuntarily terminated from employment or been ask to resign?  
Circle one: Yes or No

If yes, please explain:

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Have you ever possessed, used or tried illegal drugs (including but not limited to Marijuana, Speed, Cocaine, Heroin, LSD, Etc.?)

Circle one: Yes or No

If yes, please explain:

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Have you ever sold illegal drugs (including but not limited to Marijuana, Speed, Cocaine, Heroin, LSD, Etc.?)

Circle one: Yes or No

If yes, please explain: \_\_\_\_\_

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You must submit a copy of the following certificates with your application. You must also have completed the state testing for EMT/Paramedic, and Firefighting Minimum Standards. Attach all copies of certificates to the back of the application.

**Please submit copies of each requested card, front and back, on its own individual sheet.**

- Emergency Vehicle Operations Course (EVOC) 16 hours.
- State of Florida Drivers License
- State of Florida Certificate of Compliance
- State of Florida Emergency Medical Technician or Paramedic Card & Certificate
- If Paramedic also include ACLS Card (Both Sides)
- Current Professional CPR Card
- Social Security Card (Both Sides)
- High School Diploma or GED Equivalent
- Birth Certificate
- College Degree if applicable
- Photograph of Applicant (**Minimum of 2"x 2"**, [like a passport photo] **Picture on Driver's License is not acceptable**)

III. Educational Background

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date attended from: \_\_\_\_\_ to \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date attended from: \_\_\_\_\_ to \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date attended from: \_\_\_\_\_ to \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date attended from: \_\_\_\_\_ to \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

College/University Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date attended from: \_\_\_\_\_ to \_\_\_\_\_

Diploma/Degree: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

IV. Residences Background

List chronologically your last four residences, other than where you are living now, which should be already listed on the current personal data sheet.

Name of Apt. Complex or Subdivision: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Apt. Complex or Subdivision: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Apt. Complex or Subdivision: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Apt. Complex or Subdivision: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

V. Employment Background

Complete Employment Record including school periods and periods of unemployment.  
(Copy page as necessary in order for complete history.)

Previous employer name: \_\_\_\_\_

Date of employment or unemployment from: \_\_\_\_\_ to: \_\_\_\_\_

Exact title/major: \_\_\_\_\_

Name of immediate Supervisor/Instructor: \_\_\_\_\_

May we contact? Circle one: Yes or No

Area code and phone number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Description of duties, responsibilities, courses and accomplishments: \_\_\_\_\_

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

Disciplinary action received? Circle one: Yes or No If yes please explain: \_\_\_\_\_

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

Kind and number of employees supervised: \_\_\_\_\_

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

VI. Driver's License Background

Please list any other driver's licenses, which you have possessed in the past:

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

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

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

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

Have you ever had a driver's license and/or professional or non-professional license, certificate or privilege revoked or suspended including out-of-State licenses under any State, Federal or other law?

Circle one: Yes or No

If yes, explain in detail: \_\_\_\_\_

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

List all traffic summons, citations or tickets received for the past seven years, including out-of-State (not parking tickets).

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

Agency: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_

If speeding posted speed limit: \_\_\_\_\_ Your speed: \_\_\_\_\_

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

Agency: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_

If speeding posted speed limit: \_\_\_\_\_ Your speed: \_\_\_\_\_

VI. Driver's License Background Continued (**Copy page as necessary in order for complete history.**)

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

Agency: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_

If speeding posted speed limit: \_\_\_\_\_ Your speed: \_\_\_\_\_

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

Agency: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_

If speeding posted speed limit: \_\_\_\_\_ Your speed: \_\_\_\_\_

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

Agency: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_

If speeding posted speed limit: \_\_\_\_\_ Your speed: \_\_\_\_\_

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

Agency: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_

If speeding posted speed limit: \_\_\_\_\_ Your speed: \_\_\_\_\_

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

Agency: \_\_\_\_\_

Location: \_\_\_\_\_ State: \_\_\_\_\_

If speeding posted speed limit: \_\_\_\_\_ Your speed: \_\_\_\_\_

VII. Personal Character Background

Have you ever been refused a security bond, i, e, (contractor, security guard or entrepreneurship), or turned down for employment that required bonding?

Circle one: Yes or No If yes, explain in detail: \_\_\_\_\_

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Have you ever been arrested, indicted issued a notice to appear or otherwise charged with a crime?

Circle one: Yes or No If yes, explain in detail: \_\_\_\_\_

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Have you ever been found guilty, plead guilty, or plead no contest (even where adjudication was withheld or sentence suspended) to a crime, including arrestable traffic offenses such as driving under the influence, reckless driving, and driving with a suspended license?

Circle one: Yes or No If yes, explain in detail: \_\_\_\_\_

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VII. Personal Character Background Continued

**Skills and Equipment:** List skills you possess or equipment you can use. Describe your level of proficiency or experience in its use. (Example: Typing, shorthand, short-wave radio, transcriber, firearms, photography, explosives, scientific or professional devices). If additional space is needed, place on additional forms and mark here ( ): \_\_\_\_\_

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**Interests:** List your current professional memberships and certifications.

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Professional Activity: \_\_\_\_\_

Any office you hold or held: \_\_\_\_\_

If additional space is needed, place on additional forms and mark here ( ).

List all current certifications that you possess. If additional space is needed, place on additional forms and mark here ( ). \_\_\_\_\_

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Have you ever stolen any real or other property from your employer?

Circle one: Yes or No If yes, explain in detail: \_\_\_\_\_

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VIII. Military Service Information

Have you served in the United States Armed Forces? Circle one: Yes or No

Branch: \_\_\_\_\_ Service Number: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Date of Active Military Service:

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

Are you presently a member of the United States Reserve or National Guard?

Circle one: Yes or No If yes, Grade: \_\_\_\_\_ Service Number: \_\_\_\_\_

Service and component: \_\_\_\_\_

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

Active: \_\_\_\_\_ Inactive: \_\_\_\_\_

Have you ever been a defendant in a court martial, office hours, Captain's Mast or Article 15, of the Uniform Code of Military Justice (UCMJ)? Circle one: Yes or No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied or had security clearance revoked? Circle one: Yes or No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IX. Previous Fire Department Applications

Have you ever applied for employment with the Longwood Fire-Rescue Department?

Circle one: Yes or No If yes, give date: \_\_\_\_\_

Have you ever applied to another fire department, in or out-of-State? Circle one: Yes or No  
If yes, which agencies:

State: \_\_\_\_\_ City: \_\_\_\_\_

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

State: \_\_\_\_\_ City: \_\_\_\_\_

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

State: \_\_\_\_\_ City: \_\_\_\_\_

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

State: \_\_\_\_\_ City: \_\_\_\_\_

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

State: \_\_\_\_\_ City: \_\_\_\_\_

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

State: \_\_\_\_\_ City: \_\_\_\_\_

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

State: \_\_\_\_\_ City: \_\_\_\_\_

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





XII. Authorization Letter

Applicant, initial after each paragraph and sign the bottom of the form in the presence of a notary.

\_\_\_\_\_ I agree to submit to the Department's selection process, which I must successfully complete before being finally accepted for employment.

\_\_\_\_\_ I authorize my former employers, educational institutions and the individuals to give information concerning me, whether or not it is on their records and I release them and their companies from any liability whatsoever. The Department is authorized to request a transcript where necessary to verify my education record.

\_\_\_\_\_ I agree to being fingerprinted and having my record checked through the FBI or other law enforcement agency.

\_\_\_\_\_ I also agree that in the event, I am offered employment by the Department, I will submit a physical examination as required by the State of Florida that is less than six months old when requested by the Department.

\_\_\_\_\_ In the event of employment, I agree to abide by all present and subsequently issued rules and regulations of the Department and the City of Longwood.

\_\_\_\_\_ Also, in the event of employment, and in consideration thereof, the Department and any person or concern it may authorize shall be entitled without further consent, to use in any manner any picture or photograph of me or recording of my voice as allowed by law.

\_\_\_\_\_ I agree to maintain my State of Florida certifications while employed with the Longwood Fire/Rescue Department.

\_\_\_\_\_ I certify that all statements given on this application are true and correct, and realize that falsification or misrepresentation on this or any other personnel record may result in my not being employed or if employed in my discharge. I further understand that as part of the selection process, I will be required to submit to a computer voice stress analysis test administered by the Longwood Police Department. I understand that refusal to take a requested computer voice stress analysis test will result in immediate termination from the hiring process.

XII. Authorization Letter Continued

I have read and understood the above.

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

County: \_\_\_\_\_ State of: \_\_\_\_\_

\_\_\_\_\_  
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 act and deed.

Witness my hand official seal, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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

## INFORMATION AND REQUIREMENTS

### THE

As members of the Longwood Fire-Rescue Department, a Firefighter's duties include engaging directly in firefighting, emergency medical service emergencies, fire prevention and inspection. Maintain all required certifications, and attend training classes offered through the Department. Perform general in house maintenance and vehicle inspections. All Firefighters must be Emergency Medical Technicians (EMT) and may be a Paramedic.

### DUTIES

### NOTES:

1. Firefighter applicants are not required to be residents of the City of Longwood.
2. Some of the positions to be filled by this examination may require a valid Paramedic License. To fill such positions, only persons who have a valid Paramedic License may be certified, in order of their standing on the eligible list.

### BACKGROUND

1. Your application is subject to a complete background review, including a review of any criminal convictions.
2. Disqualification may result from factors considered in the review (i.e. work history and/or criminal history).

### SIGNATURE

This application must be signed (not printed) in ink BY THE APPLICANT.

### THE REQUIREMENTS

1. **AGE:** At least 18 years of age **AS OF THE INTERVIEW DATE.**
2. **EDUCATION:** A U.S. high school diploma or G.E.D. equivalent, which meets the current minimum requirements for a Florida High School Equivalency Certificate.
3. **PHYSICAL:** Firefighting and medical rescue work is physically demanding. Candidates must be in excellent health and have no conditions, which would restrict their ability to safely perform fire suppression and rescue work.
4. **LICENSE:** Possesses a valid driver's license issued under chapter 322 is required. Firefighter's driver's license, in accordance with Fire Department Guidelines, as a condition of employment.

## **THE SELECTION PROCESS STEPS**

The examination process consists of seven separate steps, in which you may be disqualified during any one step. They are usually given in the following order:

1. **The Fire Department/Skills Assessment:** This is a process that is conducted at Seminole State College FIR0323 Fire Department/Skills Assessment. Measure's a candidate's strength, endurance and agility. The test is graded and distributed to the Longwood Fire-Rescue Department. The results of the physical ability assessment are valid for up to one year.
2. **The Application Review:** A review of the application is conducted for all proper required information, certificates, and documentation.
3. **A BACKGROUND INVESTIGATION:** Is conducted to evaluate a candidate's honesty, respect for the law, and respect for the rights of others, employment record, financial responsibility, driving record, military record and mature judgment.
4. **The CVSA:** This is a voice stress analysis conducted by the Longwood Police Department. You will be given a Voice Stress Questionnaire that you will need to fill out completely and bring with you to this appointment.
5. **The Oral Board INTERVIEW:** Is a behavior-based review of a candidate's personal history. It is designed to evaluate practical problem solving ability, interpersonal relations, including teamwork, role adaptability and communications skills. The Board will determine a candidate's rank on the hiring list.
6. **The Fire Chief's Interview:** Is a one on one interview with the Chief of the Department.
7. **The MEDICAL EXAMINATION:** Is conducted by a City contracted physician, determines whether the candidate is medically qualified to perform the full range of Firefighter duties, with no conditions which would affect the candidate's ability to safely perform those duties, therefore, a drug and alcohol screening test will be required prior to reporting to shift.

**NOTES:**

1. As a covered entity under Title II of the Americans with Disabilities Act, the City of Longwood does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities.
2. Applications are accepted subject to review to ensure that minimum qualifications are met. Candidates may be disqualified at any time it is determined they do not possess the minimum qualifications stated on the application.
3. Names may be removed from the eligible list after one year unless the eligibility of candidates on the list is extended.