

FORT MYERS BEACH FIRE DISTRICT APPLICATION FOR EMPLOYMENT



SUBMIT FORM TO
APPLY@FMBFIREFL.GOV

(PLEASE PRINT CLEARLY)

DATE: _____ 20_____

YOU MUST FULLY COMPLETE THE APPLICATION AND SUBMIT ALL REQUIRED CERTIFICATIONS STATED IN THE APPLICATION PROCESS.

INCOMPLETE APPLICATIONS WILL BE REJECTED.

FILL IN ALL BLANKS.

NAME (Last)	(First)	(Middle)	Area Code and Telephone Number	
MAILING ADDRESS		City, State, Zip Code		Alternate Telephone (Cell)
E-MAIL ADDRESS		DRIVERS LICENSE NO.		EXPIRATION DATE
				STATE ISSUED
ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			HOW SOON CAN YOU BEGIN WORK?	
HOW DID YOU HEAR ABOUT THIS POSITION?			POSITION FOR WHICH YOU ARE APPLYING	

EDUCATION ATTACH CERTIFICATE OF HIGHEST DEGREE					
HIGH SCHOOL DIPLOMA/GED	NAME	LOCATION	YEAR GRADUATED OR ATTAINED GED		
COLLEGE	NAME	LOCATION	MAJOR	MAJOR	YR. GRAD.
GRADUATE SCHOOL	NAME	LOCATION	MAJOR	MAJOR	YR. GRAD.
VOCATIONAL SCHOOL	NAME	LOCATION	MAJOR	MAJOR	YR. GRAD.
OTHER SCHOOLING					

ATTACH CERTIFICATES(S) IF APPLICABLE

LIST ANY SPECIAL QUALIFICATIONS/CERTIFICATIONS:	Current Y?	N?	CERTIFICATE NUMBER
			CERTIFICATE NUMBER

LIST ANY RELEVANT VOLUNTEER EXPERIENCE AND/OR TRAINING:

EMPLOYMENT HISTORY

Name of Employer:					Job Title:		
Address:				City:		State:	Zip Code:
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:		To:	Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

Name of Employer:					Job Title:		
Address:				City:		State:	Zip Code:
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:		To:	Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

Name of Employer:					Job Title:		
Address:				City:		State:	Zip Code:
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:		To:	Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

Name of Employer:					Job Title:		
Address:				City:		State:	Zip Code:
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:		To:	Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

Name of Employer:					Job Title:		
Address:				City:		State:	Zip Code:
Telephone Number:			Name of Last Supervisor:				
Dates of Employment	From:		To:	Salary	Start:	End:	
Description of Duties Performed:							
Reason for Leaving:				May we contact this employer?		Yes	No

VETERANS' PREFERENCE

Check the appropriate block if you are claiming veterans' preference. **A DD214 or comparable document which serves as a certificate of release or discharge must be furnished at the time of application.**

- 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans' Administration and the Department of Defense, or
- 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. A veteran of any war who has served on active duty for 181 consecutive days or more, or who has served 180 consecutive days or more since January 31, 1955 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty for training, or
- 4. The un-remarried widow or widower of a veteran who died of a service-connected disability.

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Have you claimed and been employed using veterans' preference since October 1, 1987? Yes No

If "Yes" _____
Name of Employer

NOTE: Under Florida Law, preference in appointment shall be given by the state first to those persons included in 1 and 2 above, and second to those persons included in 3 and 4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Department of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

REFERENCES (3 REQUIRED) (Excluding Former Employer or Relatives)

Name and Occupation	Must have COMPLETE mailing address	Area Code and Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____