

CITY OF MILTON FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

NOTICE! This application must be printed legibly or **typewritten**. All questions must be answered. If a question is not applicable, mark N/A. Applications which are not legibly filled out completely will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach additional sheets of the same size as this application.

All applications must include the following items:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. A copy of current, valid driver's license 2. Copy of Birth Certificate 3. Copy of high school diploma or GED Certificate 4. Copy of Florida Certificate of Compliance | <ol style="list-style-type: none"> 5. Fingerprints in duplicate on an official applicant fingerprint card 6. A certified copy of your DD-214 (Release or discharge from active duty in military service) |
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1. PERSONAL HISTORY

Last Name	First Name	Middle Name
<p>List all names you have ever used including nicknames and maiden name, if applicable. List any surname other than your true name, and identify the period and under what circumstances the name(s) were used:</p> <p>1. _____ 2. _____</p> <p>Explain:</p>		
<p>Have you ever legally changed your name?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Place: _____ Court: _____</p>		
Address Number	Street	City
		State
		Zip Code
Social Security Number		Home Phone
Driver's License Number	State	Work Phone / Other
<p>Has your privilege to operate a motor vehicle ever been suspended or revoked?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain fully:</p>		
<input type="checkbox"/> Male <input type="checkbox"/> Female		Height
		Weight
Place of Birth, City / State		Date of Birth
Are you a Florida Resident? _____	Are you a citizen of the United States? _____	Have you been naturalized? _____ Date: _____
How Long?	How Long?	Certificate Number:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

4. REFERENCES

Give three (3) professional references, not relatives, who are responsible adults of reputable standing in their communities who are familiar with your job performance and have known you for five (5) years, and three (3) personal references, not relatives, who have known you socially during the past five (5) years.

Professional Reference

Name: _____ Occupation: _____

Address: _____ City: _____ Years Acquainted: _____

State: _____ Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____

Professional Reference

Name: _____ Occupation: _____

Address: _____ City: _____ Years Acquainted: _____

State: _____ Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____

Professional Reference

Name: _____ Occupation: _____

Address: _____ City: _____ Years Acquainted: _____

State: _____ Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____

Personal Reference

Name: _____ Occupation: _____

Address: _____ City: _____ Years Acquainted: _____

State: _____ Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____

Personal Reference

Name: _____ Occupation: _____

Address: _____ City: _____ Years Acquainted: _____

State: _____ Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____

Personal Reference

Name: _____ Occupation: _____

Address: _____ City: _____ Years Acquainted: _____

State: _____ Zip: _____ Home Phone: (____) _____ Work Phone: (____) _____

5. EMPLOYMENT HISTORY

List in reverse chronological order, all previous employers, including summer and part-time work:

Employer		Address (including Zip Code)		Phone Number (including area code)
Job Title		Supervisor's Name		Number of people you supervised
Date Employed (month/year)	Typical Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Date Separated (month/year)	Starting Salary	Ending Salary	Reason for leaving	
Employer		Address (including Zip Code)		Phone Number (including area code)
Job Title		Supervisor's Name		Number of people you supervised
Date Employed (month/year)	Typical Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Date Separated (month/year)	Starting Salary	Ending Salary	Reason for leaving	
Employer		Address (including Zip Code)		Phone Number (including area code)
Job Title		Supervisor's Name		Number of people you supervised
Date Employed (month/year)	Typical Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Date Separated (month/year)	Starting Salary	Ending Salary	Reason for leaving	
Employer		Address (including Zip Code)		Phone Number (including area code)
Job Title		Supervisor's Name		Number of people you supervised
Date Employed (month/year)	Typical Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Date Separated (month/year)	Starting Salary	Ending Salary	Reason for leaving	
Employer		Address (including Zip Code)		Phone Number (including area code)
Job Title		Supervisor's Name		Number of people you supervised
Date Employed (month/year)	Typical Duties		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Date Separated (month/year)	Starting Salary	Ending Salary	Reason for leaving	

Have you ever been dismissed or asked to resign from any employment position you have had? Yes No

If Yes, explain: _____

6. MILITARY RECORD

Have you ever served in the Armed Forces of the United States? YES NO

If YES, which branch of service? _____ Highest rank attained: _____

Date of enlistment: _____ Discharge Date: _____ Military Occupation: _____

Type of Discharge received: _____ Reserve Status: _____

Veteran's Preference Claimed? YES NO If YES, what is the basis for the claim? _____

Were you ever demoted in rank or issued any other official discipline while in the military service?

YES NO If YES, list all dates, nature of offense(s), type of court-martial or company punishment, whichever is applicable, and state the disposition of the charge(s). List any and all fines, restrictions, and confinement in detail:

Describe any job-related training you received while in the United States Military:

7. OTHER SKILLS & INTERESTS

List any skills and qualifications you have which may make you a more suitable candidate for this position.

8. COURT RECORD

A. Have you ever been arrested or charged with any violation, including traffic tickets? Do not include parking tickets. YES NO

Date	Place	Charge	Final Disposition	Details

B. Have you ever been a party to any civil, quasi-criminal, or chancery action in County, Circuit, or Chancery Court? YES NO

Date	Court	Parties Involved	Nature of Action	Final Disposition

9. APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all appointments are probationary for a period of six (6) months, during which time I must demonstrate my fitness for continued employment by the City of Milton Fire Department. I understand that, should I be offered a position, I must successfully pass a medical examination and drug screen. I also understand that, if employed by the City of Milton Fire Department, I will be required to abide by all rules, regulations, policies, and procedures of the employer.

Signature of applicant as usually written

Print Full Name

DATE