



## City of Port Richey Fire Department

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

### **General Information for Paid Applicants:**

- Must be at least 18 years of age.
- Must be in good physical health.
- Previous fire experience helpful but not required.
- All pages of application must be filled out and pages 6 & 7 notarized.
- Must have reliable transportation.
- Must have a current driver's license
- Current State of Florida Firefighter II
- State of Florida Paramedic or Emergency Medical Technician
- FEMA NIMS Compliant for Public Safety
- Valid BLS CPR Card

### **Requirements for a Volunteer or Support Applicants:**

- Must take 4 consecutive volunteer trainings in order to be processed.
- Must be involved in other fire department activities.
- Will be responsible for any equipment issued.
- Volunteers will serve six (6) month probation at the discretion of the Fire Chief.
- Volunteers will be compensated \$5.00 per call and or training with a maximum of \$50.00 per month.

### **All applicants applying for paid or volunteer positions must submit copies of the following documents with their application:**

- Any certificates or degrees
- Florida Driver's License
- Social Security Card
- High School Diploma or GED
- Any other documents pertaining to fire or medical training



# City of Port Richey Fire Department

## Employment / Volunteer Application

Position Applying For: Paid Position \_\_\_ Volunteer \_\_\_

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Own Home \_\_\_ Rent \_\_\_ Other \_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

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

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

US Citizen: Yes \_\_\_ No \_\_\_ Single \_\_\_ Married \_\_\_ Other \_\_\_

#of Dependents: \_\_\_\_\_ Related To Anyone Employed by The City: Yes \_\_\_ No \_\_\_

If Yes, Name of Person and Department They Work In: \_\_\_\_\_

Are You Currently Employed: Yes \_\_\_ No \_\_\_ May We Contact Them?: Yes \_\_\_ No \_\_\_

Have You Ever Applied for This Position Before? Yes \_\_\_ No \_\_\_ When: \_\_\_\_\_

### Education

Name & Address of the School	Education Type	Years Attended	Did You Graduate



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Check the types of vehicles you are qualified, through experience, to operate:

Passenger Car \_\_\_\_\_ Light Truck \_\_\_\_\_ Heavy Truck or Tractor \_\_\_\_\_ Other Type: \_\_\_\_\_

Description of your Automobile: \_\_\_\_\_

Model

Year

Color

Subjects of Special Study or Research: \_\_\_\_\_

Activities Other Than Religious: \_\_\_\_\_

## Employment History

List Current and Last Employers Below Starting with Most Recent:

Employers Name & Address	Duties & Responsibilities	Dates Employed	Reason for Leaving



# City of Port Richey Fire Department

## References

List the Names Of Three (3) Persons Below To Whom You Are Not Related and Have Known For At Least One (1) Year:

Name	Address	Business	Years Known

## Physical Condition

Do you have or have you ever had any of the following physical conditions, ailments or diseases? (Answer Yes or No): If Yes, give details as to Time, duration, treatment and Name of Doctor(s).

Tuberculosis	<input type="text"/>	Rheumatism of Gout	<input type="text"/>
Silicosis	<input type="text"/>	High Blood Pressure	<input type="text"/>
Asthma	<input type="text"/>	Rupture or Hernia	<input type="text"/>
Heart Trouble	<input type="text"/>	Back Trouble/Injury	<input type="text"/>
Varicose Veins	<input type="text"/>	Neck Trouble/Injury	<input type="text"/>
Arteriosclerosis	<input type="text"/>	Mental Troubles	<input type="text"/>
Lead Poisoning	<input type="text"/>	Osteomyelitis Epilepsy	<input type="text"/>
Diabetes	<input type="text"/>	Eye Trouble Hearing	<input type="text"/>
Allergies	<input type="text"/>	Defects Hemophilia	<input type="text"/>
Dermatitis	<input type="text"/>	(Bleeder)	<input type="text"/>
Wear Glasses	<input type="text"/>		
Venereal Disease	<input type="text"/>		

Condition/Illness:

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Name of Doctor(s) and Address:

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Have you ever had a jobrelated disease or injury? Yes \_\_\_ No \_\_\_

If Yes, Did you receive compensation? Yes \_\_\_ No \_\_\_ Medical Benefits? Yes \_\_\_ No \_\_\_

How Long? \_\_\_\_\_

Have you ever been in the Armed Forces? Yes \_\_\_ No \_\_\_ Branch: \_\_\_\_\_

Are you receiving Disability Benefits? Yes \_\_\_ No \_\_\_ Details: \_\_\_\_\_

Do you have any Physical Disability or Impairment? Yes \_\_\_ No \_\_\_ Details: \_\_\_\_\_

Have you ever been convicted of a Felony? Yes \_\_\_ No \_\_\_ **Details:** \_\_\_\_\_

Person To Be Contacted In Case Of Emergency:

Name	Address	Telephone#	Relationship

May All Listed Referenced Be Checked? Yes \_\_\_ No \_\_\_

If No, Please List: \_\_\_\_\_

These questions have been answered to the best of my ability. If employed, I realize false information may be grounds for my dismissal. I authorize inquires as to my character, reputation and ability, and release those supplying any information from all liability. If accepted for employment, I will comply with all rules and safety regulations of my employer and the department where assigned. I understand that all regular employment may require the taking of fingerprints or providing such other identification or certification as required by law.

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

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



City of Port Richey Fire Department

# Port Richey Fire Department

*State of Florida,  
County of Pasco*

I, \_\_\_\_\_, Do Hereby Affirm That I Am Not A User

Of Any Tobacco Products. As A Part Of My Employment With This Department, I Will Not Become A  
User Of Any Tobacco Products On Or Off The Job.

Under Penalty Of Perjury, I Declare That I Have Read The Foregoing Statement And I Will Comply  
With The Rule Set Forth By This Agency.

*Signed This* \_\_\_\_\_ *Day Of* \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
*Signature Of Applicant*

*Sworn To And Subscribed Before Me This* \_\_\_\_\_ *Day Of* \_\_\_\_\_

20\_\_ By \_\_\_\_\_

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

\_\_\_\_\_  
*Personally Known OR Produced Identification. Type Of Identification Produced* \_\_\_\_\_



City of Port Richey Fire Department

# Port Richey Fire Department

## Authorization For Release Of Information

The Undersigned Applicant/Employee Does Hereby Authorize The Release Of Any Information, Records, And Documents Relating To The Undersigned's:

- Employment History**-
- Medical History**-
- **Driving Record** -
- Criminal Record**-
- **Military Record** -
- Educational Record**-

This Document Authorizes All Records Custodians of the Above Mentioned Information To Furnish Full And Complete Reports And Information Pertaining To The Undersigned To The City Clerk Of The City Of Port Richey, Florida.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

### Affidavit

*State of Florida,*  
*County of Pasco*

Before Me Personally Appeared \_\_\_\_\_ Who

States That He/She Executed This Instrument of His/her Own Free Will And Accord.

Sworn To And Subscribed Before Me This \_\_\_\_\_ Day Of \_\_\_\_\_

20\_\_\_\_, By \_\_\_\_\_

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

\_\_\_\_\_ Personally Known OR \_\_\_\_\_ Produced Identification. Type Of Identification Produced \_\_\_\_\_