

City of Punta Gorda Volunteer Fire Department

APPLICATION PROCESS

Note to applicant: Please follow these steps, in order, so your application can be processed in an expedient manner.

1. Complete all applicable form fields beginning on page 3.
2. Print the application. Sign where requested, complete any remaining fields, and return it along with a copy of your driver's license and certification of your physical exam (exam not required for administrative volunteer position).
3. The City of Punta Gorda Human Resources Department will submit your information for a background check (including driving records). At that time, you will be notified of the amount due. Failure to remit payment will end the application process.
4. Upon receipt of the background check results, they will be reviewed by the Chief of the City of Punta Gorda Fire Department and the administration of the Punta Gorda Volunteer Fire Department. Should anything in the review be deemed prejudicial to your membership in the Department, your application will be returned to you and the application process will end. **The cost of the background check will not be refunded.**
5. You will be contacted for a convenient time for a drug screen. On the day of your drug screening you will report to the City of Punta Gorda Human Resources Department, 126 Harvey St. (City Hall Annex) 2nd fl to pick up your paperwork. Drug screens are performed at Quest Diagnostics, 2484 Caring Way, Port Charlotte, M-F, 0900-1000 and 1300-1430.
6. Should you fail the drug screen your application will be returned to you and the application process will end. **The cost of the drug screening will not be refunded.**
7. You will be contacted to attend a regular volunteer meeting (2nd and 4th Monday of the month at the Punta Gorda Fire Station #1, located at 1410 Tamiami Trail. At that volunteer meeting your application will be voted on for membership.

Thank you for your interest in volunteering.

City of Punta Gorda Volunteer Fire Department

APPLICATION CHECKLIST

- I. _____ Fill out all the information requested in the PGVFD Application packet to the best of your knowledge to help minimize the application processing time.
- II. _____ It is mandatory that a **physical examination** be administered by a certified Medical Doctor to ascertain that you are able to perform strenuous physical firefighting activities, and those activities will not jeopardize your health. The physical examination certificate must accompany the application packet. (Active Suppression Volunteers Only)
- III. _____ **The cost of the Background Screening/Driver's License check and drug screen are the responsibility of the applicant.** Background check and drug screen fees will be approximated for you at your interview.

The PGVFD is not responsible for the return of any monies expended should you fail to pass the physical examination, background check or drug screen. If you know beforehand you will not have a clean drug screen, do not submit the application packet.

Please print and sign your name attesting that you have read and understand the above.

Name: _____
(Print)

Signature: _____

Date: _____

City of Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

DEMOGRAPHIC INFORMATION

(Last Name) (First Name) (Middle Name) (Suffix)

(Address) (Suite/Apt/Bldg/Floor)

(City) (State) (Zip)

(Home phone) (Mobile phone)

(Email)

DOB: _____ SSN: _____

Marital status: Single _____ Height: _____
Married _____ Weight: _____
Divorced _____ Color hair: _____
Separated _____ Color eyes: _____

Emergency contact: _____ Relationship: _____
(Name)

(Address) (Phone)

Referred by: _____
(Name)

City of Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

EDUCATION HISTORY

COLLEGE:

NAME: _____

FROM: _____ TO: _____ MAJOR: _____

GRADUATE? Yes ___ No ___ DEGREE: _____

HIGH SCHOOL:

NAME: _____

FROM: _____ TO: _____ YEAR GRADUATED: _____

OTHER:

NAME: _____

FROM: _____ TO: _____ GRADUATE? Yes ___ No ___

COURSE OF STUDY: _____

EMPLOYMENT HISTORY (begin with present or most recent employer. Add additional sheets if necessary)

EMPLOYER NAME: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

POSITION HELD: _____ FROM _____ TO _____

EMPLOYER NAME: _____

ADDRESS: _____

SUPERVISOR: _____ PHONE: _____

POSITION HELD: _____ FROM _____ TO _____

City of Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

WERE YOU IN THE MILITARY? YES ____ NO ____

IF YES, FROM ____ TO ____ DISCHARGE RANK ____ RESERVES? YES ____ NO ____

MOS: _____

LIST ANY EMERGENCY SERVICE DEPARTMENTS (CAREER OR VOLUNTEER) YOU HAVE BEEN AFFILIATED WITH (begin with present or most recent. Add additional sheets if necessary)

DEPARTMENT NAME: _____

ADDRESS: _____

CHIEF/SUPERVISOR: _____ PHONE: _____

FROM ____ TO ____

DEPARTMENT NAME: _____

ADDRESS: _____

CHIEF/SUPERVISOR: _____ PHONE: _____

FROM ____ TO ____

DEPARTMENT NAME: _____

ADDRESS: _____

CHIEF/SUPERVISOR: _____ PHONE: _____

FROM ____ TO ____

DRIVING RECORD

DRIVER'S LICENSE# _____ STATE ____ EXP ____

HAVE YOUR DRIVING PRIVILEGES BEEN SUSPENDED? YES ____ NO ____

IF YES, FROM ____ TO ____ REASON: _____

HAVE YOUR DRIVING PRIVILEGES BEEN REVOKED? YES ____ NO ____

IF YES, FROM ____ TO ____ REASON: _____

NUMBER VIOLATIONS PAST THREE (3) YEARS _____

EXPLAIN VIOLATIONS: _____

City of Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

GENERAL QUESTIONS

HAVE YOU EVER BEEN CONVICTED OF, PLEADED "NO-CONTEST" OR GUILTY TO, A FELONY? YES ____ NO ____ IF YES, DESCRIBE _____

NOTE: A "YES" RESPONSE DOES NOT AUTOMATICALLY DISQUALIFY AN APPLICANT FROM MEMBERSHIP. ATTACH ADDITIONAL SHEETS IF YOU FEEL ADDITIONAL INFORMATION/COMMENTS WOULD BE HELPFUL.

LIST ANY SPECIAL TRAINING/SKILLS YOU HAVE _____

LIST ANY VEHICLES YOU ARE QUALIFIED TO OPERATE: _____

ARE YOU MULTI-LINGUAL? YES ____ NO ____ IF YES, LANGUAGE(S) _____

DO YOU KNOW SIGN LANGUAGE? YES ____ NO ____

REFERENCES

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES, NOT RELATED TO YOU

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

City of Punta Gorda Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

I authorize investigation of all statements contained in this application, including a check of my driving record.

I understand that misrepresentation or omission of facts called for in this application, in any attached supplement to this application, or my interview may result in my dismissal from the Department at any time.

I hereby acknowledge the first six (6) months of membership constitute a probationary period.

I agree to abide by all rules and regulations of the City of Punta Gorda Fire Department.

I agree to abide by all bylaws set forth by the Punta Gorda Volunteer Fire Department.

SIGNATURE

DATE

OFFICIAL USE ONLY

BACKGROUND CHECK COMPLETED _____

DRUG SCREEN COMPLETED _____

REFERENCES CHECKED _____

INTERVIEW DATE/TIME: _____

SCREENING COMMITTEE MEMBERS: _____

APPROVED / REJECTED

REASON:



CITY OF PUNTA GORDA

HUMAN RESOURCES
326 WEST MARION AVENUE
PUNTA GORDA, FL 33950
(941) 575-3308
FAX: (941) 575-3300
HumRes@CityofPuntaGordaFL.com

As required under the Fair Credit Reporting Act, this is to advise you that, in connection with your application for employment with the City of Punta Gorda, a consumer report regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be obtained with respect to you for employment purposes from a consumer reporting agency. **Should an investigative consumer report be requested, you have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.**

AUTHORIZATION FOR RELEASE OF CREDIT/PERSONAL BACKGROUND INFORMATION

I, the undersigned, hereby authorize any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide a consumer report and documentation of my current credit status to the City of Punta Gorda for employment purposes. I understand that should any adverse action be taken with respect to my application for employment on the basis of any investigative consumer report, the City of Punta Gorda will provide to me, either orally, in writing, or electronically, the name, address, and phone number of the consumer reporting agency. I further understand that the decision to take any such adverse action will not be made by the consumer reporting agency, and that should any such action be taken, the agency will not be able to provide me with the specific reasons why the action was taken. I also authorize the City of Punta Gorda to conduct a background check through access to law enforcement databases, including the National Criminal Information Center (NCIC) and Florida Criminal Information Center (FCIC).

Because this authorization is used for pre-employment purposes, I, the undersigned, also grant permission for criminal records (including felony and misdemeanor records), motor vehicle records, and employment records, including worker's compensation investigations, medical records, and education backgrounds to be released to the City of Punta Gorda.

I authorize this release of information solely for the purpose of obtaining employment with the City of Punta Gorda and may only be used within the context of this employment application. I understand that all information obtained by the City from this credit/personal background check will be held in confidence by the City of Punta Gorda. This information will not be released to any other persons or organizations without my express written permission to do so, unless otherwise specified or permitted by applicable ordinance, statute, or law.

Print Name: _____ Soc. Sec. # _____ Birth Date: _____

Present Address: _____ Apt. # _____

City: _____ State: _____ Zip Code (required) _____

Driver's License Number: _____ Driver's License State: _____

E-mail address: _____

Signature: _____ Date: _____

The City of Punta Gorda is a DFWP, EEO, ADA, and VP Employer

City of Punta Gorda Volunteer Fire Department

Tobacco Affidavit

I, _____, do hereby affirm that I have not used tobacco or tobacco products for at least one (1) year immediately preceding my application for membership in the Punta Gorda Volunteer Fire Department, in accordance with Section 633.34(6), Florida Statutes.

Under penalty of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true. I further understand that if accepted, I must remain tobacco-free for the duration of that membership.

Applicant Signature _____

Date _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, ____ by

(AFFIANT)

Personally known _____

Produce Identification _____

Type of ID produced _____

[SEAL]

SIGNATURE OF NOTARY