



**South Trail Fire Protection and
Rescue Service District**
5531 Halifax Avenue, Fort Myers, Florida 33912
Office (239) 433-0080

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, national origin, ancestry, disability, sexual orientation, marital status, gender, age or any other legally protected status pursuant to federal, state and local law or ordinance.

(Please Print)

Position Applied For: _____

Date of Application: _____

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone #	Alternate Phone #
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Date of Birth	Social Security #	Drivers License #
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- | | | | |
|-----|---|-----|----|
| (1) | Have you ever applied for work with us before? | Yes | No |
| (2) | Are you a U.S. Citizen | Yes | No |
| (3) | Are you currently employed? | Yes | No |
| (4) | May we contact your current Employer? | Yes | No |
| (5) | Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? | Yes | No |
| (6) | Have you ever been convicted of a felony or misdemeanor, or pled nolo contendere to any charge of a felony or misdemeanor within the past seven years?
If yes, please explain below: | Yes | No |
- _____
- _____

(Such criminal record may not necessarily disqualify an applicant from employment)

*South Trail Fire Protection & Rescue Service District
is an Equal Opportunity Employer and a Drug Free Workplace.*

EDUCATION

	School Name	Course of Study	Years Completed	Degree Awarded
High School City & State				
Undergraduate College City & State				
Graduate College City & State				

List any foreign languages you are able to speak, read or write: _____

Describe any specialized training or skills that you have, related to the position you are applying for:

EMPLOYMENT HISTORY

Work history for the past 7 years, starting with your present or last job. Include any job-related military service or volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, ancestry, age, disability, sexual orientation or other protected status. Attach additional sheet if necessary.

Employer: _____

Address: _____

Telephone: _____

Job Title: _____ Supervisor: _____

Dates of Employment: _____ through _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Telephone: _____

Job Title: _____ Supervisor: _____

Dates of Employment: _____ through _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____
 Address: _____
 Telephone: _____
 Job Title: _____ Supervisor: _____
 Dates of Employment: _____ through _____
 Work Performed: _____
 Reason for Leaving: _____

Please list information if
 any gap in employment: _____

PERSONAL REFERENCES

Name: _____ Relationship: _____ Phone #: _____
 Address: _____

Name: _____ Relationship: _____ Phone #: _____
 Address: _____

Name: _____ Relationship: _____ Phone #: _____
 Address: _____

RECEIPT OF JOB DESCRIPTON

Together with this employment application, you have been given a job description for the position you are applying for. Are you capable of performing, in a reasonable manner, with or without reasonable accommodation, the activities involved in the job for which you have applied? Yes No

VETERAN'S PREFERENCE

Are you claiming you are entitled to veteran's preference in your application for employment with this agency? Yes No

APPLICANT'S STATEMENT

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

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

This application for employment may be considered active for a time-period of twelve months.


If employed, I understand that I will be required to serve and successfully complete a probationary period. For 40-hour workweek employees the probationary period is one year. I understand that during this probationary period, I am designated as an "at will employee", which means the Employer may discharge me at any time, with or without cause.

In the event I am employed, I understand that false or misleading information given on my application or in my interviews may result in my discharge. I also understand that I am required to abide by all rules and regulations of the Employer.

Should I be conditionally offered a position, I understand that I will be required to undergo a medical examination and pre-employment drug testing conducted by the District's physician. I authorize that physician to release to the District information that may affect my ability to accomplish the activities of the position for which I am being considered.

Signature of Applicant

Date

SOUTH TRAIL FIRE RESCUE		ADMINISTRATIVE POLICY
Tobacco & Tobacco-Like Products		
Original Date Effective: 01/01/2022	Revised/Updated Date:	

PURPOSE

Compliance with Florida Statute 633.412 (6) & Florida Administrative Code 69A-62.024.

SCOPE

This policy shall be followed by all District personnel.

POLICY

Any use, or possession of, tobacco, or tobacco-like products, by any District personnel is expressly prohibited while on-duty.

All District personnel, and visitors, will adhere to Florida Statute 633.412 (6) and Florida Administrative Code 69A-62-024.

According to Florida State Statute 633.412 (6), a firefighter must, *“be a nonuser of tobacco or tobacco products for at least 1 year immediately preceding application, as evidenced by the sworn affidavit of the applicant.”*

According to Florida Regulation 69A-62.024 (6), *“a firefighter employer shall designate firefighter employee places of employment as tobacco free. Tobacco use shall be prohibited at all firefighter employee places of employment. This prohibition includes any building or area owned, operated, occupied, or used by a fire department on a routine basis and includes all types of tobacco and tobacco-like products, including smoked and smoke-less tobacco, other smokeable products, and electronic cigarettes.”*

All District personnel are prohibited from using any tobacco or tobacco-like products, as referenced in the Florida Statute and/or Administrative Code, as referenced above, on any District-owned, operated, or used property, facility, building, or vehicle.

Use of tobacco, or tobacco-like products, as referenced above, is expressly prohibited at any response scene (emergent or non-emergent), District function(s), or Public Education Event(s).

All District personnel are informed of this policy through signage posted at District facilities, and documented orientation to the policy provided by supervisors.

Any violation of this policy shall constitute just-cause for progressive discipline up to and including termination of employment.

I, _____, have received, reviewed, and understand this District Policy.

_____ Applicant Signature

_____ Date

_____ Name (print)



South Trail Fire Protection & Rescue Service District

USE OF TOBACCO & TOBACCO-LIKE PRODUCTS AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application for employment as required by Florida State Statute 633.412.

Whereas; Florida Regulation 69A-62.024 (6) states that the *“firefighter employer shall designate firefighter employee places of employment as tobacco free. Tobacco use shall be prohibited at all firefighter employee places of employment. This prohibition includes any building or area owned, operated, occupied, or used by a fire department on a routine basis and includes all types of tobacco and tobacco-like products, including smoked and smoke-less tobacco, other smokeable products, and electronic cigarettes.”*

Therefore; I, _____, do hereby affirm that I will comply with the portion of 69A-62.024 (6), as stated above, during the entire duration of my employment with the South Trail Fire Protection & Rescue Service District.

I declare that I have read and understand the foregoing affidavit, and that the facts stated in it are true. I understand that any substantiated violation of F.S. 633.412 and/or the portion of Florida Regulation 69A-62, cited above, shall constitute just cause for progressive discipline up to and including the possible termination of my employment from the South Trail Fire Protection & Rescue Service District.

DATED and SIGNED this _____ day of _____, 20_____.

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

By _____ (name), who is personally known to me or who has produced _____ (type of identification) as identification.

(NOTARY SEAL)

Notary Public

Print Name: _____

My Commission Expires: _____

NOTE: This document must be completed, signed, notarized and submitted with the employment application.