

Umatilla Fire Department Application

P. O. Box 2286
Umatilla, Florida 32784-2286
(352) 669 – 1711

The City of Umatilla is an equal opportunity employer and will consider all applicants without regard to race, color, creed, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran in accordance to federal law. Applicants requiring accommodation in accordance to the Americans with Disabilities Act are asked to notify City Hall at the number listed above. Applications received by the City of Umatilla will be valid for a period of ninety (90) days. If you wish to be considered for a position after that period, another application must be submitted.

GENERAL INFORMATION

Position Applied for: _____ Date: ____/____/____

Date you can begin work ____/____/____

Do you have relatives employed by the City of Umatilla? Yes ____ No ____ If yes, give name, relationship and department they in which are currently employed _____

Have you ever worked for the City of Umatilla? Yes ____ No ____

If yes, give employment date(s) _____

Employing Department(s) _____ Position(s) _____

Do you have a current valid Florida driver's license? Yes ____ No ____

Driver's license No. _____ Type: Non-Commercial ____ CDL ____ Class ____

List endorsements _____ Expiration Date ____/____/____

PERSONAL and CONTACT INFORMATION

Full Name _____
(Last) (First) (Middle)

Other Name(s) you are known by: _____

What do you like to be called? _____

Home Phone: (____) _____ - _____ Cellular Phone: (____) _____ - _____

Current Address: _____
(Physical)

(City) (County) (State) (Zip)

Mailing Address: _____

If different from above

(City) (County) (State) (Zip)

In case of emergency notify _____
(Name) (Relationship) (Phone Number)

PERSONAL INFORMATION CONTINUED

1. Are you able to perform the essential functions of the position applied for with or without a reasonable accommodation? Yes _____ No _____
2. Have you ever been arrested, convicted, plead no contest, or had adjudication withheld for a crime, excluding minor traffic violations? Yes _____ No _____
3. Have you ever been a defendant in a civil action for an intentional tort (i.e., assault, battery, false imprisonment) Yes _____ No _____
4. Are you currently wanted or a fugitive in any state or jurisdiction? Yes _____ No _____

If you have answered yes to questions 3 or 4 the answer(s) will not automatically prevent you from obtaining employment with the City. Your response will be considered by the City together with other hiring factors. If you have answered yes to 3 and 4, please provide details regarding the type of crime and/or nature of the tort, the date of the disposition, the penalty or penalties imposed and the final disposition of the legal proceeding.

EDUCATION/TRAINING

Certification	Date Received		Certification	Date Received
Firefighter 1			First Responder	
Firefighter 2			EMT	
Fire Officer 1			Paramedic	
Fire Officer 2		other→		
Engineer		other→		
EVOC		other→		

Other relevant education or training:

Are you currently a member of a Fire or EMS Organization? Yes No

If yes please list: _____

How many years have you been a member of the organization listed above: _____

Please list positions you have held: _____

EMPLOYMENT HISTORY

This section must be completed in full. Please list your employment history for the last ten (10) years. Note any periods you were not employed and state the reason why.

Employer (present or most recent)	Street Address , City, State, Zip
	Phone:
Job Title:	Supervisor Name:
Duties:	From (Mo./Yr.) To (Mo./Yr.)
	Rate of Pay: Start: Final:
	Reason for Leaving
Employer (previous)	Street Address , City, State, Zip
	Phone:
Job Title:	Supervisor Name:
Duties:	From (Mo./Yr.) To (Mo./Yr.)
	Rate of Pay: Start: Final:
	Reason for Leaving
Employer (previous)	Street, Address , City, State, Zip
	Phone:
Job Title:	Supervisor Name:
Duties:	From (Mo./Yr.) To (Mo./Yr.)
	Rate of Pay: Start: Final:
	Reason for Leaving
Employer (previous)	Street, Address , City, State, Zip
	Phone:
Job Title:	Supervisor Name:
Duties:	From (Mo./Yr.) To (Mo./Yr.)
	Rate of Pay: Start: Final:
	Reason for Leaving

May we contact the employers listed above? Yes No. If not, please indicate by name which employer(s) you do not wish us to contact and why.

DRIVING RECORD

Have you had a suspension or revocation of your license in the last three (3) years? Yes ___ No ___

How many speeding or other moving violations have you received in the last three (3) years? _____

List all traffic violations (except parking) on your record for the last three (3) years and all motor vehicle accidents in which you have been involved:

Date/Location of Citation	Description	Result

CHARACTER REFERENCES

List three (3) persons familiar with your technical ability and work performance excluding relatives. We will assume we have your permission to contact these individuals unless you indicate to the contrary.

Name	Address (City, State, Zip)	Phone Number

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

The City of Umatilla’s staff is authorized to verify any or all of the information contained herein. With my signature below, I hereby authorize the release of all information related to my application for employment/volunteer service, including, but not limited to, education and employment history.

A false answer to any question in this application may be grounds for non-selection, or for termination after you begin work. All statements are subject to investigation, including a check of your training and experience statement. All information you supplied will be considered in the reviewing of your application. Your application is subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume, if included, are true. I understand that any misstatement, misrepresentation, material omissions or falsification of facts shall cause forfeiture of all rights to employment/volunteer service with the City of Umatilla. I understand that should I receive a conditional offer of employment/volunteer, the following test may be required as a condition of employment/volunteer service with the City of Umatilla: drug screen, medical questionnaire, medical examination, employment background check, education background check, certification verification, worker’s compensation background check, motor vehicle records check, criminal history check, and a physical demonstration of job related skills.

If accepted for employment/volunteer service, I agree to abide by and comply with all rules, regulations, policies and practices of the City of Umatilla. I understand that my employment with the City is at-will; that I have the right to terminate my employment at any time with or without cause, and the City of Umatilla has the same right. I understand as a volunteer, I have no job status and no right to employment. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the polices and practices of the City of Umatilla.

Applicant’s Signature

Date

REQUEST FOR ACCESS TO INCIDENT PAGING SYSTEM

AGENCY: UMATILLA FIRE DEPARTMENT

NAME: _____ **TITLE:** _____

The above named individual needs access to the Incident Paging System for the following reasons:

- First Line Responder to medical/fire incidents
- Operations Supervisory/Management staff
- Other: _____

ACKNOWLEDGEMENT STATEMENT:

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. In applying for access to the LEMS Incident Paging System, I understand that the information that I receive may contain incidental Personal Health Information (PHI) which is protected under Federal Law. I understand that in the course of normal business it is necessary for LEMS to release such information to facilitate accurate and timely responses to incidents and that such information is for the sole use of the intended recipient. I understand that PHI is personal and sensitive information related to a person's healthcare and that my receipt of such information is being done in accordance with Federal Law under circumstances that do not require patient authorization. When included as a part of an alpha page, it is being sent to me to facilitate and accurate and timely response to a medical/fire incident. As such, I understand that I am obligated to maintain it in a safe, secure, and confidential manner. I understand that further dissemination of such information is not permitted under any circumstance, and may subject me to penalties as described in federal and state law. I agree that at such time as I no longer need access to the paging system in the performance of my duties as part of the Emergency Response System, I will notify LEMS in writing to ensure that I am removed from the list.

Signature

Date

Printed/Typed Name

Pager #

APPROVAL:

Agency Rep

Date

LEMS Rep

Date