



Fort Myers Fire Department

Package Submittal Information

Required Forms/Documents **MUST** be submitted with online Application:

1. Personal Inquiry Waiver
2. Residency Agreement
3. Tobacco and Substance Abuse Affidavit (Notarized)
4. Resume
5. Applicants must provide a letter explaining why you want to be a firefighter for the City of Fort Myers Fire Department
6. Copy of State of Florida Firefighter Certification (Firefighter II Certification)
7. Copies of Florida EMT and/or Paramedic certifications, if certified
8. Proof of successful completion of a physical ability test within the last twelve (12) months.
9. All applicants must provide the names and contact information from (3) three reputable citizens as references; one personal and two professional references. These references must have known the applicant for a minimum of five (5) years and are not a relative or a former employer.
10. Qualified applicants selected to proceed in the recruitment process will be notified of the date and time for the written exam. After the written exam is administered, selected applicants will be notified of the date and time of their interview.

Please be sure to have your application and **ALL required forms/documents submitted through NeoGov online application process by 11:59 p.m. on Monday, November 12, 2018.**

Questions:

239-321-7313 Fax 239-344-5986
E-mail: hrrecruiters@cityftmyers.com



Fort Myers Fire Department

PERSONAL INQUIRY WAIVER

Applicant's Name: _____

Date of Birth: _____

Social Security Number: _____

I respectfully request and authorize you to furnish the City of Fort Myers Fire Department any and all information that you may have concerning my work record, school record, driving record, military record, and criminal background check. This information is to be used to assist the City of Fort Myers Fire Department in determining my qualifications and fitness for the position I am seeking with the City of Fort Myers Fire Department.

I hereby release you, your organization, or others, from any liability or damage, which may result from furnishing the information requested above. I execute this document of my own free will and accord with full knowledge of the purpose thereof.

Signature of Applicant

Date

Printed Name of Applicant



Fort Myers Fire Department

RESIDENCY AGREEMENT

As of January 20, 2015, fire department employees shall reside within Lee, Collier, Charlotte or Hendry counties within six (6) months after receiving regular status.

My signature is acknowledgement that I have read and agree to this provision as a condition of my employment.

Signature of Applicant

Date

Printed Name of Applicant



Fort Myers Fire Department

TOBACCO AND SUBSTANCE ABUSE AFFIDAVIT

I agree that I will not smoke, or use any form of tobacco or tobacco-like products, including smoked and smoke-less tobacco, other smokeable products, and electronic cigarettes either on or off the job, during employment in the fire service of the City of Fort Myers, Florida. I understand to do so could compromise my physical ability as a Firefighter, and create a negative impact on the Firefighters' Pension Plan. I do hereby affirm that I have not been a user of tobacco or tobacco-like products, including smoked and smoke-less tobacco, other smokeable products, and electronic cigarettes products for at least one (1) year immediately preceding my application as a Firefighter with the City of Fort Myers Fire Department. Additionally, I hereby affirm that I am not addicted to the use of intoxicating beverages, or using any substances or inhalants, illegal or "street drugs", pharmaceuticals or any other substance that may be abused in order to obtain an alteration in the Central Nervous System.

In regard to a violation of any of the above rules, I understand that this agreement / constitutes a term and condition of employment, and that for any violation of the same, I can be terminated from the fire service, and from employment with the City of Fort Myers Fire Department, Florida.

Signature of Applicant

Date

Printed Name of Applicant

State of Florida
County of Lee

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this ____ day of _____, 2018.

DL# _____

Notary Public _____

(SEAL)

My Commission Expires: _____



Fort Myers Fire Department

IMPORTANT INFORMATION REGARDING COLLECTION OF YOUR SOCIAL SECURITY NUMBER

Please be advised that Florida State Statute regulates the collection and use of your social security number as defined in Chapter 119. This serves as written notification to the collection and purpose thereof:

The City of Fort Myers Fire Department has requested your social security number for the specific purpose and for no other purpose as listed below:

- To process and report wages pursuant to the Social Security Administration
- To report income pursuant to the Federal Department of Internal Revenue Service
- To initiate and process applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting Act
- For drug testing and medical evaluation
- Identification to process your employment benefits

Signature of Applicant

Date

Printed Name of Applicant



Fort Myers Fire Department

2018 Florida Statutes

Chapter 633

633.412 Firefighters; qualifications for certification.—A person applying for certification as a firefighter must:

- (1) Be a high school graduate or the equivalent, as the term may be determined by the division, and at least 18 years of age.
- (2) Not have been convicted of a misdemeanor relating to the certification or to perjury or false statements, or a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States or of any state thereof or under the law of any other country, or dishonorably discharged from any of the Armed Forces of the United States. “Convicted” means a finding of guilt or the acceptance of a plea of guilty or nolo contendere, in any federal or state court or a court in any other country, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of the case.
- (3) Submit a set of fingerprints to the division with a current processing fee. The fingerprints will be forwarded to the Department of Law Enforcement for state processing and forwarded by the Department of Law Enforcement to the Federal Bureau of Investigation for national processing.
- (4) Have a good moral character as determined by investigation under procedure established by the division.
- (5) Be in good physical condition as determined by a medical examination given by a physician, surgeon, or physician assistant licensed to practice in the state pursuant to chapter 458; an osteopathic physician, surgeon, or physician assistant licensed to practice in the state pursuant to chapter 459; or an advanced practice registered nurse licensed to practice in the state pursuant to chapter 464. Such examination may include, but need not be limited to, the National Fire Protection Association Standard 1582. A medical examination evidencing good physical condition shall be submitted to the division, on a form as provided by rule, before an individual is eligible for admission into a course under s. 633.408.
- (6) 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.