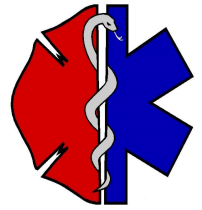




MIDWAY FIRE DISTRICT

1322 College Pkwy
Gulf Breeze, FL 32563
P 850-932-4771 • F 850-934-1333



APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Emergency Contact Name _____ Emergency Contact Phone _____

If offered a position, are you able to provide proof you are legally eligible to work in the U.S.? Yes No

Do you have a valid Florida Drivers License? Yes No

Have you ever worked or attended school under another name? Yes No

If yes, under what name? _____

Have you ever been formerly convicted of a crime? Yes* No

If yes, give details, including dates:

*A "yes" answer will not automatically disqualify you from employment. MFD will consider the nature and date of the offense and the job for which you are applying for job related purposes only, and only to the extent permitted by applicable law.

Position Applying For: _____ Date Available: _____

EMPLOYMENT HISTORY

List your current and previous employment, beginning with the most recent. Attach supplement if necessary.

Date From	Date To	Name	Salary	Position	Reason for Leaving

EDUCATION

List the details for any education that applies.

	Name	Graduated?	Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATIONS

List the date acquired for any certificate that applies.

Certificate	Date Acquired	Certificate	Date Acquired	Certificate	Date Acquired
FL Certificate of Compliance		PALS		NAEMD	
FL EMT		ACLS		NAEFD	
FL EMTP		BTLS		USLA	
EVOG – 16 hours		CPR		Other:	

PROFESSIONAL REFERENCES

Business	Name of Reference	Working Relationship	Phone Number

ALL APPLICANTS FOR EMPLOYMENT: PLEASE READ CAREFULLY BEFORE SIGNING BELOW

EMPLOYMENT REFERENCE RELEASE

_____initial

I acknowledge that I have been informed that it is Midway Fire District's (MFD) general policy to disclose in response to a prospective employer's request only the following information about current or former employees: (1) dates of employment, (2) descriptions of the jobs performed and (3) salary or wage rates.

By signing this release, I am voluntarily requesting that any above listed employment references respond to requests from MFD, a prospective employer that may be considering me for employment. I authorize any above listed employment reference to disclose to MFD any employment related information that, in its sole discretion and judgment, it may decide is appropriate to disclose. This may include any personal comments, evaluations, or assessments that company personnel may have about my previous performance or behavior as an employee.

I agree to release and discharge any above listed employment references and their successors, employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to its disclosure of employment related information to prospective employers. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I state that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney and other individuals of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between Midway Fire District and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

TOBACCO STATEMENT

_____initial

I acknowledge that tobacco use of any kind (e.g., smoking, chewing, dipping, etc.) is prohibited for me whether I am on or off duty, for so long as I am an employee of the Midway Fire District.

I agree that I will not use tobacco on or off duty for so long as I am an employee of the Midway Fire District. I further agree that if I do use tobacco while so employed, whether the use is on or off duty, I may be subject to disciplinary action up to and including termination of employment.

AUTHORIZATION AND ACKNOWLEDGEMENTS

My signature below certifies that the facts contained in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal. Furthermore, my signature below indicates that I have read and understood the above releases.

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____