



AN EQUAL OPPORTUNITY EMPLOYER

Firefighter Application Packet

Level II Post – Interview Questionnaire



Job Requisition #: _____

Date: _____

Please type or print in black ink. Complete all items. Incomplete or unsigned applications will not be processed. Avoid abbreviations if possible.

ORANGE COUNTY DRUG FREE WORKPLACE STATEMENT

Orange County is a drug free workplace, and as such is committed to providing an environment that encourages and supports a healthy productive workforce, and ensures safe working conditions.

Satisfactory completion of a pre-employment drug test is a mandatory condition of employment with the County. A positively confirmed drug test or the refusal to submit to a drug test will result in the conditional offer of employment being withdrawn, and will render the applicant ineligible for County employment for forty eight (48) calendar months from the date of the positive drug test or refusal.

SECTION I – PERSONAL DATA

Name _____, _____ - _____ - _____
Last First M. I. Social Security Number

Address _____
(Number & Street, City, State, Zip Code)

County _____ E-mail Address _____
E-mail is Business Home Other

Telephone No. Home (____) _____ Cellular (____) _____ Business (____) _____

SECTION II – CERTIFICATION

1. Yes No Firefighter Certification? Issued by _____
Number _____ Issue Date _____ Expiration Date _____ State _____

2. Yes No EMT/Paramedic Certification? Issued by _____
Number _____ Issue Date _____ Expiration Date _____ State _____

3. Yes No Have you ever had a State or County Emergency Medical Technician (EMT), Paramedic, or Firefighter certification suspended, revoked, or terminated?

If yes, explain in detail including dates:

4. Yes No Have you ever been the subject of an investigation regarding one of your certifications **OR for any reason as a firefighter?**

If yes, explain in detail including dates:

Last Name: _____ First Name _____ Job Req. #: _____

SECTION III – EDUCATIONAL BACKGROUND

List last High School attended and College (if any).

1. High School (Name & address) _____

Diploma _____ yes _____ no From _____ To _____

2. College (Name & address) _____

Degree _____ yes _____ no From _____ To _____

Type _____

Credits _____ number obtained to date

SECTION IV – VOLUNTEER RELATED ACTIVITIES

List all fire related volunteer activities past and present, i.e. Fire Auxiliary. Please list consecutively.

1. Organization (Name & address) _____

Position/Title _____ From _____ To _____

Supervisor Name _____ Phone # _____

Average hours per work _____

2. Organization (Name & address) _____

Position/Title _____ From _____ To _____

Supervisor Name _____ Phone # _____

Average hours per work _____

SECTION V – MOTOR VEHICLE DRIVER LICENSE

If you have been licensed to drive in the State of Florida less than five (5) years, or not at all, **list ALL other states or countries you have been permitted/licensed to drive in for the last five years.**

1. Yes No Do you have a valid Florida driver license?

2. Yes No Have you ever had another state or country driver license?

3. State or Country _____ License # _____

Class/Endorsements _____

4. State or Country _____ License # _____

Class/Endorsements _____

Last Name: _____ First Name _____ Job Req. #: _____

SECTION VI – REFERENCES

Determination of good moral character is a pre-employment requirement that must be met prior to initial employment as a firefighter in compliance with Florida Statutes 633.34(4). Please furnish a minimum of three (3) references, five (5) is preferred. **DO NOT LIST relatives or previous employers, and references can not be related to each other.**

Current or past neighbors can be used as references, as long as they are not part of the minimum (3) references. References must have known you at least (1) year and must possess sufficient information concerning your suitability for employment sought and employment in general. **Give complete addresses, zip code, & telephone number with area code.**

1. Name _____
Occupation _____ How long known? _____
Home address _____
Number & Street City State Zip
Business address _____
Number & Street City State Zip
Telephone No. Home (____) _____ Business (____) _____

2. Name _____
Occupation _____ How long known? _____
Home address _____
Number & Street City State Zip
Business address _____
Number & Street City State Zip
Telephone No. Home (____) _____ Business (____) _____

3. Name _____
Occupation _____ How long known? _____
Home address _____
Number & Street City State Zip
Business address _____
Number & Street City State Zip
Telephone No. Home (____) _____ Business (____) _____

4. Name _____
Occupation _____ How long known? _____
Home address _____
Number & Street City State Zip
Business address _____
Number & Street City State Zip
Telephone No. Home (____) _____ Business (____) _____

Last Name: _____ First Name _____ Job Req. #: _____

5. Name _____

Occupation _____ How long known? _____

Home address _____
Number & Street City State Zip

Business address _____
Number & Street City State Zip

Telephone No. Home (____) _____ Business (____) _____

SECTION VII – RESIDENCES

List chronologically **ALL** your residences for the **past TEN (10) years**. Start with your **current** residence.

1. Own Rent From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

If renting, name lease is under _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Landlord's Name and/or name of Apt. Complex _____

Landlord's Address _____
Number & Street City State Zip

Landlord's Telephone No. Home (____) _____ Business (____) _____

2. Own Rent From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

If renting, name lease is under _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Landlord's Name and/or name of Apt. Complex _____

Landlord's Address _____
Number & Street City State Zip

Landlord's Telephone No. Home (____) _____ Business (____) _____

3. Own Rent From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

If renting, name lease is under _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Landlord's Name and/or name of Apt. Complex _____

Landlord's Address _____
Number & Street City State Zip

Landlord's Telephone No. Home (____) _____ Business (____) _____

Last Name: _____ First Name _____ Job Req. #: _____

4. Own Rent From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

If renting, name lease is under _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Landlord's Name and/or name of Apt. Complex _____

Landlord's Address _____
Number & Street City State Zip

Landlord's Telephone No. Home (____) _____ Business (____) _____

5. Own Rent From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

If renting, name lease is under _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Landlord's Name and/or name of Apt. Complex _____

Landlord's Address _____
Number & Street City State Zip

Landlord's Telephone No. Home (____) _____ Business (____) _____

6. Own Rent From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

If renting, name lease is under _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Landlord's Name and/or name of Apt. Complex _____

Landlord's Address _____
Number & Street City State Zip

Landlord's Telephone No. Home (____) _____ Business (____) _____

7. Own Rent From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

If renting, name lease is under _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Landlord's Name and/or name of Apt. Complex _____

Landlord's Address _____
Number & Street City State Zip

Landlord's Telephone No. Home (____) _____ Business (____) _____

Last Name: _____ First Name _____ Job Req. #: _____

8. Own Rent From (Month/Year): _____ / _____ To (Month/Year): _____ / _____

If renting, name lease is under _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Landlord's Name and/or name of Apt. Complex _____

Landlord's Address _____
Number & Street City State Zip

Landlord's Telephone No. Home (____) _____ Business (____) _____

SECTION VIII – EMPLOYMENT HISTORY

1. Yes No Have you ever been previously employed by Orange County Government?
2. Yes No If previously employed by Orange County Government, did you leave while an administrative disciplinary investigation was underway, or a violation of the code of conduct, work habits and/or disciplinary action was pending?

If yes, explain completely:

3. Yes No Have you ever been fired or involuntarily terminated from employment or asked to resign from any employment?

If yes, explain in detail.

4. Yes No Have you ever resigned or left your previous employment while the subject of an investigation prior to a decision regarding the investigation was made or delivered to you?

If yes, explain in detail.

5. Yes No Have you ever resigned your employment for personal reasons?

If yes, explain in detail.

6. Yes No Have you ever been the subject of an investigation by any employer?

If yes, explain in detail.

Last Name: _____ First Name _____ Job Req. #: _____

7. Yes No Have you ever been disciplined by any employer(s)?

If yes, list each discipline, employer and dates.

8. Yes No Have you ever been the subject of a letter of complaint?

If yes, explain in detail.

9. Yes No Have you missed work/school due to intoxication?

If yes, explain in detail.

10. Yes No Have you consumed alcohol while at work?

If yes, explain in detail.

SECTION IX – CRIMINAL HISTORY & BACKGROUND INVESTIGATION

1. Yes No Have you ever been arrested?

If yes, give offense, date, county, state, territory or country and provide details regarding the arrest.

2. Yes No Have you ever been convicted of a crime, pled nolo contendere (no contest), or had the sentence withheld for a crime, including arrestable traffic offenses (e.g. driving under the influence, reckless driving, driving with a suspended driver license, etc.)?

If yes, give offense, date, county, state, territory or country and sentence for each conviction (for purpose of this section and/or question, a plea of guilty or “no contest” shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended).

3. Yes No Are you currently on probation following any criminal conviction?

If yes, explain in detail, including dates and locations.

Last Name: _____ First Name _____ Job Req. #: _____

4. Yes No Do you have any pending criminal or disciplinary proceedings?

If yes, explain in detail, including law enforcement agency and court involved dates and locations.

5. Yes No Have you ever been a defendant in a civil action for an intentional tort (Intentional Tort – a wrong perpetrated by one who intends to do that which the law has declared wrong. e.g. battery or defamation)?

If yes, explain fully the nature of the intentional tort(s) and the disposition of the action.

6. Yes No Have you ever been the subject of a civil injunction, such as Domestic Violence?

If yes, explain in detail.

7. Yes No Have you ever been refused a surety bond (i.e. contractor, security guard, or entrepreneurship) or refused for employment that required bonding?

If yes, explain in detail.

8. Yes No Have you ever committed any unlawful fire or arson?

If yes, explain in detail.

9. Yes No Have you ever used any drugs that were not prescribed to you?

If yes, when was the last time _____ If yes, what prescription (s) _____

Explain in detail.

10. Yes No Have you ever used illegal drugs?

If yes, when was the last time _____ If yes, what drugs were used _____

Explain in detail.

Last Name: _____ First Name _____ Job Req. #: _____

11. Yes No Have you ever sold illegal drugs?

If yes, when was the last time _____ If yes, what drugs were sold _____

Explain in detail.

12. Yes No Have you ever used any tobacco product?

If yes, when was the last time _____

If yes, explain in detail

13. Yes No Do you have any tattoos?

If yes, explain in detail the tattoo(s) and location of tattoo(s)

SECTION X – U.S. MILITARY RECORD

ORANGE COUNTY SELECTIVE SERVICE EMPLOYMENT POLICY

Males seeking employment with Orange County, who are required to register with the Selective Service System under the Military Selective Service Act, and have received a conditional offer of employment must submit documentation of registration with the Selective Service System (or an exception from registration) before the employment offer is finalized.

Yes No Have you ever served or trained in the U.S. Armed Forces?

If yes, please complete the remaining portion of Military Record Section II, items 1 thru 8.

Note: If you have had any military service you must submit a copy of all DD 214's (copy number 4) for time served in military service

1. Branch of Service _____ Highest Rank _____ Pay Grade _____

Dates of Active Military Service - Entry _____ Separation _____

2. Yes No Have you ever been a defendant in a military Court Martial, Office Hours, Captain's Mast or Article 15, Uniform Code of Military Justice (UCMJ) while in the military or received any other disciplinary action?

If yes, list each discipline, dates, and outcome in detail:

3. Yes No Have you ever held a military clearance?

If yes, provide level of clearance:

Last Name: _____ First Name _____ Job Req. #: _____

4. Yes No Have you ever been denied or had a security clearance revoked?

If yes, explain completely:

5. Check type of discharge: Honorable General Under Honorable Dishonorable Other

Please explain if Dishonorable or Other is selected:

6. Yes No Are you presently a member of the U.S. Military Reserve or National Guard?

If yes, complete the following: Active Inactive Branch of Service _____

Rank _____ Pay Grade _____ Date of Entry _____ Separation Date _____

Unit or Organization _____

Address _____
Number and Street City State Zip Code

Military Specialization and Duties _____

7. Yes No Are you claiming Veteran's Preference?

8. Yes No Have you been hired using Veteran's Preference since 10-01-87?

If yes, give the name of the employer: _____.

Last Name: _____ First Name _____ Job Req. #: _____

Standard Form 180 (Rev. 07/2015) (Page 1)
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Previous edition unusable

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REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
--	----------------------	------------------	-------------------

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE						
b. RESERVE						
c. STATE NATIONAL GUARD						

6. IS THIS PERSON DECEASED? NO YES - *MUST provide Date of Death if veteran is deceased:* _____

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? NO YES

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

DD Form 214 or equivalent. Year(s) in which form(s) issued to veteran: _____
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.
An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box: I want a DELETED copy.

Medical Records Includes Service Treatment Records, Health (outpatient) and Dental Records. *IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:* _____

Other (Specify): _____

2. PURPOSE: (Providing information about the purpose of the request is strictly voluntary; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

Benefits (explain) Employment VA Loan Programs Medical Genealogy Correction Personal Other (explain)

Explain here: _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER NAME: _____

2. I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above. I am the VETERAN'S LEGAL GUARDIAN (*MUST submit copy of Court Appointment*) or AUTHORIZED REPRESENTATIVE (*MUST submit copy of Authorization Letter or Power of Attorney*)

I am the DECEASED VETERAN'S NEXT-OF-KIN (*MUST submit Proof of Death. See item 2a on instruction sheet.*) OTHER

(Relationship to deceased veteran) _____
(Specify type of Other)

3. SEND INFORMATION/DOCUMENTS TO: (Please print or type. See item 4 on accompanying instructions.)

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

* This form is available at <http://www.archives.gov/veterans-military-service-records/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. *

Signature Required - Do not print _____ Date _____

() _____ () _____
Daytime phone _____ Fax Number _____

Email address _____

Last Name: _____ First Name _____ Job Req. #: _____

Certification of Information*

I _____, certify that the information contained in this questionnaire is correct to the best of my knowledge, and understand that falsification of this post-interview questionnaire form in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Orange County Personnel Policy. I hereby authorize investigation of all statements/information I have provided herein. I authorize the companies or persons named herein to give any information regarding my history, together with any information they may have regarding me, whether or not it is on their records. Further, if relevant to the position/work being sought, I authorize a check of my driver license record. I hereby release said companies or persons, and Orange County Government, its officials and employees, from all liability for any damage, whatsoever, for issuing or obtaining this information. I understand that if I am selected for employment I will be required to undergo a physical examination, including urinalysis. In the event I am employed by Orange County Government, I agree to comply with all its policies, rules and regulations.

Date _____

Applicant's Signature _____

DOB _____

SS# _____

* Pursuant to the Florida Public Records Law, all documents (except medical records) made or received by Orange County Government in the course of processing your application are public records and shall be open for inspection by the public.

Last Name: _____ First Name _____ Job Req. #: _____

ORANGE COUNTY GOVERNMENT - CRIMINAL HISTORY CHECK

Note: Please print all of the requested information **in black ink**.

Name: _____
(Last) (First) (Middle)

Please list all other names you have used (maiden, alias, nick-name):

1. _____ 2. _____

Current Address: _____

Social Security No: _____ Driver License No: _____

State of Issue: _____ Date of Birth: _____ Place of Birth: _____

<u>Race:</u>	<u>Gender:</u>	<u>Height:</u>	<u>Weight:</u>
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Male	____' ____"	_____ lbs.
<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Female		
<input type="checkbox"/> Black			
<input type="checkbox"/> White			
<input type="checkbox"/> Unknown			

(FDLE Standard – Indicate Hispanic persons as white or black based on skin color)

Color of Hair: _____ Color of Eyes: _____

For Government Use Only (Office of the Professional Standards)

Criminal History: YES NO Checked by: _____ Date: _____

Checked By: OCS OPD KPD Osceola County SO Seminole County SO Other: _____

FOR ORANGE COUNTY CORRECTIONS US ONLY

POSITIVE RESPONSE: "YES"

NEGATIVE RESPONSE: "NO"

F.C.I.C _____ CHECKED BY: _____ DATE: _____

N.C.I.C _____ CHECKED BY: _____ DATE: _____

Criminal History: YES NO Checked by: _____ Date: _____

Checked By: OCS OPD KPD Osceola County SO Seminole County SO Other: _____

Driver's License Valid: YES NO Driver's License Type: _____

Driver's License Expiration Date: _____ Driver's License Checked by: _____ Date: _____

This form is covered under Section 119.07(3) (i) 1., F.S. (1998 Supp) for release of information

Last Name: _____ First Name _____ Job Req. #: _____

RELEASE OF INFORMATION WAIVER
(Please read this carefully and sign in the presence of the Notary)

I respectfully request and hereby authorize you to furnish Orange County Government, the Human Resources Division, or its designee, any and all information/records that you may have concerning me. This includes but is not limited to my complete work history, education, military service, reputation, personal background, civil records, criminal conviction(s), driver license information/driving history, as well as credit history, if applicable. Please include any and all reports including all information of a confidential or privileged nature, and copies of same, if requested. I further authorize companies or persons to give any information regarding my history; together with any information they may have regarding me, whether or not it is on their records. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with Orange County Government.

This form may be used for the duration of my processing and does not expire. A photographic or faxed copy of this form shall be as valid as the original.

Print Name: _____ Social Security #: _____

Signature: _____
Applicant will sign in ink on this line in the presence of a Notary Public.

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____

Personally Known Produced Identification

Type of ID: _____

Last Name: _____ First Name _____ Job Req. #: _____

ORANGE COUNTY, FLORIDA (the “Company”)

**APPLICANT AND/OR EMPLOYEE’S AUTHORIZATION TO OBTAIN A
FCRA CONSUMER REPORT**

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

Please Read Carefully Before Signing

I authorize the Company to conduct a background check which may include a criminal check, a credit check and a Department of Motor Vehicle Report, drug testing, licensing, educational, academic credentials, federal and/or state sexual offender and predator registries, and other background information, contained in a consumer report, which I authorize the Company to obtain from a consumer reporting agency (including an insurance company running a MVR report) at any time prior to, or during my employment when there is a business need (e.g., consideration for retention, reassignment or promotion). If I am given an offer of employment then after that offer is made, if required for my position, I hereby authorize the Company to also obtain a consumer report containing medical information about me from a consumer reporting agency to be used for employment purposes. I understand that this report is subject to the federal Fair Credit Reporting Act (“FCRA”).

_____ **Date**

_____ **Signature**

Print Name (first, middle, last): _____

Last Name: _____ First Name _____ Job Req. #: _____

ORANGE COUNTY, FLORIDA (the “Company”)

**APPLICANT AND/OR EMPLOYEE’S AUTHORIZATION TO OBTAIN
INVESTIGATIVE CONSUMER REPORT**

AUTHORIZATION TO OBTAIN INVESTIGATIVE CONSUMER REPORTS

PLEASE READ CAREFULLY BEFORE SIGNING

I authorize the Company to conduct an investigative consumer report (e.g. reference checks) on me for employment purposes, either prior to or during my employment, including information as to my character, general reputation, personal characteristics and mode of living, employment history (including job performance, experience, work habits and reason for termination), from a consumer reporting agency. I recognize that, if required under the Fair and Accurate Credit Transactions Act, this report will also cover all workplace investigations that occur based on my conduct during my employment. I understand that this report is subject to the federal Fair Credit Reporting Act (“FCRA”).

_____ *Date* _____ *Signature*

Print Name (first, middle, last): _____

Last Name: _____ First Name _____ Job Req. #: _____

**DEPARTMENT OF INSURANCE AND TREASURER
DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING**

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 application date and continuing to the date of employment, 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.

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Personally Known Produced Identification

Type of ID: _____

Last Name: _____ First Name _____ Job Req. #: _____

**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
PERSONAL INQUIRY WAIVER**

(Please read this carefully and sign in the presence of the Notary)

Last Name _____

First Name _____

Date of Birth _____ Social Security Number _____

I respectfully request and hereby authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter or fire safety inspector in the State of Florida.

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Personally Known Produced Identification

Type of ID: _____

Last Name: _____ First Name _____ Job Req. #: _____

Release and Applicant Information Form
Please Print Clearly All Requested Information

Requestor Information:

Your Division: Orange County Fire Rescue **Contact Person:** _____

Contact Phone: _____ **Contact Fax:** 407-836-9045

Applicant/Subject Information:

Name: _____ **Employee ID #** _____
(Please Print Clearly All Requested Information)

Current Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Sex: _____ **Date of Birth:** _____ / _____ / _____
MM DD YYYY

Drivers License Number: _____ **State:** _____

Work Email: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to Orange County Government obtaining such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Applicant's Signature: _____ **Date:** _____

**FIREFIGHTER APPLICATION
(COVER SHEET & PACKET CHECKLIST)**

Place a checkmark next to each item you have included with your application. All notarized documents must be originals. Please submit this form as the cover of your application packet. **An incomplete or unsigned application and/or forms will not be processed.**

Applicant Check Box		For Office Use
	Firefighter Application (Sections I - IX)	pages 1- 9
	Request Pertaining to Military Records	page 9 - 12
	Certification of Information	page 13
	Criminal History Check Form	page 14
	Release of Information Waiver	page 15
	Written Notice and Authorization to Obtain a Consumer Report	page 16 & 17
	Tobacco Products Affidavit	page 18
	Personal Inquiry Waiver	page 19
	Release and Applicant information Form	page 20
	Firefighter Application Packet Checklist	page 21
A copy of the following documents are required as part of the Firefighter application. Failure to furnish copies of the listed documents may disqualify applicant from the hiring process.		
	Driver License – Front & Back	
	Social Security Card	
	Birth Certificate or Birth Registration or INS card	
	High School Diploma or GED	
	College Degree (if applicable)	
	Military Form DD-214 (copy #4, if applicable)	
	Minimum Standards Certificate – State of Florida Certified Firefighter only (required)/ Non-Cert (if applicable)	
	EMT Certificate – State of Florida Certified Firefighter (required) / Non-Cert (if applicable)	
	Paramedic Certificate – State of Florida Certified Firefighter (if applicable) / Non-Cert (if applicable)	
	ACLS/BLS Certification (CPR card), if applicable	