



City of Margate, Florida

FIREFIGHTER/PARAMEDIC APPLICATION

To apply for employment with the City of Margate, provide the following documents to the Human Resources Department, 5790 Margate Boulevard, Margate, FL 33063.

- 1. A completed City Employment Application. (attached)**
- 2. A legible copy of Birth Certificate.**
- 3. A legible copy of High School Diploma or Equivalency Certificate.**
- 4. A legible copy of valid State of Florida Driver License.**
- 5. A legible copy of Social Security Card.**
- 6. A legible copy of State of Florida Firefighter Certificate of Compliance.**
- 7. A legible copy of Paramedic Certification**
- 8. A legible copy of EVOC Certification.**
- 9. A legible copy of Physical Ability Certification.**
- 10. A legible copy of CPR Certification**
- 11. If applicable, a copy of Military separation papers, DD-214**

**NOTE: YOU MUST A STATE OF FLORIDA CERTIFIED
FIREFIGHTER/PARAMEDIC TO APPLY FOR THIS POSITION.**

CITY OF MARGATE
Department of Human Resources
5790 Margate Boulevard
Margate, Florida 33063
(954) 972-6454

APPLICANT: Use a pen to complete each section fully. If the information requested in a section does not apply to you, write "N/A". Use an extra sheet paper to provide additional information when appropriate.

TODAY'S DATE: _____ POSITION FOR WHICH YOU APPLYING: _____

PRINT YOUR NAME _____ HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

HOME ADDRESS (CITY/STATE/ZIP CODE) _____

HOW LONG HAVE YOU LIVED AT THAT ADDRESS? _____ HOW LONG HAVE YOU LIVED IN THE BROWARD COUNTY AREA? _____

E-mail Address: _____

Education

DO YOU POSSESS A HIGH SCHOOL DIPLOMA? _____ DO YOU POSSESS EQUIVALENT CERTIFICATION SUCH AS A GED OR OTHER CERTIFICATE? _____

**Vocational &
Technical
Education**

NAME OF SCHOOL/AGENCY LOCATION OF SCHOOL/AGENCY DATES ATTENDED COURSEWORK OR AREA OF STUDY CERTIFICATION EARNED _____

**College
Education**

NAME OF COLLEGE OR UNIVERSITY DATES ATTENDED MAJOR/MINOR & SUPPLEMENTAL STUDIES DEGREE EARNED _____

**Military
Experience**

NOTE: VETERAN'S PREFERENCE SHALL BE AWARDED IN ACCORDANCE WITH FLORIDA STATUTE 295.

BRANCH: _____ ENLISTMENT PERIOD: _____ TYPE OF DISCHARGE _____

PRIMARY RESPONSIBILITIES: _____

NOTE: YOUR APPLICATION SHALL BE REJECTED IF YOU WERE NOT DISCHARGED UNDER HONORABLE CONDITIONS.

Skills

LIST ALL JOBS SKILLS, ABILITIES, QUALIFICATIONS, AND VOLUNTEER EXPERIENCE

**Criminal
History**

HAVE YOU EVER BEEN CONVICTED OF A CRIME EXCLUDING MISDEMEANORS AND/OR SUMMARY OFFENSES? _____

IF YES, PROVIDE THE DETAILS FOR ALL SUCH INSTANCES. _____

EMPLOYMENT RECORD: Beginning with your present or most recent employment, describe ALL periods of employment including self-employment, unemployed periods and military service. Your adult employment MUST be complete. Use an additional sheet if necessary. The City of Margate appreciates the reasons why you might prefer that your current employer not know about this application. Be advised that the City generally does not contact any employer until the latter stages of our hiring process.

Employment History

Name of Current or most recent employer _____	Phone: _____
Address (Street, City, State, Zip Code) _____	
Start Date and ending Date (approximate) _____	Title _____
Job Duties _____ _____	
List Reason you left the employer _____	

Name of Current or most recent employer _____	Phone: _____
Address (Street, City, State, Zip Code) _____	
Start Date and ending Date (approximate) _____	Title _____
Job Duties _____ _____	
List Reason you left the employer _____	

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List Reason you left the employer _____	

Name of Current or most recent employer _____ Phone: _____

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

Start Date and ending Date (approximate) _____ Title _____

Job Duties _____

List Reason you left the employer _____

Name of Current or most recent employer _____ Phone: _____

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

Start Date and ending Date (approximate) _____ Title _____

Job Duties _____

List Reason you left the employer _____

Name of Current or most recent employer _____ Phone: _____

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

Start Date and ending Date (approximate) _____ Title _____

Job Duties _____

List Reason you left the employer _____

Remember you must be able to provide the following upon request by the Human Resources Department.

1. A legible copy of high school diploma or equivalency certificate
2. A legible copy of your Social Security card.
3. A legible copy of your Drivers License
4. If applicable, a copy of your DD-214 military separation papers.

Remember to review your application to make sure that all sections are completed fully. All information you provide is subject to investigation. If you misrepresent any information you provide, that misrepresentation shall be grounds for immediate termination of employment.

CERTIFICATION: I certify that all statements and information that I have provided in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

SIGNATURE

DATE SIGNED

Dear Applicant:

Thank you for your interest in employment with the City of Margate.

The position that you are seeking requires the employee to drive a city-owned vehicle to perform the essential functions of the job. Please provide information as requested below.

Do you have a valid State of Florida Driver's License? _____

If yes, what is your driver's license number: _____

Do you have a valid driver's license from a location other than Florida? _____

Has your driver's license ever been suspended or revoked? _____

If applicable, list the **month, year and reason** for each suspension or revocation.

How many moving violation (tickets) have you received in the past five years? _____

List the month and year of each accident for which you received a ticket for causing.

Your Name (Please Print):

Your Signature:

Date

**CITY OF MARGATE
WAIVER OF CONFIDENTIAL RECORDS**

By my signature below, I authorize any federal, state, county, or municipal governmental agency, any municipal corporation or political subdivision of this state, or any other state agency, department, or division thereof, or any other public or private agency, person, firm, or corporation holding records concerning, that are considered confidential, to supply such information to the City of Margate.

By my signature below, I acknowledge that PRIOR to making a conditional offer of employment to me, the City of Margate may request information which may include, but not be limited to, a history of my educational records, a history of my vocational and/or training records, criminal history, any documentation of previous or current on-the-job performance records or history, any reason, excluding any reason based on a medical condition or disability, for termination of any previous employment, any reason, excluding for discharge from military service, or any other personal information that is not medical, health, or disability related in nature which may not otherwise be obtained without prior agreement.

By my signature below, I acknowledge that SUBSEQUENT to making a conditional offer of employment to me, the City of Margate may request not only the information stated above, but also any information of what-so-ever nature regarding both my past or current job related or non-job related medical/health condition(s) or disability(ies).

By my signature below, I acknowledge that any such information received by the City of Margate shall become public record pursuant to Chapter 119 of the Florida Statutes.

Name (Please Print):

Your Signature:

Date

**CITY OF MARGATE
HUMAN RESOURCES DEPARTMENT
EMPLOYMENT APPLICANT SURVEY**

The sole purpose of this survey is to provide information for EEOC or Affirmative Action statistical compilation.

Complete this at your option. Failure to complete this section will **not** affect your consideration for employment with the City of Margate

GENDER INFORMATION

FEMALE

MALE

RACE INFORMATION

WHITE

BLACK OR AFRICAN AMERICAN

HISPANIC OR LATINO

ASIAN

AMERICAN INDIAN OR ALASKA NATIVE

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

TWO OR MORE RACES

**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 my application for certification as a firefighter, in accordance with Section 633.34(6), Florida Statutes.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Dated and signed this _____ day of _____ 20____.

Signature of Applicant

Sworn to and subscribed before me.

Notary Public

(Seal)

My Commission Expires:

CITY OF MARGATE

By my signature below, I certify that I am not addicted to alcohol or any controlled substance; and that I am free from any physical or mental defect or disease that might impair my ability to drive an ambulance; pursuant to Chapter 401, F.S., and 64E-2, F.A.C.

Print Name

Signature

Date

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this date _____.

Signature of Notary

My commission expires _____

(seal)

- Personally know or
- produced identification
- type of identification produced: