



Name & Membership Eligibility

Name (Last, First, Middle)	Social Security Number
Do you have a legal right to be employed in the United States?	Are you over the age of 18?

Address and Contact Information

Present Address		
Previous Address		
Phone Number (Best number to reach you)	Alternate Phone Number	Email Address

Applicant Information (Must submit a copy of your Florida Driver's License and 7 year Driving Record with application)

Driver License # and State of Issue	Are you applying for Firefighting / EMS or Support Services Membership
Have you passed the Florida Emergency Medical Technician Or Paramedic Exam? If so, please provide License #.	Have you passed the Florida Exam for Firefighter I or II?

Education and Skills (Please furnish us with a copy of all your certificates, licenses & diplomas)

Type of School	Name and City	Did you Graduate	Course or Major
College			
Fire Academy			
EMT or Paramedic Program			
High School			

Check One Box Only

Firefighter / EMS Physical Requirements

Do you understand that you must be physically able to perform as a firefighter and that the capabilities may include, but are not limited to: walking, standing, bending, hearing, reaching and lifting a minimum of 50 pounds?
If the answer us "No", please explain

Support Service Physical Requirements

Do you understand that you must be physically able to perform as a support service member and that the capabilities may include, but are not limited to: walking, standing, bending, hearing, reaching and lifting a minimum of 10 pounds?
If the answer us "No", please explain

All firefighting / EMS applicants are required to participate in Station Duty: One (1) Weekday 12 hour shift per week AND one (1) weekend 24 hour shift every fifth week.

Please indicate your desired Weekday Shift

Day	Monday	Tuesday	Wednesday	Thursday	Friday
7am- 7pm					
7pm -7am					



Background

Have you ever been convicted of a Misdemeanor or a Felony? <i>(Answering "Yes" does not preclude you from consideration for membership-answering untruthfully does)</i> If the answer is "YES" please explain.
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Employment History

Current Employer			
Company Name	Start Date	End Date	Position Held
Phone Number		Duties / Responsibilities	
Name of Supervisor		Can you leave work to attend Fire / EMS calls?	
Previous Employers for past 10 years (Add separate sheet)			
Company Name	Start Date	End Date	Position Held
Phone Number		Duties / Responsibilities	
Name of Supervisor		Reason for leaving	

Military Service

Did you serve in the Military?	Branch	Rank	Date of Discharge	Type of Discharge
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References

Name	Year Known	Relationship
Home or Cell Phone		

Name	Year Known	Relationship
Home or Cell Phone		

Applicant Must Read and Sign

I hereby give permission to contact the references listed above, to conduct a complete background check and I understand that I will be required to take a drug screening test and to provide a physicians letter attesting to my fitness to be a firefighter prior to any acceptance on the fire department. This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

For Town Official Use

Reviewed by	Name	Date	Action	Comments
Town of Malabar Admin.				
Fire Chief				