



Melbourne Beach Volunteer Fire Department

SUPPLEMENTAL FIREFIGHTER APPLICATION PACKAGE

APPLICANT INFORMATION

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

Other Names: _____
(Including nicknames or any other names you have been known by)

Date of Birth: ____/____/____
(Month) (Day) (Year)

SOCIAL MEDIA DISCLOSURE

Please check all platforms you currently use:

Facebook X (Twitter) Instagram Snapchat
 Nextdoor YouTube Other: _____

MILITARY SERVICE

Are you a U.S. Armed Forces Veteran?

Yes No

- Branch of Service: _____
- Rank: _____
- Type of Discharge: _____

Are you claiming Veterans' Preference per Florida Statute 295.07?

Yes No

(If yes, attach FDVA Form VP-1 and DD-214.)



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TOBACCO USE DISCLOSURE

Have you ever used tobacco products? Yes No

If so, when was the last time you used a tobacco product? _____

Note: Tobacco products include combustibles (cigarettes, cigars, hookahs), smokeless tobacco products (snuff, dip, snus), and electronic nicotine delivery systems (vapes & e-cigarettes)

EMPLOYMENT DISCIPLINE HISTORY

Have you ever been subject to disciplinary action in any employment?

Yes No

Have you ever been subject to disciplinary action in a fire/EMS agency?

Yes No

Have you ever lied on an application?

Yes No

Have you ever been terminated or forced to resign?

Yes No

Have you ever stolen from an employer?

Yes No

Have you ever falsified reports?

Yes No

(If yes to any, provide details on a separate sheet.)



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LEGAL HISTORY

Have you ever:

1. Been arrested, detained, investigated, or taken into custody?

Yes No

If yes, how many times? _____ (Explain on separate sheet)

2. Been reported as a missing person or runaway?

Yes No

3. Been involved in a civil court case (plaintiff or defendant)?

Yes No

4. Used any controlled substances without a prescription?

Yes No

(If yes to any, provide details on a separate sheet.)

DRIVING & TRAFFIC HISTORY

1. Do you have any driver's license restrictions or need accommodations?

No Yes _____

2. Have you ever been refused a driver's license?

Yes No

3. Have you received traffic citations (excluding parking) in the past 5 years?

Yes No *(If yes, provide details on a separate sheet.)*

4. Have you been involved in any auto accidents?

Yes No If yes, how many? _____

5. Were you found at fault in any accident?

Yes No



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PHYSICAL ABILITY & JOB REQUIREMENTS

Are you able to perform essential job functions in accordance with NFPA 1582, including:

- Strenuous firefighting and rescue operations
- Lifting/carrying heavy equipment
- Climbing, crawling, confined space work
- Operating in extreme/hazardous environments
- Sustained physical exertion under emergency conditions

Yes Yes, with accommodation: _____ No

Are you able to perform duties consistent with NFPA 1010 (Firefighter II)?

Yes Yes, with accommodation: _____ No

Are you willing to complete a Candidate Physical Ability Test (or equivalent) if required?

Yes Yes, with accommodation: _____ No

Are you willing to work 24/48 or 48/96 shifts?

Yes No

Are you willing to work overtime/call-back if required?

Yes No

Are you willing to work during declared emergencies (hurricanes)?

Yes No

Are you willing to submit to a polygraph examination if required as part of the hiring process?

Yes No

Are you willing to complete written fire / EMS testing if required as part of the hiring process?

Yes No



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CERTIFICATIONS & QUALIFICATIONS

Florida Emergency Medical Certification

EMT Paramedic Other: _____

Florida Fire Certification

Firefighter I Firefighter II Other: _____

Florida Fire Officer Certification

FO I FO II FO III FO IV Other: _____

Florida Fire Instructor Certification

Instructor I Instructor II Instructor III

Florida Fire Inspector Certification

Inspector I Inspector II Inspector III

Additional Certifications (Check all that apply)

- VFIS Emergency Vehicle Driver Training (EVDT)
 - Florida Boating Safety Education ID Card
 - ICS 100 ICS 200 ICS 300 ICS 400 ICS 700 ICS 800
 - Pump Operator Hazmat Operations Hazmat Technician
 - Safety Officer
 - Other _____
-

(Please provide copies of any certificates checked above)



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FIRE SERVICE EXPERIENCE

Years of Volunteer Experience: _____ Years of Career Experience: _____

Highest Rank Held: _____

Describe your progressive fire service experience (include leadership roles):

Describe experience working with or supervising volunteer personnel:

Why do you want to be a career firefighter with this department?:



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REQUESTED DOCUMENTS LIST

The following should be brought with you and turned in at your scheduled interview:

- A copy of your current driver's license
- A copy of one of the following
 - High school diploma
 - GED or Certificate of high school equivalency
 - College or University diploma.
- If you were in the military:
 - A copy of your DD214 Long Form
 - A copy of any awards or decorations you received.
- Copies of any other certificates, state licenses, awards, recognitions, etc.



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The Melbourne Beach Volunteer Fire Department is authorized to verify any and/or all the information contained in any application forms submitted to the Town of Melbourne Beach. I understand that, in submitting this application for employment, I agree to abide by the following terms and conditions:

I hereby certify that all statements made in this application are true and I agree and understand that any omission, falsification, misstatement, or misrepresentation may disqualify me as an applicant with the Melbourne Beach Vol. Fire Dept. All statements made by me on this application are true, correct, and complete, to the best of my knowledge. I understand failure to answer truthfully any question on this application will result in disqualification from the program.

I hereby release the Town of Melbourne Beach and the Melbourne Beach Volunteer Fire Department from any liability for access to my criminal history and motor vehicle records, including, but not limited to arrests, warrants, convictions, and disposition of charges. I understand that these matters are confidential and I give my full release and agreement to the Town of Melbourne Beach to use my information to determine my eligibility for employment with the Melbourne Beach Volunteer Fire Department.

I understand that all statements are subject to a complete background investigation, including a check of my training and experience statements. All information I give will be considered in reviewing my application.

My acceptance may be contingent upon the results of a complete drug test. I may be required to take drug tests during the term of my appointment as an employee of the Melbourne Beach Volunteer Fire Department.

I authorize all persons and organizations referenced in this application to furnish the Melbourne Beach Volunteer Fire Department information, personal or otherwise, regarding my ability and fitness for employment. I relieve all such parties, including the Melbourne Beach Vol. Fire Dept. from any and all liability for any damage that may result from furnishing such information to the Melbourne Beach Vol. Fire Dept.

If accepted for employment, I agree to abide by and comply with all rules, regulations, policies and procedures of the Melbourne Beach Volunteer Fire Department. I understand that Florida is an "at-will" employment state, and employers can terminate employees at any time, with or without cause. I understand and acknowledge that all information I receive or that comes to my knowledge while working with the Fire Department will be treated as confidential and not discussed with anyone. A violation of this trust will result in termination from the Melbourne Beach Volunteer Fire Department. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the rules, regulations, policies and procedures of the Melbourne Beach Volunteer Fire Department.

I SWEAR OR AFFIRM THE ABOVE INFORMATION AND CONTENTS OF THIS APPLICATION ARE TRUE AND CORRECT.

(Signature of Applicant)

SWORN TO AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY THIS

____ DAY OF _____, _____ BY _____
(Month) (Year) (Applicant Printed Name)

WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED THE FOLLOWING IDENTIFICATION: _____

(Signature of Notary Public, State of Florida at Large)

Notary Printed Name: _____ Commission Number: _____