



FIREFIGHTER APPLICATION CHECKLIST

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR CONSIDERATION

ATTACH A COPY OF THE FOLLOWING REQUIRED DOCUMENTS WITH YOUR APPLICATION

- Proof of highest level of completed education (high school diploma, G.E.D., or college degree or transcripts showing degree completion date) and any additional certifications
- Current valid Florida State Firefighter Certificate of Compliance issued from the Bureau of Fire Standards & Training
- Current valid State of Florida Paramedic Certification
- Valid state of Florida Driver's License
- Birth Certificate
- Social Security Card
- Release of Information Affidavit
- Basic Life Support (BLS) provider card
- Advanced Cardiovascular Life Support (ACLS) card
- NIMS IS-100 Certificate
- NIMS IS-700 Certificate
- Notarized Use of Tobacco Affidavit AND Release of Information Affidavit
- Emergency Vehicle Operator Course (EVOC) certificate of completion required at time of application

List your **PAST TEN (10) YEARS OF EMPLOYMENT** and any other jobs relevant to the position(s) for which you are applying, complete with addresses and telephone numbers for all employers. List your specific job duties for each job on the application. **(DO NOT WRITE "SEE RESUME.")**

If you are currently employed, under the "Reason for Leaving" section of that job, list your reason for seeking new position.

HUMAN RESOURCES DEPARTMENT DOES NOT PROVIDE NOTARY SERVICES

WHAT HAPPENS TO MY APPLICATION AFTER IT IS SUBMITTED TO NEOGOV?

You will receive a notice by email letting you know that we have received your application. Be sure to check your email and your NEOGOV account for information regarding the status of your application. It is important that your application show all the relevant education and experience you possess. Applications may be rejected if incomplete.

IMPORTANT NOTICES

Any falsification of information on this application shall be sufficient cause for rejection or dismissal from employment.

As part of our commitment to a Drug and Alcohol Free Workplace, if you are selected for employment with the City, you may be required to submit to a pre-employment drug/alcohol test. Your refusal to take the test or failure to pass the test will disqualify you from further consideration for employment.

Under the Americans with Disabilities Act (ADA), the City is required to reasonably accommodate qualified individuals with a disability. The requirement applies to the application process, any pre-employment test, interviews and actual employment (but only if the City knows that an accommodation is needed). If you are disabled and require an accommodation, you may request it at any time by contacting the City of Sunrise Human Resources Department at (954) 838-4522. Because some types of accommodations may require preparation, we suggest that you make any requests as early as possible.

EQUAL OPPORTUNITY EMPLOYER DFWP, M/F/D/V, EOE

City of Sunrise Human Resources Department

10770 West Oakland Park Boulevard, Sunrise, Florida 33351

PHONE: (954) 838-4522 · TDD (Telecommunications Device for the Deaf): (954) 572-2338

Email: HR@sunrisefl.gov

www.sunrisefl.gov

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

APPLICANT'S NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

I respectfully request and 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 photocopies 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
(Signature MUST be notarized)

State of Florida
County of _____

The foregoing instrument was acknowledged by me this _____ day of _____, _____, by
_____ who:
(Name of person acknowledged)

___ is personally known to me, OR
___ has provided _____
as identification

AND WHO:
___ did take an oath
___ did not take an oath

Signature of person taking acknowledgement

Name of acknowledger typed, printed or stamped

**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
(Name of Applicant)
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 _____, _____.

Signature of Applicant
(Signature MUST be notarized)

State of Florida
County of _____

The foregoing instrument was acknowledged by me this _____ day of _____, _____, by
_____ who:
(Name of person acknowledged)

_____ is personally known to me, OR
_____ has provided _____
as identification

AND WHO:
_____ did take an oath
_____ did not take an oath

Signature of person taking acknowledgement

Name of acknowledger typed, printed or stamped