



CITY OF CORAL GABLES
FIREFIGHTER APPLICATION

DATE OF APPLICATION: _____

TO PROSPECTIVE APPLICANTS:

We are pleased that you are interested in employment with the City of Coral Gables Fire Department. We hope that you are successful in our selection process and will become part of the team.

We are in the process of gathering statistical data regarding our recruitment efforts. Therefore, we are requesting that you complete the survey below. After you have finished the survey, please proceed to the rest of the application by following the checklist.

To receive consideration for employment with the Coral Gables Fire Department, a fully completed application packet must be submitted with the checklist to the human resources department at 214 Minorca Avenue, Coral Gables, FL 33134. Office hours: 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding observed holidays. **Under no circumstances will any applications be accepted at any other location.** Out of town applicants may mail the package. All applicants will only be given thirty days from the date the application is received by the human resources department to correct any deficiencies or omissions. Applicants will be disqualified if they fail to comply. **No exceptions.**

Please be advised that the City of Coral Gables Fire Department has a strict policy regarding past and present drug usage for all applicants for employment. Applicants must not have used any illegal substances, including prescription drugs without a prescription, with the exception of experimental marijuana usage. Marijuana usage must not be within the 3-year period prior to the date of application or at any time after the date of application. Applicants seeking employment within the city of coral gables fire department not meeting these standards will be disqualified from employment.

1. LAST NAME:	FIRST NAME:	MIDDLE NAME:	2. MALE	FEMALE
			<input type="checkbox"/>	<input type="checkbox"/>
3. RACE:				
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> UNKNOWN				
<input type="checkbox"/> IF YOU ARE OF HISPANIC DESCENT, PLEASE CHECK HERE, IN ADDITION TO ONE OF THE OPTIONS ABOVE.				
4. HOW DID YOU LEARN OF OUR POSITION?				
<input type="checkbox"/> NEWSPAPER AD (NAME OF NEWSPAPER): _____				
<input type="checkbox"/> BULLETIN OR ANNOUNCEMENT		<input type="checkbox"/> WALK-IN		
<input type="checkbox"/> CITY WEBSITE		<input type="checkbox"/> INTERNET SOURCE: _____		
<input type="checkbox"/> CITY EMPLOYEE (NAME & EMP. NUMBER): _____				
<input type="checkbox"/> OTHER: _____				

Human Resources Department
214 Minorca Avenue • Coral Gables, FL 33134
Telephone: 305-460-5523 • Website: www.coralgables.com

*AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER
DRUG FREE WORKPLACE*



CITY OF CORAL GABLES

CERTIFIED FIREFIGHTER APPLICATION CHECKLIST

APPLICANT NAME: _____

Applications will only be accepted if all the required documentation listed below is submitted with the checklist to the **Human Resources Department, 214 Minorca Avenue, Coral Gables, FL 33134**. Office hours: 8:00 a.m. to 5:00 p.m. Monday through Friday. Out of town applicants may mail the package to Human Resources at the address mentioned above.

ITEM#	ITEM	DESCRIPTION	RECEIVED
1.	Verification of Naturalization	If applicable.	
2.	Photocopy of State of Florida Firefighter Certification	Required.	
3.	Photocopy of State of Florida EMT or Paramedic Certification	Required. If Paramedic Certification has not yet been obtained, submit proof of being enrolled as a Paramedic in Training.	
4.	Emergency Vehicle Operations Course (EVOC) Certificate	If applicable. Applicants must possess an EVOC Certificate of Completion prior to being hired.	
5.	High School Diploma or Equivalent	Required. Copies accepted.	
6.	College Transcripts	If applicable, provide sealed transcripts for every college attended. Transcripts should be provided to HR within 30 days of submitting online application.	
7.	Legal Name Change Documentation	If applicable, must submit copies of any documentation that shows change of name (i.e. marriage and divorce certificate, etc.)	
8.	Attestment of Military Service	Required. Must be notarized .	
9.	Honorable Discharge DD214- Long Form	If applicable, submit copy. If claiming Veteran's Preference must submit original.	
10.	Consent to Release Confidential Records and Information	Required. Must be notarized and all three (3) must be completed.	
11.	Waiver of Consumer Report Records	Required by State Law.	

ITEM#	ITEM	DESCRIPTION	RECEIVED
12.	Criminal Records Disclosure Requirement.	Required by State Law.	
13.	Birth Certificate	Required. Must submit a copy of Birth Certificate. If foreign birth certificate, must provide certified translation by a notary or certified translation company.	
14.	Photocopy of Social Security Card	Required.	
15.	Photocopy of Driver's License	Required. Must be valid.	
16.	Non-Smoking Affidavit	Required. <i>Must be notarized</i>	

Date and Time

HRD Signature



The City of Coral Gables

Human Resources Department
214 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134

ATTESTMENT OF MILITARY SERVICE

1) I, _____, do attest that I **have never served** in the Armed Forces of the United States.

Applicant's Signature

Date

2) I, _____, do attest that I **have served** in the Armed Forces of the United States.

Applicant's Signature

Date

STATE OF _____ (COUNTY OF _____)

The foregoing instrument was executed before me this _____ day of _____, 20____ by _____ who is personally known by me (or who has produced _____ for identification) and who did/did not take an oath.

Notary Public
State of _____ at Large

Commission Expires

CITY OF CORAL GABLES



NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION AND USAGE

In compliance with Florida Statutes §119.071(5), the City of Coral Gables Human Resources Department collects and uses your Social Security number *only* for the following purposes in performance of the City's duties and responsibilities.

Your Social Security number is used for legitimate employment business purposes in compliance with:

- Completing an Employment Application/Packet;
- Completing and processing Federal I-9 (Employment Eligibility Verification Form);
- Completing and processing Federal W4, W2 and 1099 (tax forms);
- Completing and processing Federal Social Security taxes;
- Completing and processing Quarterly Unemployment Reports;
- Completing and processing Federal and State Employee and Educational Reports;
- Completing and processing group health, life and dental coverage enrollment;
- Completing and processing Supplemental Insurance Deduction Reports;
- Completing and processing Workers' Compensation Claims;
- Completing the employee's background screening and validating the employee's educational credentials;
- Completing and processing Retirement Contribution Reports;
- Processing retirement benefits;
- Processing employee benefits;
- Any other reason that is determined imperative for the performance of the City's duties and responsibilities, as prescribed by law; and/or
- Any other reason specifically authorized by law to do so.

NOTIFICATION

Providing a Social Security number is a condition of employment at the City of Coral Gables.

The City may disclose Social Security numbers to another agency or governmental entity if such disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The City may not deny a commercial entity engaged in the performance of a commercial activity access to Social Security numbers, provided the Social Security numbers will be used only in the performance of a commercial activity, and provided the commercial entity makes a written request for the Social Security numbers.

The written request must (1) be verified as provided in Fla. Stat. § 92.525; (2) be legibly signed by an authorized officer, employee, or agent of the commercial entity; (3) contain the commercial entity's name, business mailing and location addresses, and business telephone number; and (4) contain a statement of the specific purposes for which it needs the social security numbers and how the social security numbers will be used in the performance of a commercial activity. Commercial activity includes verification of the accuracy of personal information received identifying and preventing fraud; use in matching, verifying, or retrieving information; and use in research activities. It **does not** include the display or bulk sale of social security numbers to the public or the distribution of such numbers to any customer that is not identifiable by the commercial entity.

I understand the above information and have been given a copy of this document.

Employee/Applicant Name (Print)

Employee/Applicant Signature

Date



The City of Coral Gables

Human Resources Department

214 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134

CONSENT TO RELEASE CONFIDENTIAL RECORDS AND INFORMATION

As a person applying for a position at the Coral Gables Fire Department (“Department”), I hereby consent to a routine background investigation conducted by the Department. In connection with this investigation, I consent to the release of any and all records and information concerning me, to the Department upon the Department's request.

This consent includes the release of **all** records and information concerning me to the full extent permitted by law, including the release of all confidential records and information that may not be released without my prior written consent.

I understand that such records and information may include, but is not necessarily limited to: reasons for termination of employment, including military service; criminal history; on-the-job performance; educational records; credit reports; or any other personal information which may not otherwise be obtained without my prior written consent.

SIGNATURE: _____

PRINT NAME: _____

DATE SIGNED: _____

SOCIAL SECURITY NUMBER: _____

STATE OF _____ (COUNTY OF _____)

The foregoing instrument was executed before me this _____ day of _____,

20____ by _____, who is personally known by me (or who has produced _____ as identification) and who took an oath.

Notary Public State of Florida at Large

Name of Notary (Type or Print)



The City of Coral Gables

Human Resources Department

214 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134

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The City of Coral Gables

Human Resources Department

214 MINORCA AVENUE
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SIGNATURE: _____

PRINT NAME: _____

DATE SIGNED: _____

SOCIAL SECURITY NUMBER: _____

STATE OF _____ (COUNTY OF _____)

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Notary Public State of Florida at Large

Name of Notary (Type or Print)



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

Type of Identification Produced _____



The City of Coral Gables

**WAIVER OF CONSUMER REPORT RECORDS
WRITTEN DISCLOSURE**

The Federal Fair Credit Reporting Act (FCRA) allows employers to obtain consumer credit report information for employment purpose, including hiring and promotion decisions, where the consumer has given written permission, Sections 604 (a)(3)(B) and 604 (b).

Permission is hereby given to **The City of Coral Gables Police Department** to obtain consumer credit report information.

I understand that if any adverse action is to be taken based on the consumer report, a copy of the report and a summary of the consumer rights will be provided to me.

Applicant's Signature

Date

Applicant's Printed Name

Social Security Number

Date of Birth

Address

City, State & Zip Code

STATE OF _____ (COUNTY OF _____)

The foregoing instrument was executed before me this _____ day of _____, 20____ by _____ who is personally known by me (or who has produced _____ as identification) and who took an oath.

Notary Public
State of _____ at Large

Name of Notary (Type or Print)



The City of Coral Gables

CRIMINAL RECORDS DISCLOSURE REQUIREMENT

If you have expunged or Court sealed records, the following Florida State Statute applies to your application with the City of Coral Gables for the position of Police Officer.

Sections 943.0585 and 943.059, Florida Statutes, state that a person who is the subject of a criminal history record that is expunged under Section 943.0585 or that is sealed under 943.059, or that is expunged or sealed under any other provisions of law, including former Sections 893.14, 901.33 and 943.058, "may lawfully deny or fail to acknowledge the events covered by the sealed record, *except when the subject of the record... (i)s a candidate for employment with a criminal justice agency.*" Fla. Stat. § 943.059 (4) (a) (1) (West Supp. 1994) (emphasis added). *See also* Fla. Stat. § 943.0585 (4) (a) (1) (dealing with expunged records).

Based upon the above-cited statutes, the law requires that you, as an applicant for employment with a criminal justice agency (such as the Coral Gables Police Department), must not deny or fail to acknowledge the events in any expunged or sealed criminal records.

A denial or failure to acknowledge the events in any expunged or sealed records will result in disqualification, termination, or criminal charges.

Applicant's Signature

Date

Applicant's Printed Name

STATE OF _____ (COUNTY OF _____)

The foregoing instrument was executed before me this _____ day of _____, 20____ by _____ who is personally known by me (or who has produced _____ as identification) and who took an oath.

Notary Public
State of _____ at Large

Name of Notary (Type or Print)



The City of Coral Gables

The City of Coral Gables does not employ individuals for the position of Certified Firefighter Paramedic or Certified Firefighter EMT who now use or have used tobacco products within the last twelve (12) months.

NON-SMOKING 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 employment, in accordance with the Florida State Statute Title XXXVII, Chapter 633.

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

Signature

Date

STATE OF _____ (COUNTY OF _____)

THE FOREGOING INSTRUMENT WAS EXECUTED BEFORE ME THIS ____ DAY OF _____, 20 ____, BY _____, WHO IS PERSONALLY KNOWN BY ME (OR WHO HAS PRODUCED _____ AS IDENTIFICATION) AND WHO TOOK AN OATH.

NOTARY PUBLIC
STATE OF _____ AT LARGE

NAME OF NOTARY

NOTARY SEAL: