



**OKALOOSA ISLAND  
FIRE DISTRICT**  
104 Santa Rosa Boulevard  
Fort Walton Beach, FL 32548  
(850) 244-5373 x201 Fax: (850) 244-3911  
[www.okaloosaislandfire.com](http://www.okaloosaislandfire.com)

## ***APPLICATION PACKAGE INSTRUCTIONS***

### **All applicants will be reviewed for the following items:**

You must meet the requirements of Florida Statute 633.34, Firefighter qualification for employment.

You must have a high school diploma or G.E.D

You must have a clean criminal and driving record. (Prior arrests or convictions will be reviewed against the Florida Statutes to determine eligibility).

Your driving record will be reviewed as you must be qualified to operate Okaloosa Island Fire District vehicles.

You must be in good physical health, tobacco-free for twelve (12) months prior to applying and be able to perform the tasks associated with the duties of a Firefighter.

### ***PART 1 Application***

#### **1. Complete the application in full.**

- a. Attach copies of any licensures or certifications that you have. A resume may also be attached.
- b. Attach a copy of any college degree(s) to the application.
- c. Attach a copy of your driver's license (front only) to the application.

#### **2. Complete the Release of Liability.**

- a. Complete the waiver and have it returned to the Okaloosa Island Fire District as described

#### **3. Return the completed package to the Administrative Office of the Okaloosa Island Fire District.** (We are not responsible for lost or missing packages that are not hand delivered to the Administrative Office).

Your application package will be reviewed. If it meets with the Okaloosa Island Fire District current guidelines then you will move on to Part 2. If all information required is not provided the application will not be accepted.

### ***PART 2 Written Test, Swim Test and Physical Agility Test*** (September 13, 14 2021.)

1. You will be notified by phone that you are scheduled for a written test of which you must achieve a 70% or greater to move on in the application process.
2. A swim test and physical agility test will follow the written examination.
  - a. All testing consists of information, tasks or simulations of tasks that Okaloosa Island Firefighters normally perform.
  - b. The specific guidelines will be provided to you prior to testing.

### ***PART 3 Personal Interview***

1. You will be notified of your scheduled time for this interview.
2. A copy of your driving record from the clerk of court will be required at the interview. If you have lived in Florida for less than five (5) years, you will also need a copy of your driving record from your previous State of residence.



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**APPLICATION**

Date of Application: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

PERSONAL INFORMATION				
<b>Name</b> _____				
Last, First, Middle			Suffix, Jr., III, etc	
Driver's License #	State	Exp.	Class	
<b>Address</b> _____				
Street		City	State	Zip
Phone ( ) - ( ) - ( ) -				
Cell	Work	Other	Email	
Phone numbers and e-mail addresses are not for public release as they are used only as contact information for the purpose of hiring.				Are you at least 18 years of age? <b>Yes</b> <b>No</b>
CURRENT EMPLOYMENT				
Employer Name		Phone		Supervisor
Date Employed	Position		Date Left Employment	
Reason for leaving <small>If less than three years list previous employer</small>				
Employer Name		Phone		Supervisor
Date Employed	Position		Date Left Employment	
Reason for leaving				
BACKGROUND INFORMATION				
Have you ever been arrested? <b>Yes</b> <b>No</b> Have you ever been convicted of a crime? <b>Yes</b> <b>No</b> If answered yes to either question list the date and nature of the offense (Use additional paper if necessary)				
CURRENT INFORMATION				
Are you currently certified as a <b>Florida Firefighter II</b> ?			<b>Yes</b>	<b>No</b>
<i>Date of Certification</i>		<i>Certification Number</i>		
Are you currently certified?	<b>Florida EMT</b>	<b>Yes</b>	<b>No</b>	
<i>Date of Certification</i>		<i>Certification Number</i>		
Are you currently certified?	<b>Florida Paramedic</b>	<b>Yes</b>	<b>No</b>	
<i>Date of Certification</i>		<i>Certification Number</i>		
Do you hold any other certifications? (i.e. <b>HAZMAT</b> , <b>ARFF</b> , etc.)			<b>Yes</b>	<b>No</b>
Are you currently certified? <b>USLA</b>	<b>Yes</b>	<b>No</b>		
List other certification on comments section page 2. All copies of certifications must be provided with application.				

**PREVIOUS FIRE EXPERIENCE** *(Volunteer or Paid)*

Department Name		Chief
Contact Number ( ) -	Email	
Department Name		Chief
Contact Number ( ) -	Email	
Department Name		Chief
Contact Number ( ) -	Email	

**EDUCATION**

	Name	City & State	Date Graduated	Degree Earned
<b>High School</b>				Diploma or G.E.D. (circle)
<b>Vocational</b>				
<b>College</b>				
<b>Other</b>				

**EMERGENCY CONTACT**

Name	Last, First, MI		Relationship to you	
Address	Street	City	State	Zip
Phone	Home	Work	Cell	

**REFERENCES** *(List three not related to you; at least one current coworker.)*

Name	Last, First, MI		Relationship to you	
Address	Street	City	State	Zip
Phone	Home	Work	Cell	Email
Name	Last, First, MI		Relationship to you	
Address	Street	City	State	Zip
Phone	Home	Work	Cell	Email
Name	Last, First, MI		Relationship to you	
Address	Street	City	State	Zip
Phone	Home	Work	Cell	Email

**COMMENTS**


***I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.***

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*Signature*

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*Date*



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## RELEASE OF LIABILITY

I, \_\_\_\_\_, have been fully informed by the personnel of the Okaloosa Island Fire District (O.I.F.D.), the potential risks involved in riding in a fire apparatus, as well as the dangers associated with being on a fire and/or medical scenes. I fully understand these risks involved and further understand that my participation as a rider/observer with the Okaloosa Island Fire District could potentially put my persona safety in danger, which could possibly cause injury and/or death. I acknowledge by my signature that I am releasing the Okaloosa Island Fire District, its Board of Fire Commissioners, Management and employees from any liability which would result in my participation as a rider/observer on any of the District's apparatus'. THEREFORE, I \_\_\_\_\_ HEREBY RELEASE THE OKALOOSA ISLAND FIRE DISTRICT AND OFFICIALS FROM ALL LIABILITY FOR ANY INJURY OR SICKNESS SUSTAINED BY ME WHILE PARTICIPATING IN TRAINING, PHYSICAL ACTIVITY, EMERGENCY RESPONSES ON FIRE DEPARTMENT VEHICLES OR OPERATIONS DURING THE FOLLOWING SHIFT:

DATE: \_\_\_\_\_

TIME OF PARTICIPATION: FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DUTY OFFICER

Subscribed to and sworn before me on this date \_\_\_\_\_, appeared \_\_\_\_\_ personally known by me or via identification.

\_\_\_\_\_  
NOTARY