



OKALOOSA ISLAND FIRE DISTRICT

104 Santa Rosa Boulevard
Fort Walton Beach, FL 32548
(850) 244-5373 x201 Fax: (850) 244-3911
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 your high school diploma (or G.E.D) and any college degree(s) to the application.
- c. Attach a copy of your driver's license (front only) to the application.
- d. Attach a copy of your immunization record to the application. (Please identify if you do not have one.)

2. Driving Record

- a. Obtain a copy of your driving record from the clerk of court and attach to the application.
- b. 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.

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, Physical Agility Test and Swim Test (These will be scheduled at a later date.)

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 physical agility and swim 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.



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FIRE DISTRICT**
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APPLICATION

Date of Application: _____ Position Applying For: _____ Date Available _____

PERSONAL INFORMATION

Name _____
Last, First, Middle Suffix, Jr., III, etc

Driver's License # _____ State _____ Exp. _____ Class _____

Address _____
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? Yes No

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 formerly convicted of a crime? Yes No

If yes list the date and nature of the offense (Use additional paper if necessary)

CERTIFICATIONS

CERTIFICATE	DATE ACQUIRED	CERTIFICATE	DATE ACQUIRED
<i>FL Certificate of Compliance</i>		<i>PALS</i>	
<i>FL EMT</i>		<i>ACLS</i>	
<i>FL Paramedic</i>		<i>USLA</i>	
<i>CPR</i>		<i>Other</i>	

PREVIOUS FIRE EXPERIENCE <i>(Volunteer or Paid)</i>				
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
High School				Diploma or G.E.D. (circle)
Vocational				
College				
Other				
EMERGENCY CONTACT				
Name				
	Last, First, MI		Relationship to you	
Address				
	Street	City	State	Zip
Phone				
	Home	Work	Cell	
REFERENCES <i>(List three not related to you; at least one current coworker.)</i>				
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.

Signature

Date