



AN EQUAL OPPORTUNITY EMPLOYER

**Reserve Firefighter Application Packet**  
**Level II Post – Interview Questionnaire**



Job Requisition #: \_\_\_\_\_

Date: \_\_\_\_\_

Please type or print in black ink. Complete all items. Incomplete or unsigned applications will not be processed. Avoid abbreviations if possible.

**ORANGE COUNTY DRUG FREE WORKPLACE STATEMENT**

Orange County is a drug free workplace, and as such is committed to providing an environment that encourages and supports a healthy productive workforce, and ensures safe working conditions.

Satisfactory completion of a pre-employment drug test is a mandatory condition of employment with the County. A positively confirmed drug test or the refusal to submit to a drug test will result in the conditional offer of employment being withdrawn, and will render the applicant ineligible for County employment for forty eight (48) calendar months from the date of the positive drug test or refusal.

**SECTION I – PERSONAL DATA**

Name \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M. I. Social Security Number

Address \_\_\_\_\_  
(Number & Street, City, State, Zip Code)

County \_\_\_\_\_ E-mail Address \_\_\_\_\_  
E-mail is  Business  Home  Other

Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

**SECTION II – CERTIFICATION**

1.  Yes  No Firefighter Certification? Issued by \_\_\_\_\_  
Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

2.  Yes  No EMT/Paramedic Certification? Issued by \_\_\_\_\_  
Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

3.  Yes  No Have you ever had a State or County Emergency Medical Technician (EMT), Paramedic, or Firefighter certification suspended, revoked, or terminated?

If yes, explain in detail including dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  Yes  No Have you ever been the subject of an investigation regarding one of your certifications **OR for any reason as a firefighter?**

If yes, explain in detail including dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**SECTION III – EDUCATIONAL BACKGROUND**

List last High School attended and College (if any).

1. High School (Name & address) \_\_\_\_\_

Diploma \_\_\_\_\_ yes \_\_\_\_\_ no From \_\_\_\_\_ To \_\_\_\_\_

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2. College (Name & address) \_\_\_\_\_

Degree \_\_\_\_\_ yes \_\_\_\_\_ no From \_\_\_\_\_ To \_\_\_\_\_

Type \_\_\_\_\_

Credits \_\_\_\_\_ number obtained to date

**SECTION IV – VOLUNTEER RELATED ACTIVITIES**

List all fire related volunteer activities past and present, i.e. Fire Auxiliary. Please list consecutively.

1. Organization (Name & address) \_\_\_\_\_

Position/Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Average hours per work \_\_\_\_\_

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2. Organization (Name & address) \_\_\_\_\_

Position/Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Average hours per work \_\_\_\_\_

**SECTION V – MOTOR VEHICLE DRIVER LICENSE**

If you have been licensed to drive in the State of Florida less than five (5) years, or not at all, **list ALL other states or countries you have been permitted/licensed to drive in for the last five years.**

1.  Yes  No Do you have a valid Florida driver license?

2.  Yes  No Have you ever had another state or country driver license?

3. State or Country \_\_\_\_\_ License # \_\_\_\_\_

Class/Endorsements \_\_\_\_\_

4. State or Country \_\_\_\_\_ License # \_\_\_\_\_

Class/Endorsements \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**SECTION VI – REFERENCES**

Determination of good moral character is a pre-employment requirement that must be met prior to initial employment as a firefighter in compliance with Florida Statutes 633.34(4). Please furnish a minimum of three (3) references, five (5) is preferred. **DO NOT LIST relatives or previous employers, and references can not be related to each other.**

Current or past neighbors can be used as references, as long as they are not part of the minimum (3) references. References must have known you at least (1) year and must possess sufficient information concerning your suitability for employment sought and employment in general. **Give complete addresses, zip code, & telephone number with area code.**

1. Name \_\_\_\_\_  
Occupation \_\_\_\_\_ How long known? \_\_\_\_\_  
Home address \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip  
Business address \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip  
Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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2. Name \_\_\_\_\_  
Occupation \_\_\_\_\_ How long known? \_\_\_\_\_  
Home address \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip  
Business address \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip  
Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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3. Name \_\_\_\_\_  
Occupation \_\_\_\_\_ How long known? \_\_\_\_\_  
Home address \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip  
Business address \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip  
Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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4. Name \_\_\_\_\_  
Occupation \_\_\_\_\_ How long known? \_\_\_\_\_  
Home address \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip  
Business address \_\_\_\_\_  
                    Number & Street                      City                      State                      Zip  
Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

5. Name \_\_\_\_\_

Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

Home address \_\_\_\_\_  
Number & Street City State Zip

Business address \_\_\_\_\_  
Number & Street City State Zip

Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

### **SECTION VII – RESIDENCES**

List chronologically **ALL** your residences for the **past TEN (10) years**. Start with your **current** residence.

1.  Own  Rent From (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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2.  Own  Rent From (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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3.  Own  Rent From (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

4.  Own  Rent From (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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5.  Own  Rent From (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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6.  Own  Rent From (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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7.  Own  Rent From (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

8.  Own  Rent From (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

**SECTION VIII – EMPLOYMENT HISTORY**

1.  Yes  No Have you ever been previously employed by Orange County Government?
2.  Yes  No If previously employed by Orange County Government, did you leave while an administrative disciplinary investigation was underway, or a violation of the code of conduct, work habits and/or disciplinary action was pending?

If yes, explain completely:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  Yes  No Have you ever been fired or involuntarily terminated from employment or asked to resign from any employment?

If yes, explain in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.  Yes  No Have you ever resigned or left your previous employment while the subject of an investigation prior to a decision regarding the investigation was made or delivered to you?

If yes, explain in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.  Yes  No Have you ever resigned your employment for personal reasons?

If yes, explain in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.  Yes  No Have you ever been the subject of an investigation by any employer?

If yes, explain in detail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

7.  Yes  No Have you ever been disciplined by any employer(s)?

If yes, list each discipline, employer and dates.

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8.  Yes  No Have you ever been the subject of a letter of complaint?

If yes, explain in detail.

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9.  Yes  No Have you missed work/school due to intoxication?

If yes, explain in detail.

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10.  Yes  No Have you consumed alcohol while at work?

If yes, explain in detail.

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### **SECTION IX – CRIMINAL HISTORY & BACKGROUND INVESTIGATION**

1.  Yes  No Have you ever been arrested?

If yes, give offense, date, county, state, territory or country and provide details regarding the arrest.

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2.  Yes  No Have you ever been convicted of a crime, pled nolo contendere (no contest), or had the sentence withheld for a crime, including arrestable traffic offenses (e.g. driving under the influence, reckless driving, driving with a suspended driver license, etc.)?

If yes, give offense, date, county, state, territory or country and sentence for each conviction (for purpose of this section and/or question, a plea of guilty or “no contest” shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended).

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3.  Yes  No Are you currently on probation following any criminal conviction?

If yes, explain in detail, including dates and locations.

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

4.  Yes  No Do you have any pending criminal or disciplinary proceedings?

If yes, explain in detail, including law enforcement agency and court involved dates and locations.

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5.  Yes  No Have you ever been a defendant in a civil action for an intentional tort (Intentional Tort – a wrong perpetrated by one who intends to do that which the law has declared wrong. e.g. battery or defamation)?

If yes, explain fully the nature of the intentional tort(s) and the disposition of the action.

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6.  Yes  No Have you ever been the subject of a civil injunction, such as Domestic Violence?

If yes, explain in detail.

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7.  Yes  No Have you ever been refused a surety bond (i.e. contractor, security guard, or entrepreneurship) or refused for employment that required bonding?

If yes, explain in detail.

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8.  Yes  No Have you ever committed any unlawful fire or arson?

If yes, explain in detail.

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9.  Yes  No Have you ever used any drugs that were not prescribed to you?

If yes, when was the last time \_\_\_\_\_ If yes, what prescription (s) \_\_\_\_\_

Explain in detail.

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10.  Yes  No Have you ever used illegal drugs?

If yes, when was the last time \_\_\_\_\_ If yes, what drugs were used \_\_\_\_\_

Explain in detail.

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

11.  Yes  No Have you ever sold illegal drugs?

If yes, when was the last time \_\_\_\_\_ If yes, what drugs were sold \_\_\_\_\_

Explain in detail.

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12.  Yes  No Have you ever used any tobacco product?

If yes, when was the last time \_\_\_\_\_?

If yes, explain in detail

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13.  Yes  No Do you have any tattoos?

If yes, explain in detail the tattoo(s) and location of tattoo(s)

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### **SECTION X – U.S. MILITARY RECORD**

#### **ORANGE COUNTY SELECTIVE SERVICE EMPLOYMENT POLICY**

Males seeking employment with Orange County, who are required to register with the Selective Service System under the Military Selective Service Act, and have received a conditional offer of employment must submit documentation of registration with the Selective Service System (or an exception from registration) before the employment offer is finalized.

Yes  No Have you ever served or trained in the U.S. Armed Forces?

If yes, please complete the remaining portion of Military Record Section II, items 1 thru 8.

**Note:** If you have had any military service you must submit a copy of all DD 214's (copy number 4) for time served in military service

1. Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Pay Grade \_\_\_\_\_

Dates of Active Military Service - Entry \_\_\_\_\_ Separation \_\_\_\_\_

2.  Yes  No Have you ever been a defendant in a military Court Martial, Office Hours, Captain's Mast or Article 15, Uniform Code of Military Justice (UCMJ) while in the military or received any other disciplinary action?

If yes, list each discipline, dates, and outcome in detail:

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3.  Yes  No Have you ever held a military clearance?

If yes, provide level of clearance:

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

4.  Yes  No Have you ever been denied or had a security clearance revoked?

If yes, explain completely:

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5. Check type of discharge:  Honorable  General Under Honorable  Dishonorable  Other

Please explain if Dishonorable or Other is selected:

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6.  Yes  No Are you presently a member of the U.S. Military Reserve or National Guard?

If yes, complete the following:  Active  Inactive Branch of Service \_\_\_\_\_

Rank \_\_\_\_\_ Pay Grade \_\_\_\_\_ Date of Entry \_\_\_\_\_ Separation Date \_\_\_\_\_

Unit or Organization \_\_\_\_\_

Address \_\_\_\_\_

Number and Street

City

State

Zip Code

Military Specialization and Duties \_\_\_\_\_

7.  Yes  No Are you claiming Veteran's Preference?

8.  Yes  No Have you been hired using Veteran's Preference since 10-01-87?

If yes, give the name of the employer: \_\_\_\_\_.

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

Standard Form 180 (Rev. 5/12) (Page 1)  
 Prescribed by NARA (36 CFR 1228.168(b))

Authorized for local reproduction  
 Previous edition unusable

OMB No. 3095-0029 Expires 01/31/2015

**REQUEST PERTAINING TO MILITARY RECORDS**

\* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>\*

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

**SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)**

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
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5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						

6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____	7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES
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**SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED**

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

**DD Form 214 or equivalent.** When was the DD Form(s) 214 issued? YEAR(S): \_\_\_\_\_  
 If more than one period of service was performed, even in the same branch, there may be more than one DD214.  
 This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.  
**An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214.**

**All Documents in Official Military Personnel File (OMPF)**

**Medical Records** (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission **must** be provided: \_\_\_\_\_

**Other** (Specify): \_\_\_\_\_

2. **PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

Benefits  Employment  VA Loan Programs  Medical  Genealogy  Correction  Personal

Other, explain: \_\_\_\_\_

**SECTION III - RETURN ADDRESS AND SIGNATURE**

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

<input type="checkbox"/> Military service member or veteran identified in Section I, above	<input type="checkbox"/> Legal guardian (Must submit copy of court appointment.)
<input type="checkbox"/> Next of kin of deceased veteran: _____ (Relationship)	<input type="checkbox"/> Other (specify) _____

**MUST HAVE PROOF OF DEATH** - See item 2a on instruction sheet.

2. **SEND INFORMATION/DOCUMENTS TO:**  
 (Please print or type. See item 4 on accompanying instructions.)

Office of Professional Standards	
Name	Signature Required - Do not print
450 East South Street, 3rd Floor	( ) ( )
Street Apt.	Daytime phone Fax Number
Orlando FL 32802	
City State Zip Code	Email address

\*This form is available at <http://www.archives.gov/research/order/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site.\*

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**Certification of Information\***

I \_\_\_\_\_, certify that the information contained in this questionnaire is correct to the best of my knowledge, and understand that falsification of this post-interview questionnaire form in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Orange County Personnel Policy. I hereby authorize investigation of all statements/information I have provided herein. I authorize the companies or persons named herein to give any information regarding my history, together with any information they may have regarding me, whether or not it is on their records. Further, if relevant to the position/work being sought, I authorize a check of my driver license record. I hereby release said companies or persons, and Orange County Government, its officials and employees, from all liability for any damage, whatsoever, for issuing or obtaining this information. I understand that if I am selected for employment I will be required to undergo a physical examination, including urinalysis. In the event I am employed by Orange County Government, I agree to comply with all its policies, rules and regulations.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

DOB \_\_\_\_\_

SS# \_\_\_\_\_

\* Pursuant to the Florida Public Records Law, all documents (except medical records) made or received by Orange County Government in the course of processing your application are public records and shall be open for inspection by the public.

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**ORANGE COUNTY GOVERNMENT - CRIMINAL HISTORY CHECK**

Note: Please print all of the requested information **in black ink**.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Please list all other names you have used (maiden, alias, nick-name):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Current Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver License No: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: Gender: Height: Weight:  
 Asian or Pacific Islander  Male \_\_\_\_\_' \_\_\_\_\_" \_\_\_\_\_lbs.  
 American Indian or Alaskan  
 Black  Female  
 White  
 Unknown

(FDLE Standard – Indicate Hispanic persons as white or black based on skin color)

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

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For Government Use Only (**Office of the Professional Standards**)

Criminal History:  YES  NO Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Checked By:  OCS  OPD  KPD  Osceola County SO  Seminole County SO Other: \_\_\_\_\_

**FOR ORANGE COUNTY CORRECTIONS US ONLY**

**POSITIVE RESPONSE: "YES"**

**NEGATIVE RESPONSE: "NO"**

F.C.I.C \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

N.C.I.C \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Criminal History:  YES  NO Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Checked By:  OCS  OPD  KPD  Osceola County SO  Seminole County SO Other: \_\_\_\_\_

Driver's License Valid:  YES  NO Driver's License Type: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_ Driver's License Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is covered under Section 119.07(3) (i) 1., F.S. (1998 Supp) for release of information**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**RELEASE OF INFORMATION WAIVER**  
**(Please read this carefully and sign in the presence of the Notary)**

I respectfully request and hereby authorize you to furnish Orange County Government, the Human Resources Division, or its designee, any and all information/records that you may have concerning me. This includes but is not limited to my complete work history, education, military service, reputation, personal background, civil records, criminal conviction(s), driver license information/driving history, as well as credit history, if applicable. Please include any and all reports including all information of a confidential or privileged nature, and copies of same, if requested. I further authorize companies or persons to give any information regarding my history; together with any information they may have regarding me, whether or not it is on their records. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with Orange County Government.

This form may be used for the duration of my processing and does not expire. A photographic or faxed copy of this form shall be as valid as the original.

Print Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_  
Applicant will sign in ink on this line in the presence of a Notary Public.

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Personally Known       Produced Identification

Type of ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**WRITTEN NOTICE AND AUTHORIZATION TO  
OBTAIN A CONSUMER REPORT\***

This is to notify you that in connection with your application for employment it may be necessary for Orange County Government to obtain a consumer report regarding your background.

I \_\_\_\_\_, understand that Orange County may obtain a consumer report and hereby authorize Orange County to obtain a consumer report on my background in connection with my application for employment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

**\*What is a Consumer Report?**

A Consumer report contains information about your personal and credit characteristics, character, general reputation, and lifestyle. To be covered by the FCRA, a report must be prepared by a consumer reporting agency (CRA) - a business that assembles such reports for other businesses. Employers often do background checks on applicants and get consumer reports during their employment. Some employers only want applicant's or employee's credit payment records; others want driving records and criminal histories. For sensitive positions, it is not unusual for employers to order investigative consumer reports – reports that include interviews with an applicant's or employee's friends, neighbors, and associates. All of these types of reports are consumer reports if they are obtained from a CRA. Applicants are often asked to give references. Whether verifying such references is covered by the FCRA depends on who does the verification. A reference verified by the employer is not cover by the Act; a reference verified by an employment or reference checking agency (or other CRA) is covered. **Section 603(o) provides special procedures for reference checking; otherwise, checking references may constitute an investigative consumer report subject to additional FCRA requirements.**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**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 or tobacco products for at least one (1) year immediately preceding application date and continuing to the date of employment, in accordance with Section 633.34(6), Florida Statutes.

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

\_\_\_\_\_  
Signature of Applicant

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Personally Known       Produced Identification

Type of ID: \_\_\_\_\_



Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING  
PERSONAL INQUIRY WAIVER**

(Please read this carefully and sign in the presence of the Notary)

Last Name \_\_\_\_\_ First  
Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

I respectfully request and hereby 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 copies 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

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Personally Known       Produced Identification

Type of ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**Release and Applicant Information Form**  
Please Print Clearly All Requested Information

**Requestor Information:**

Your Division: Orange County Fire Rescue Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: 407-836-9045

**Applicant/Subject Information:**

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_  
(Please Print Clearly All Requested Information)

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Work Email: \_\_\_\_\_

**In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.**

**I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to Orange County Government obtaining such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIREFIGHTER APPLICATION  
(COVER SHEET & PACKET CHECKLIST)**

Place a checkmark next to each item you have included with your application. All notarized documents must be originals. Please submit this form as the cover of your application packet. **An incomplete or unsigned application and/or forms will not be processed.**

Applicant Check Box		For Office Use
	Firefighter Application (Sections I - IX)	pages 1-9
	Request Pertaining to Military Records	page 9 - 11
	Certification of Information	page 12
	Criminal History Check Form	page 13
	Release of Information Waiver	page 14
	Written Notice and Authorization to Obtain a Consumer Report	page 15
	Tobacco Products Affidavit	page 16
	Personal Inquiry Waiver	page 17
	Release and Applicant information Form	page 18
	Firefighter Application Packet Checklist	page 19
<b>A copy of the following documents are required as part of the Firefighter application. Failure to furnish copies of the listed documents may disqualify applicant from the hiring process.</b>		
	Driver License – Front & Back	
	Social Security Card	
	Birth Certificate or Birth Registration	
	High School Diploma or GED	
	College Degree (if applicable)	
	Military Form DD-214 (copy #4, if applicable)	
	Minimum Standards Certificate – State of Florida Certified Firefighter only (required)	
	EMT Certificate – State of Florida Certified Firefighter (required) / Non-Cert (if applicable)	
	Paramedic Certificate – State of Florida Certified Firefighter (if applicable) / Non-Cert (if applicable)	
	ACLS/BLS Certification (CPR card), if applicable	

**Release and Applicant Information Form**