



HOLLEY-NAVARRE FIRE DISTRICT

8618 ESPLANADE ST.
NAVARRE, FL 32566
(850) 939-5236 FAX: (850) 939-0755
www.HNFD.org

APPLICATION PACKAGE INSTRUCTIONS

REQUIREMENTS:

1. Must meet the requirements of Florida Statute 633.34, Firefighter qualification for employment.
2. High school diploma or G.E.D
3. Clean criminal record. (Prior arrests or convictions will be reviewed against the Florida Statutes to determine eligibility).
4. Driving record will be reviewed.
5. Must be in good physical health, tobacco-free for 12 (twelve) months prior to applying and be able to perform the tasks associated with firefighter duties.

APPLICATION PROCESS (PART 1)

Provide Copies of:

1. Any Certificates of Certifications that you have.
2. High school diploma or G.E.D. and any college degree(s)
3. Driver's License -front only(must be readable)
4. Immunization record. (If you have one.)
5. **Background Check** (Provide background check from the county you have resided in for the last 5 years. Form included in application packet may be used to obtain background check from Local Law Enforcement Office.)
6. Copy of **Driving Record** from the Clerk of Courts (If lived in Florida for less than 5 years you will need a copy from your previous state of residence.

Turn the completed package to the HNFD Administrative Office. (We are not responsible for lost or missing packages that are not hand delivered to the Administrative Office. **Faxed applications will not be accepted.**)

Application package will be reviewed against the Holley-Navarre Fire District's current guidelines upon approval you will then move to Part 2.

AGILITY TEST (PART 2) Will be scheduled at a later date

1. You will be notified by phone or mail that you are scheduled for an agility test.
 - A. This test consists of tasks or simulations of tasks that firefighters normally perform.
 - B. The specific guidelines will be given to you when you are scheduled.

PERSONAL INTERVIEW (PART 3)

You will be notified of your scheduled time for this interview. You may be asked to bring additional items with you not listed on the application.



**HOLLEY-NAVARRE
FIRE DISTRICT**
8618 ESPLANADE ST.
NAVARRE, FL 32566
(850) 939-5236 FAX: (850) 939-0755

APPLICATION

Date of Application: _____

Position Applying For: _____

PERSONAL INFORMATION					
<i>Name</i> _____					
Last, First, Middle			Suffix, Jr., III, etc		
Driver's License #	State	Exp.	Class		
Address _____					
Street		City	State	Zip	
Phone	() -	() -	() -		
Home	Work	Cell	Email		
Phone Numbers and Email are not for public release. They are used only as contact information for station personnel					
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?		Yes	No	Have you ever been convicted of a crime?	
				Yes	No
If answered yes to either question list the date and nature of the offense. _____					
CURRENT INFORMATION					
Are you currently certified as a Florida firefighter?		Yes	No		
Date of Certification		Certification Number			
Are you currently certified?		EMT	Yes	No	EMT-P
			Yes	No	
Date of Certification		Certification Number			
Do you hold any other certifications? (i.e. HAZMAT, ARFF, etc.)				Yes	No
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
High School				
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.)</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



**HOLLEY-NAVARRE
FIRE DISTRICT**
8618 ESPLANADE ST.
NAVARRE, FL 32566
(850) 939-5236 FAX: (850) 939-0755

Personal Inquiry Waiver

TO: Board of Fire Commissioners
Holley-Navarre Fire District
Navarre, FL 32566

Applicant's Full Name: _____
Date of Birth: _____
Social Security Number: _____
Driver's License Number: _____

I respectfully request and authorize you to furnish the Holley-Navarre Fire District any and all information that you may have concerning my criminal record, work record, school record, military record, reputation, and financial and credit status. Please include any and all reports including all information of a confidential or privileged nature, and photostats of the same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Fire Department.

I hereby release you, your organization or other entity from any liability or damage which may result from furnishing the information requested above.

Applicants Signature

Date

Address

City

State

Zip Code

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on _____ (date) by _____
_____(name of affiant).

He/She is personally known to me or has presented _____ (type of identification) as identification.

(SEAL)

Signature _____

Name _____

Title: NOTARY PUBLIC

Commission No: _____ Expires: _____