

**CITY OF LIGHTHOUSE POINT**  
**Fire Rescue Department**  
**3740 N.E. 22<sup>nd</sup> Avenue, Lighthouse Point, Florida 33064**

**EMPLOYMENT APPLICATION – FIREFIGHTER/PARAMEDIC**

**INSTRUCTIONS:**

This Application must be filled out accurately and completely. Please type or print (in ink) all information. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Applicants who submit incomplete applications will not be considered for employment.

All statements made on the Application are subject to verification. Any exaggerated, false, or misleading statements may be cause for disqualification from further consideration from employment and/or subsequent termination from employment. Eligibility for hire may be based on a rating of this Application; therefore, completeness and accuracy is of the utmost importance.

The City of Lighthouse Point provides reasonable accommodation to applicants with disabilities where appropriate. If you need a reasonable accommodation for any part of the application and hiring process, please notify the Personnel/Human Resources Department at (954) 943-6500 or at 2200 N.E. 38<sup>th</sup> Street, Lighthouse Point, Florida 33064. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

The City of Lighthouse Point is an Equal Opportunity Employer.

**REQUIRED DOCUMENTS:**

All applicants are required to submit copies of the following documents to be eligible for consideration of employment:

- High school diploma (or GED certificate)
- College certificate (or transcript), if applicable
- Florida driver's license, Class D with "E" endorsement
- EVOC certificate
- Proof of Florida certification for Firefighter, Paramedic, CPR, ACLS
- Current Broward County physical agility card or currently employed as a Firefighter/Paramedic
- DD Form 214 (when prior military)

**FOR ADDITIONAL INFORMATION:**

If you have any questions or require additional information, please call (954) 943-6500 or contact the Personnel/Human Resources Department at: City of Lighthouse Point, 2200 N.E. 38<sup>th</sup> Street 33064.

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**IMPORTANT NOTICES TO ALL APPLICANTS:**

Fraudulent conduct or false statements by any applicant or by another person on the applicant's behalf and with the applicant's knowledge, in any aspect of the employment evaluation process, will be cause for the exclusion of such applicant from consideration from employment.

Your social security number is requested for the purpose of payroll eligibility verification, processing employment benefits, applicant and employee background checks, and income reporting, and will be used solely for these purposes.

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

**1. GENERAL PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address (if available): \_\_\_\_\_

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

Residential Addresses for prior ten (10) years (include City, State, and Zip Code):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**2. SUMMARY OF FIREFIGHTER/PARAMEDIC EXPERIENCE**

Are you currently employed as both a firefighter and a paramedic? No \_\_\_ Yes \_\_\_

If yes, with what Agency are you currently employed?

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Name and Address of Agency (including City, State, and Zip Code)

Phone number of Agency: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Current rank: \_\_\_\_\_ Highest rank attained: \_\_\_\_\_

Number of Firefighters employed by the Agency? \_\_\_\_\_

If you are **not** currently employed as a Firefighter/Paramedic, have you ever been employed as both a Firefighter and a Paramedic? No \_\_\_ Yes \_\_\_

If yes, with what agency(ies) were you so employed:

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Name and Address of Agency (including City, State, and Zip Code)

Phone number of agency: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Highest rank attained: \_\_\_\_\_

Number of firefighters employed by the agency(ies): \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

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**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**3. FIREFIGHTER/PARAMEDIC CERTIFICATION**

Are you currently certified as a Firefighter by the State of Florida? No \_\_\_ Yes \_\_\_

Have you graduated from a Florida Fire Academy? No \_\_\_ Yes \_\_\_

If yes, from which Florida Fire Academy did you graduate: \_\_\_\_\_ Academy Hours: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_

Florida Certificate No.: \_\_\_\_\_

Date Certificate Issued/Expires: \_\_\_\_\_ / \_\_\_\_\_

Are you currently certified as a Paramedic by the State of Florida? No \_\_\_ Yes \_\_\_

Have you graduated from an Academy? No \_\_\_ Yes \_\_\_

If yes, from which Academy \_\_\_\_\_

Name	City
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Academy Hours: \_\_\_\_\_ Date attended: \_\_\_\_\_ to \_\_\_\_\_

Florida Certificate No.: \_\_\_\_\_

Date Certificate Issued/Expires: \_\_\_\_\_ / \_\_\_\_\_

Are you currently certified as an EMT by the State of Florida? No \_\_\_ Yes \_\_\_

Have you graduated from an Academy? No \_\_\_ Yes \_\_\_

If yes, from which Academy \_\_\_\_\_

Name	City
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Academy Hours: \_\_\_\_\_ Date attended: \_\_\_\_\_ to \_\_\_\_\_

Florida Certificate No.: \_\_\_\_\_

Date Certificate Issued/Expires: \_\_\_\_\_ / \_\_\_\_\_

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**4. EMPLOYMENT HISTORY**

This section must be completed in full as resumes will not be accepted as official applications.

Identify for the last ten (10) years your paid work experience beginning with your current or most recent job. List each promotion or transfer as a separate job, even if with an employer you have already listed. Include military service, part-time employment, and self-employment. List all gaps in work history in the spaces provided. If necessary, attach additional sheets to this Application to ensure a complete listing of all employment.

Are you presently employed? No _____ Yes _____
Name of Current Employer: _____
Current Job Title: _____
Employer's Address: _____
Employer's Phone Number: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Current Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____
Number of Employees Supervised (if any): _____
May we contact your present employer? No ___ Yes ___
If no, please explain: _____
_____

Name of Former Employer: _____
Job Title: _____
Employer's Address: _____
Employer's Phone Number: _____
Dates of Employment: _____ to _____
Starting Salary: _____ Ending Salary: _____
Supervisor's Name and Title: _____
Specific Job Responsibilities: _____
_____
Number of Employees Supervised (if any): _____
May we contact this former employer? No ___ Yes ___
If no, please explain: _____
_____

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**5. EMPLOYMENT HISTORY – (continued)**

Name of Former Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Specific Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Number of Employees Supervised (if any): \_\_\_\_\_  
May we contact this former employer? No \_\_\_ Yes \_\_\_  
If no, please explain : \_\_\_\_\_  
\_\_\_\_\_

Name of Former Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Specific Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Number of Employees Supervised (if any): \_\_\_\_\_  
May we contact this former employer? No \_\_\_ Yes \_\_\_  
If no, please explain : \_\_\_\_\_  
\_\_\_\_\_

Name of Former Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's Phone Number: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Specific Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Number of Employees Supervised (if any): \_\_\_\_\_  
May we contact this former employer? No \_\_\_ Yes \_\_\_  
If \_\_\_\_\_ no, \_\_\_\_\_ please \_\_\_\_\_ explain  
: \_\_\_\_\_

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

List ALL of the Fire Departments that you have applied to in the last TWO (2) years.

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**6. EMPLOYMENT SUMMARY**

Have you ever been involuntarily terminated from employment or asked to resign from employment? No \_\_\_ Yes \_\_\_

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If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

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Have you ever been subjected to disciplinary action (including written counseling, written reprimand, demotion, suspension, or termination), including during a probationary period? No \_\_\_ Yes \_\_\_

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

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Have you ever terminated your employment while the subject of any investigation by an employer? No \_\_\_ Yes \_\_\_

If yes, please explain (include name of employer(s); supervisor(s); and date(s) of incident(s)):

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**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**7. MILITARY HISTORY/EMPLOYMENT**

You must respond to all questions in this section even if all information was provided above in section 4.

Do you now or have you ever served in the United States Armed Forces?

No\_\_\_ Yes \_\_\_

If yes, in which branch(es) have you served: \_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Duty in Service (i.e., Military Police): \_\_\_\_\_  
\_\_\_\_\_

Type of Discharge: \_\_\_\_\_

While in the military service, were you ever arrested for an offense that resulted in a trial by a court or by a summary, special, or general court-martial? No\_\_\_ Yes\_\_\_

If yes, identify the arresting branch; the approximate dates of the investigation; explain the circumstances leading to the investigation; and identify the outcome of the investigation explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. EDUCATION AND SPECIAL TRAINING**

Do you have a High School diploma? No\_\_\_ Yes\_\_\_

If yes, date obtained: \_\_\_\_\_

If you do not have a High School diploma, do you have a G.E.D.?

No\_\_\_ Yes\_\_\_

If so, date obtained: \_\_\_\_\_

If you do not have a high school diploma or G.E.D., please indicate the highest grade completed: \_\_\_\_\_

Last high school attended \_\_\_\_\_

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

Name \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

**8. EDUCATION AND SPECIAL TRAINING – (continued)**

**Colleges and Universities Attended**

Name and Location: \_\_\_\_\_

Major/Minor Degree Field or Program of Study: \_\_\_\_\_

Did you graduate? No\_\_\_ Yes\_\_\_ Type of Degree received: \_\_\_\_\_

If no, indicate number of credit hours received: \_\_\_\_\_

Name and Location: \_\_\_\_\_

Major/Minor Degree Field or Program of Study: \_\_\_\_\_

Did you graduate? No\_\_\_ Yes\_\_\_ Type of Degree received: \_\_\_\_\_

If no, indicate number of credit hours received: \_\_\_\_\_

Name and Location: \_\_\_\_\_

Major/Minor Degree Field or Program of Study: \_\_\_\_\_

Did you graduate? No\_\_\_ Yes\_\_\_ Type of Degree received: \_\_\_\_\_

If no, indicate number of credit hours received: \_\_\_\_\_

**Special Training Schools - (Business, Trade, Vocational, Armed Forces)**

Name and Location : \_\_\_\_\_

Course/Subject Taken: \_\_\_\_\_

Certificates Received: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_ Hours Required for Certification \_\_\_\_\_

Name and Location : \_\_\_\_\_

Course/Subject Taken: \_\_\_\_\_

Certificates Received: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_ Hours Required for Certification \_\_\_\_\_

Name and Location : \_\_\_\_\_

Course/Subject Taken: \_\_\_\_\_

Certificates Received: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_ Hours Required for Certification \_\_\_\_\_

# LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION

If you have more education training information to provide, please attach a separate sheet in the same format

## 9. CHARACTER REFERENCES

Do not include relatives, former employers, persons who live outside of the United States or its territories, or present supervisors. List only references who have definite knowledge of your qualifications and fitness for the position as a Firefighter/Paramedic. List five (5) persons.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (include City, State, and Zip Code)  
How long have you known this person? \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (include City, State, and Zip Code)  
How long have you known this person? \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (include City, State, and Zip Code)  
How long have you known this person? \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (include City, State, and Zip Code)  
How long have you known this person? \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ (include City, State, and Zip Code)  
How long have you known this person? \_\_\_\_\_

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

Relationship: \_\_\_\_\_

**10. DRIVER'S LICENSE INFORMATION**

Do you possess a valid Florida driver's license? No \_\_\_ Yes \_\_\_

If yes, what is your License number: \_\_\_\_\_

Type of license you have: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had a driver's license in any state other than Florida? No\_\_\_ Yes\_\_\_

If yes, what State: \_\_\_\_\_ License number: \_\_\_\_\_

Type of license: \_\_\_\_\_

Date of issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**11. CRIMINAL HISTORY**

Were you ever arrested or taken into custody under ANY circumstances (including all arrests as a juvenile): No\_\_\_ Yes\_\_\_

If yes, list all such arrests:

Charge	Agency	Date	Disposition/Sentence

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law? No\_\_\_ Yes\_\_\_

If yes, please identify the state in which the arrest occurred; the date of the arrest; the arresting agency; the offense(s) with which you were charged; whether the offense was a misdemeanor or felony; and the outcome of the charge.

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

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

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**12. FINANCIAL**

Have you ever been brought into civil court for non-payment of a debt, had a credit or loan application declined, had property repossessed or auctioned, been evicted, or filed bankruptcy? No \_\_\_ Yes \_\_\_

If yes, explain (provide company involved, dates and locations):

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List ALL debts you are presently paying, or which are outstanding. Include mortgages, car payments, credit cards, etc. List the creditor's name and phone number; amount owed; amount paid; period of payment (i.e., monthly, bi-weekly):

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# LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION

**Please read this statement carefully before signing below:**

I hereby certify that each response on this Application and all other information I have provided in applying for employment with the City of Lighthouse Point are true and correct and contain no misrepresentations, omissions, or concealment of material fact. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification from further consideration for employment or discharge from employment at any time.

Copies of all required documents must be submitted prior to employment. All information and documentation is subject to investigation and verification.

## **RELEASE AND WAIVER**

To Whom It May Concern:

I am making application for employment as a firefighter/paramedic with the City of Lighthouse Point.

I understand that critical components of the City's investigation into my application for employment are an examination of my medical, educational, financial, employment, and personal conduct background.

I hereby authorize the City of Lighthouse Point, within one (1) year of the date noted below, to obtain all information in your files pertaining to any past or present employment, credit or educational records, including, but not limited to, academic achievement, attendance, athletic or medical performances/history, the product of any and/or all background, polygraph, CVSA, medical and/or psychological investigations or examinations, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records.

I also hereby authorize any duly-authorized representative of the City of Lighthouse Point bearing this release, or a copy thereof, to obtain copies of any or all of the above-mentioned records.

I hereby direct you to release this information upon request of the bearer. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Lighthouse Point.

My consent is granted for the City of Lighthouse Point to furnish the information described above to all parties required in the course of their official duties.

# LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION

I hereby release you, as the custodian of such records, of any past or present employer; school, college, university, or other educational institution wherein my scholastic records are available; any hospital or other repository of any of my medical records; any credit bureaus, lending institutions, consumer reporting agencies; or retail business establishments possessing my credit/debit payment records 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 the compliance with this authorization and request to release information. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Your assistance in this matter is greatly appreciated. Thank you.

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Name (print):** \_\_\_\_\_

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

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

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Signature of Notary Public State of Florida  
(NOTARY SEAL)

\_\_\_\_\_  
Name of Notary Typed, Printed, or Stamped

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**Did you remember to:**

- ☼ Include your Social Security Number?
- ☼ Answer all questions completely?
- ☼ Complete the Employment History portion of the application in detail?
- ☼ Explain all gaps in employment?
- ☼ Complete application supplement, if applicable?
- ☼ Submit copies of documents requested, if applicable?
- ☼ Sign and date the application?

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 1 of 4**

**DISCLOSURE TO APPLICANT OF MEDICAL EXAMINATION  
REQUIREMENT  
INCLUDING TEST FOR CURRENT USAGE OF DRUGS**

Prior to employment with the City of Lighthouse Point, Firefighter/Paramedic candidates with conditional job offers are required to submit to a medical examination to determine whether they are able to perform all essential job duties and to assure the safety, health, and welfare of City employees and the general public. The City of Lighthouse Point is a Drug-Free Workplace and, therefore, offers of employment are conditioned upon satisfactory results of drug testing. Conditional job offers will be revoked if the applicant refuses to submit to a drug testing or if the results of the drug testing are unsatisfactory.

**CONSENT TO MEDICAL EXAMINATION AND DRUG TESTING**

In the event that I am conditionally offered employment by the City of Lighthouse Point as a Firefighter/Paramedic, I voluntarily consent to a medical examination prior to my beginning employment. In the event that I am conditionally offered employment by the City of Lighthouse Point, I also consent to a drug test of my urine and/or blood and/or hair prior to my beginning employment. I hereby authorize and give full permission to have the City's contracted medical provider, its staff, and/or associates send a specimen of my urine and/or blood and/or hair to a laboratory for screening tests for the presence of drugs. I authorize these results, whether positive or negative, to be given to a Medical Review Officer selected by the City and the City's Personnel Department. I release the City of Lighthouse Point, its officers, agents, and employees from any liability whatsoever in connection with such a medical examination and/or drug test or the use of the results therefrom. I have read in full and understand the above Disclosure and Consent and conditions of employment contained therein.

Applicant's Name (print) \_\_\_\_\_

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

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 2 of 4**

**TOBACCO PRODUCTS AFFIDAVIT**

The City of Lighthouse Point does not employ individuals who now use or have used tobacco products within the last twelve (12) months.

Do you now or have you ever within the last twelve (12) months smoked or used tobacco products? No \_\_\_ Yes \_\_\_

If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby affirm that I have not been a user of tobacco products within the at least twelve (12) months immediately preceding my application for employment with the City of Lighthouse Point. Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 3 of 4**

**EMPLOYMENT INQUIRY RELEASE**

I understand that as a condition of employment, statements I have made either verbally or in writing in the course of my seeking employment with the City of Lighthouse Point, will be verified through various sources including but not limited to a Criminal History Records search, Driver's License History, credit reports, education records, former and current employers, and personal references. I hereby authorize the City of Lighthouse Point to obtain any information in your files pertaining to any past or present employment, credit, or educational records, including, but not limited to, academic achievement, the product of any and/or all background, any and all department performance evaluations, attendance records, internal affairs and/or department investigations, and disciplinary records. Additionally, I authorize the City of Lighthouse Point to conduct a credit, criminal, and driving record inquiry. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the City of Lighthouse Point. Consent is further granted for the City of Lighthouse Point to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Full Name \_\_\_\_\_

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

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

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Other Prior Names/Aliases \_\_\_\_\_

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

**LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION**

**PRE-EMPLOYMENT AGREEMENT**

**PART 4 of 4**

**NOTICE TO APPLICANT OR EMPLOYEE OF  
INTENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT**

Dear Applicant or Employee:

In connection with your application for employment or your employment, the City of Lighthouse Point would like to procure certain background information concerning you which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your: credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends, and/or associates (e.g., former employers).

Before we may procure an investigative consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure an investigative consumer report. However, we will not consider you further for employment if you so decline. If you are an employee, we may consider employment action if you decline.

We intend to ask your former employer(s) the following questions concerning you:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances.
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

Attached to this form you will find a release which will allow us to obtain an investigative consumer report concerning the foregoing questions. Please read the release carefully before signing it and indicating your choice regarding disclosure.

LIGHTHOUSE POINT FIRE RESCUE DEPARTMENT  
FIREFIGHTER/PARAMEDIC EMPLOYMENT APPLICATION

PRE-EMPLOYMENT AGREEMENT

PART 4 of 4 – (continued)

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant" letter attached to this form.

I understand that I have the right to decline authorization for the City of Lighthouse Point to procure an investigative consumer report concerning me.

I understand that the investigative consumer report may contain information concerning my: credit worthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background.

As disclosed on the form below, I understand the nature and scope of the investigation that is going to be made into my background.

Understanding these rights,

I authorize the City of Lighthouse Point to procure an investigative consumer report concerning me.

I do not authorize the City of Lighthouse Point to procure an investigative consumer report concerning me.

NAME (Print please): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

PLEASE PRINT ALL REQUESTED INFORMATION

Full Name \_\_\_\_\_ Other Names Used \_\_\_\_\_

Current Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Previous Address \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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

Prospective Employ \_\_\_\_\_

\*Date of Birth is being requested to obtain accurate retrieval of records.