



# FIRE CORPS APPLICATION

Name:			Date of Birth:	
Address:		City:	State:	Zip Code:
Phone:	Cell Phone:	E-mail Address:		

Are you currently an Alachua County employee?      Yes:  No:  Employee Number: \_\_\_\_\_

Have you ever worked for the Alachua County?      Yes:      No:      Employment Dates (mo/yr): \_\_\_\_\_

Are any of your relatives\*(marriage also) employed by the Alachua County      \_\_\_\_Yes      \_\_\_\_No

(\*If yes, please list name, relationship and department)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

How often are you available to volunteer?    **Weekly**      **Daily**      **Monthly**      **Other:**

What times of the day are you available? Morning \_\_\_\_\_ to \_\_\_\_\_ Afternoon \_\_\_\_\_ to \_\_\_\_\_ other \_\_\_\_\_ to \_\_\_\_\_

Please check your office skills and/or interest:

Microsoft Office	Data Entry	Accounting	Filing	Other
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Driver's License Information:**

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number:	State:	CDL? Yes No	Classification:
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Do you have a High School Diploma or a G.E.D.?    Yes    No If no, indicate highest grade completed: \_\_\_\_\_

**Education from an Accredited College/University:**

College:	Major:	Type of Degree:	Degree Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Hours:
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**Language Proficiency (Other than English):**

Language:	Speak: <input type="checkbox"/> Yes <input type="checkbox"/> No	Read: Write: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
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**EMPLOYMENT HISTORY**

Position Title:	Employment Dates (mo/yr)	From:	To:	
Employer:	Phone #			
Address:	City:	State:	Zip:	
Direct Supervisor:				

**VOLUNTEER HISTORY**

Position Title:	Volunteer Dates (mo/yr)	From:	To:	
Employer:	Phone #			
Address:	City:	State:	Zip:	
Direct Supervisor:				

**List two Personal References (not related to you):**

Name:	Phone #
Address:      City:      State:	Zip:
Name:	Phone #
Address:      City:      State:	Zip:

Do you have a request for reasonable accommodations to perform your volunteer duties? \_\_\_\_Yes \_\_\_\_No

Have you ever been terminated, discharged, or forced to resign?

Yes  No If Yes, please name the employer, explain the circumstances, and when (mo/yr)

**Alachua County conducts an extensive background investigation of criminal history.** A criminal conviction does not constitute an automatic bar to placement. Each case is considered individually and based on job requirements. However, failure to answer truthfully will result in disqualification for placement with Alachua County. "Crime" as used in this section means any and all felonies, misdemeanors, and serious driving offenses. "Crime" does not include minor civil traffic offenses. If you are unsure how to answer this question, please ask for assistance. "Convicted" means that you have been found guilty by a court or jury, pleaded guilty or no contest to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined, or received suspended sentence.

Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court? Yes\_\_\_\_ No\_\_\_\_

Are you pending charges, trial or other court proceedings for any crime, in any jurisdiction, at this time?

Yes No  
If you answered yes to either or both of these questions, please give details including the offense(s) for which you were convicted or are currently pending charges, date of conviction, and jurisdiction (court, city, county and state). If an offense has been set aside or expunged, please give date of action.

**CONDITIONS**

**I fully understand, acknowledge and agree to the following:**

**The program is under no obligation to accept all interested volunteers.**

**Any or all of the following may be required before placement in any sensitive volunteer position:**

**(A)Background Investigation (B) Fingerprinting (C) Substance Abuse Testing (D) DMV Check**

**All statements made on this application are true and authorization is given to investigate all matters contained in this application. Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN APPLICATION TO:

Alachua County  
Fire Rescue  
PO Box 5038  
Gainesville, FL 32627

For Office Use Only

Date Received		
Date Interviewed		
Date Placed/Dept Approval		
Dept Supervisor Name		
Fingerprinted	Background Check	Community Services