



KEY LARGO FIRE DEPARTMENT VOLUNTEER APPLICATION & INFO

YOU MUST ATTACH AND EMAIL COPIES OF THE FOLLOWING WITH THIS APPLICATION TO BE CONSIDERED FOR TESTING:

- **FLORIDA DRIVERS LICENSE**
- **FIREFIGHTER STATE CERTIFICATION**
- **SOCIAL SECURITY CARD**
- **BIRTH CERTIFICATE**
- **EMT-B OR PARAMEDIC STATE CERTIFICATION**
- **EVOC CERTIFICATION**

THE PROCESS IS AS FOLLOWS:

- **ONCE APPROVED YOU WILL RECEIVE AN EMAIL WITH INFORMATION.**
- **WE WILL HOLD A VOLUNTEER TESTING DATE WHICH YOU WILL BE REQUIRED TO ATTEND TO MOVE FORWARD IN THE PROCESS.**
 - o **VOLUNTEER TESTING INCLUDES:**
 - **PHYSICAL ABILITY TEST (PAT)**
 - **50 QUESTION FIRE WRITTEN (70%)**
 - **ORAL INTERVIEW**
- **THIS IS ALL COMPLETED IN ONE DAY AND USUALLY ON A SATURDAY.**
- **ONCE YOU COMPLETE THE TESTING YOU WILL RECEIVE AN EMAIL ADVISING YOU OF YOU'RE STANDING IN THE PROCESS USUALLY WITHIN 1 WEEK FROM THE DATE OF TESTING.**

KEY LARGO FIRE DEPARTMENT

Volunteer Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for or applied to this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date