



OKEECHOBEE COUNTY BOARD OF COUNTY COMMISSIONERS



FIRE RESCUE

707 NW 6th Street Okeechobee, FL 34972 | P: (863) 763-5544 | careers@okeechobeecountyfl.gov

Dear Fire Rescue Employment Applicant:

Thank you for your interest in employment with Okeechobee County Fire Rescue. As a Firefighter with Okeechobee County Fire Rescue, you will have the opportunity to make a significant impact on the safety and well-being of our community. Our team is comprised of individuals who are not only highly skilled and proficient in their duties but also compassionate, resilient and dedicated to the service of others.

Employment Applications and current pay scale information may be obtained by visiting: <https://www.okeechobeecountyfl.gov/departments/human-resources/employment-opportunity>.

A copy of the following information is required with any firefighter application:

- High School Diploma
- Florida Driver License
- Florida Firefighter Certification
- Florida EMT or Paramedic License
- Valid CPR card
- Valid ACLS card
- Any additional fire or EMS certificates that you wish to submit.

Okeechobee County Fire Rescue participates in the National Firefighter Selection Inventory and Treasure Coast Physical Agility (TC-PAT) pre-employment examinations process. Additionally, we accept the Fire Team written test and the CPAT test offered through the National Testing Network. To be considered for employment, you must show documentation of completion for both physical abilities and written testing within the prior 12 calendar months of either of these forms of testing with any firefighter application:

- TCPAT or CPAT
- National Firefighter Selection Inventory or Fire Team

Should you be selected for an interview, you can expect to hear from us via phone, using the information on your application. Please make sure that you keep this information updated with the Human Resources Department.

Thank you once again for your interest in joining our team.

Sincerely,

Earl Wooten

Earl Wooten, EFO
Public Safety Director/Fire Chief



OKEECHOBEE COUNTY BOARD OF COUNTY COMMISSIONERS



APPLICATION FOR EMPLOYMENT
FIRE RESCUE

304 NW 2nd Street, Room 103 Okeechobee FL, 34972 | P: (863) 763-9312 Ext. 4 | F: (863) 763-0118 | careers@okeechobeecountyfl.gov

Position Applying For _____ Date _____

PERSONAL INFORMATION

Name _____

Last First Middle

Have you ever used or been known by any other name (s) including first name (i.e., nickname or common name)? If yes, please indicate names _____

Present Address _____

Street City State Zip

How long have you lived there? _____

Best Contact Phone Number _____ Email Address _____

Are you over the age of 18? Yes No - Employment is subject to compliance with Fair Labor Standards Act.

GENERAL INFORMATION

Date Available for Work _____ What salary or pay rate do you expect? _____

What days and hours are you available to work? Days _____ Hours _____

Have you ever applied for a job with us before? Yes No
If yes, when and for what position? _____

Have you ever worked for a Florida Retirement System (FRS) Participating Employer before? Yes No
If yes, employment is subject to compliance with FRS reemployment conditions.

In accordance with FL Statute 633.412, have you ever been convicted* of a misdemeanor relating to the firefighter position of employment sought or to perjury or false statements or a felony or a crime punishable by imprisonment of (1) year or more under the law of the United States or of any state thereof or under the law of any other country, or dishonorably discharged from any of the Armed Forces of the United States (includes nolo contendere plea)? Yes No

*Convicted means a finding of guilt or the acceptance of a plea of guilty or nolo contendere, in any federal or state court or a court in any other country, without regard to whether a judgement of conviction has been entered by the court having jurisdiction of the case.

Does your present employer know of your plans to change employment? Yes No
Why do you desire to make a change? _____

Have you ever been discharged or asked to resign? Yes No
If yes, explain _____

Do you have steady transportation to work? Yes No Do you have a valid Florida Driver's License? Yes No

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes No

Equal Employment Opportunity Employer (EEO)

We receive applications and hire employees without regard to race, color, national origin, religion, sex, age, genetic information, marital status, disabilities, citizenship status or Vietnam Era and Special Disabled Veterans status, or any other protected category.

Drug-Free Workplace

Okeechobee County is committed to maintaining a drug-free workplace in compliance with all applicable State and Federal laws. All selected candidates in a special-risk and/or mandatory testing position will be required to pass a pre-employment drug test.

EMPLOYMENT HISTORY & REFERENCES
 (Start with most recent or present employer)

1. Organization Name of Most Recent Employer	Immediate Supervisor (Name & Position)	Telephone Number
Your Job Title & Duties		
Date Hired	Date Left	Starting Rate
Reason for Leaving		Last Rate
May we contact the employer listed above? Yes No		
2. Organization Name of Employer	Immediate Supervisor (Name & Position)	Telephone Number
Your Job Title & Duties		
Date Hired	Date Left	Starting Rate
Reason for Leaving		Last Rate
May we contact the employer listed above? Yes No		
3. Organization Name of Employer	Immediate Supervisor (Name & Position)	Telephone Number
Your Job Title & Duties		
Date Hired	Date Left	Starting Rate
Reason for Leaving		Last Rate
May we contact the employer listed above? Yes No		
4. Organization Name of Employer	Immediate Supervisor (Name & Position)	Telephone Number
Your Job Title & Duties		
Date Hired	Date Left	Starting Rate
Reason for Leaving		Last Rate
May we contact the employer listed above? Yes No		

PERSONAL REFERENCES
 (Do not list relatives)

Name	Phone Number	Yrs. Acquainted
Name	Phone Number	Yrs. Acquainted

If you are provided a contingent employment offer, your information will be used for the purpose of initiating and processing applicant or employee background checks to include consumer reports, educational institutions, government agencies, companies, corporations, and credit reporting agencies in compliance with the Fair Credit Reporting Act.

EDUCATION

SCHOOLING	# OF YEARS COMPLETED	DEGREE RECEIVED	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
HIGH SCHOOL					
TRADE SCHOOL					
COLLEGE/UNIV					
GRADUATE SCHOOL					

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether a degree or certificate was received. Schools must be accredited by the U.S. Department of Education.

RELATIVES

To your knowledge, do you have any relatives currently working at the County? Yes No
 If yes, name _____ Dept. _____ Relationship _____



Okeechobee County BOCC hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S. Are you legally authorized to work in the U.S.? Yes No

APPLICANT'S CERTIFICATION

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements or omission of information on this application, a resume, or other applicant information provided may result in my dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit bureaus of your choice. In making this application for employment I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that employment at Okeechobee County is on an at-will basis and is not offered, guaranteed, contracted, or promised for any specific length of time. The County has the right to terminate the employment relationship at any time. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

 Signature of Applicant

 Date

VETERANS' PREFERENCE

Applicants applying for positions with the Okeechobee County Board of County Commissioners may be eligible for Veterans' Preference in accordance with Florida Statutes – Section 295.07, which provides for Veterans' Preference in hiring and retention. **If you are claiming Veteran's Preference, you must complete the attached Application for Veteran's Preference and provide a copy of your DD214 form or equivalent certification from the Department of Veterans' Affairs.** DOCUMENTATION MUST INDICATE ENTRY DATE AND DISCHARGE DATE. All documents must clearly indicate that they are copies of the originals. Preference will not be given retroactively.

Application Submission Instructions: Employment Application must be signed and include all required supporting documents. Must be submitted either via email (careers@okeechobeecountyfl.gov) or in person to the Human Resources Department 304 NW 2nd St. Room 103 Okeechobee, FL 34972.



**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER (EEO)
OPTIONAL SURVEY**

Completion of this form is voluntary. No personnel selections are made based on this information. There will be no impact on your application if you choose not to answer any of these questions.

Position Applying For:	Date:
Name:	
Phone Number:	

DEMOGRAPHIC INFORMATION ON APPLICANTS - YOUR PRIVACY IS PROTECTED

This information is used to determine if our Equal Employment Opportunity efforts are reaching all segments of the population, consistent with Federal Equal Employment Opportunity laws. Responses to these questions are voluntary. Your responses will not be shown to the panel rating the applications, to the official selecting an applicant for a position, or to anyone else who can affect your application. This form will not be provided to your supervisors in your employing office should you be hired. The aggregate information collected through this form will be kept private to the extent permitted by law. See the Privacy Act Statement below for more information. Thank you for helping us to provide better service.

How did you learn about this position? (Check One)

- | | |
|--|--|
| <input type="checkbox"/> County Website | <input type="checkbox"/> Human Resources Department |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Walk-In for Any Available Positions |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Radio/TV Announcement |
| <input type="checkbox"/> Friend or Relative Working for The County | <input type="checkbox"/> Other _____ |

Disabled: Yes No

Sex: Male Female

In accordance with the ADA, Okeechobee County BOCC invites disabled applicants to inform the Human Resources Office if they need any assistive device or special accommodation to compete for, or if selected, to be employed in the position for which they have applied.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: Asian
American Indian or Alaska Native
Black or African American
Native Hawaiian or Other Pacific Islander
White

Privacy Act Statement: This Privacy Act Statement is provided pursuant to 5 U.S.C. 552a (commonly known as the Privacy Act of 1974). The authority for this form is 5 U.S.C. 7201, which provides that the Office of Personnel Management shall implement a minority recruitment program, by the Uniform Guidelines on Employee Selection Procedures, 29 C.F.R. Part 1607.4, which requires collection of demographic data to determine if a selection procedure has an unlawful disparate impact, and by Section 501 of the Rehabilitation Act of 1973, which requires federal agencies to prepare affirmative action plans for the hiring and advancement of people with disabilities. Data relating to an individual applicant are not provided to selecting officials. This form will be seen by Human Resource personnel in the Office of Personnel Management (who are not involved in considering an applicant for a particular job) and by Equal Employment Opportunity Commission officials who will receive aggregate, non-identifiable data from the Office of Personnel Management derived from this form.

Purpose and Routine Uses: The aggregate, non-identifiable information summarizing all applicants for a position will be used by the Office of Personnel Management and by the Equal Employment Opportunity Commission to determine if the executive branch of the Federal Government is effectively recruiting and selecting individuals from all segments of the population. Effects of Nondisclosure: Providing this information is voluntary.

Paperwork Reduction Act Statement: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires us to inform you that this information is being collected for planning and assessing affirmative employment program initiatives. Response to this request is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The estimated burden of completing this form is five (5) minutes per response, including the time for reviewing instructions. Direct comments regarding the burden estimate or any other aspect of this form to [INSERT: Agency name and address] and to the Office of Management Budget, Office of Information and Regulatory Affairs, Washington, DC 20503.

**APPLICATION FOR 10-POINT VETERAN PREFERENCE
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)**

Form Approved:
O.M.B. No. 3206-0001

U.S. Office of Personnel Management

PERSON APPLYING FOR PREFERENCE

1. Name (Last, First, Middle)

2. Home address (Street Number, City, State and ZIP Code)

VETERAN INFORMATION (to be provided by person applying for preference)

3. Veteran's name (Last, First, Middle) exactly as it appears on Service Records

4. Periods of service

Branch of service	Date entered active duty	Date Separated or Released from Active Duty (if applicable)

TYPE OF 10-POINT VETERANS' PREFERENCE CLAIMED

Instructions: Check the block indicating your veterans' preference claim. Answer any questions associated with a block. The Required Documentation column refers you to information provided on the back of this form regarding the types of documents that are acceptable proof of your claim for preference. (Please note that eligibility for veterans' preference is governed by 5 U.S.C. 2108, 2108a, and 5 CFR part 211. All conditions are not fully described on this form due to space restrictions.

				Required Documentation (See reverse of this form.)
<input type="checkbox"/> 5. Veterans' preference based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the Department of Veterans Affairs (DVA).	----->			A and B
<input type="checkbox"/> 6. Veterans' preference based on a compensable service-connected disability of 10% or more as determined by the DVA or disability retirement from a Military Service Department.	----->			A and C
<input type="checkbox"/> 7. Veterans' preference for a living veteran's spouse based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal Government job, or any other position.	a. Are you currently married to the veteran? If No, you are not eligible for preference.	Yes	No	C and H
<input type="checkbox"/> 8. Veterans' preference for a veteran's widow or widower.	a. Were you married to the veteran at the time of death? If No, you are not eligible for preference.	Yes	No	A, D, E, and G (Submit G when applicable.)
	b. Have you ever remarried? (Do not count annulments.) If Yes, you are not eligible for preference	Yes	No	
<input type="checkbox"/> 9. Veterans' preference for a mother of a veteran who has a service-connected disability that is permanent and totally disabling, or who is deceased provided you are or were married to the veteran's father and <ul style="list-style-type: none"> • your husband is totally and permanently disabled; • you are widowed, divorced, or separated from the veteran's father and have not remarried; or • you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. 	a. Are you married?	Yes	No	Disabled Veteran C, F, and H
	b. Are you separated? If Yes, go to question D.	Yes	No	
	c. Is your husband totally and permanently disabled?	Yes	No	Deceased Veteran A, D, E, and F
	d. Did the veteran die on active duty? If No to C or D, you are not eligible for preference.	Yes	No	

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management or other list of eligibles. Failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference.

Public burden reporting for this collection of information is estimated to take approximately 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OPM Forms Officer, U.S. Office of Personnel Management, Washington, D.C. 20415; The OMB Number, 3206-0001, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed.

DOCUMENTATION REQUIRED - READ CAREFULLY

Please submit photocopies of documents because they will not be returned.

A. Documentation of Service and Separation.

Any official document or statement from the Armed Forces showing separation, discharge or release from active duty is under honorable conditions (Honorable or General Discharge). **Note: Only the branch of service in which the individual served can certify active duty service was performed "Under Honorable Conditions."** Such documents include, but are not limited to:

- DD-214, "Certificate of Release or Discharge from Active Duty"
- Retirement or separation orders
- Documents showing transfer to any of the reserve corps of the Armed Forces
- Certification: any written document from the armed forces that certifies the service member is expected to be discharged or released from active duty service in the armed forces under honorable conditions not later than 120 days after the date the certification is signed.
- Official statement from military personnel records center

B. Documentation of Non-Compensable Service-Connected Disability (less than 10%); Purple Heart, and Nonservice-Connected Disability Pension. Such documents include, but are not limited to:

- An official statement, *dated 1991 or later*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the present existence of the veteran's service-connected disability of less than 10%.
- An official citation, document, or discharge certificate, issued by a branch of the Armed Forces, showing the award to the veteran of the Purple Heart.
- An official statement, *dated 1991 or later*, from the Department of Veterans Affairs, certifying that the veteran is receiving a nonservice-connected disability pension.

C. Documentation of Compensable Service-Connected Disability (10% or more). Such documents include, but are not limited to:

- An official document, *dated 1991 or later*, from the Department of Veterans Affairs, or from a branch of the Armed Forces, certifying that the veteran has a service-connected disability of 10% or more.
- An official document or retired orders from a branch of the Armed Forces, showing that the veteran was retired due to a service-connected disability or has been transferred to a Disability Retirement List with a service-connected disability of at least 10% or more.

For spouses and mothers of disabled veterans, who checked item 7 or 9, *submit* the following:

An official statement, *dated 1991 or later*, from the Department of Veterans Affairs, or from a branch of the Armed Forces, certifying:

- the present existence of the veterans service-connected disability;
- the percentage and nature of the service-connected disability or disabilities (including the combined percentage); and
- a notation as to whether or not the service-connected disability is rated as permanent and total.

D. Documentation of Veteran's Death

- If death occurred while not on active military duty, *submit* certified copy of death certificate.
- When a veteran dies on active duty, the family does not receive a DD Form 214; the family receives a DD Form 1300, *Report of Casualty*, in which there is no place to record the character of service. Thus, when a veteran dies on active duty, his or her service should be presumed to be under honorable conditions unless the military service specifically indicates otherwise.

E. Documentation of Service or Death During a War, in a Campaign or Expedition for which a Campaign Badge is Authorized, or During the Period Authorized, or During the Period of April 28, 1952 through July 1, 1955.

Submit documentation of service or death during a war or during the period April 28, 1952, through July 1, 1955, or during a campaign or expedition for which a campaign badge is authorized.

F. Documentation of Deceased or Disabled Veteran's Mother's Claim for Preference because of Her Husband's Total and Permanent Disability.

Submit a statement from husband's physician showing the prognosis of his disease and percentage of his disability.

G. Documentation of Annulment of Remarriage by Widow or Widower of Veteran.

Submit either:

- Certification from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment; or
- A certified copy of the court decree of annulment.

H. Documentation of Veteran's Inability to Work Because of a Service-Connected Disability.

Answer questions 1-7 below:

1. Is the veteran currently working? If No, go to Item 3. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. If currently working, what is the veteran's present occupation?	
3. What was the veteran's occupation, if any, before military service?	4. What was the veteran's military occupation at the time of separation?	
5. Has the veteran been employed, or is he/she now employed, by the Federal civil service or D.C. Government? <input type="checkbox"/> Yes <input type="checkbox"/> No		
A. Title and Grade of position most recently, or currently, held	B. Name and address of agency	C. Dates of employment From: _____ To: _____
6. Has the veteran resigned from, been disqualified for, or separated from a position in the Federal civil service or D.C. Government along the lines of his/her usual occupation because of service-connected disability? If Yes, submit documentation of the resignation, disqualification, or separation. <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Is the veteran receiving a civil service retirement pension? If Yes, give the Civil Service annuity (CSA) or Federal employee retirement annuity number. <input type="checkbox"/> Yes <input type="checkbox"/> No	CSA#	