

# **Bayshore Fire Protection & Rescue Service District**



## **Progress Through Determination**

### **Membership Application**

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**Applicant Name**



# Bayshore Fire Rescue District

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**17350 Nalle Road, North Fort Myers, Florida 33917**

Office (239)543-3443 FAX (239)543-7075 Ops (239)567-2833

Dear Applicant:

I would like to take this opportunity to thank you for your interest in applying to Bayshore Fire & Rescue District. Bayshore Fire Rescue is comprised of approximately 38.5 sq. miles, and is a combination fire department.

Bayshore Fire Rescue offers Florida State Retirement, short and long-term disability insurance, a generous life insurance policy, employee and dependent health insurance, educational incentives, employee educational reimbursement, and an excellent opportunity for advancement within a fast-growing fire department.

Please carefully complete the attached application.

Volunteer applicants are required to submit at a minimum of

- Florida State Minimum Standard Fire Certification – FFI
- AHA BLS Provider card
- Driver's License, from all states in which you have been issued a license.
- Recent picture of yourself
- Social Security Card
- Birth Certificate
- Pre employment medical exam (required form attached)
- Any other pertinent certifications

Full time applicants are required to submit copies of the above in addition to the following:

- Florida State Minimum Standard Fire Certification – FFI & FFII
- CPAT Qualified within most recent past 1 year
- Florida State EMT Certification
- DD214, if former military
- Any additional requirements listed in the job posting
- Any other pertinent certifications

Please return your completed application with the copies as soon as possible. If you have any questions, please do not hesitate to contact us at (239) 543-3443.

Sincerely,  
Doug Underwood  
Fire Chief  
Bayshore Fire Rescue

# Bayshore Fire & Rescue District

Please read and follow these instructions exactly. Your ability to complete this document as required will be evaluated and used as one basis for acceptance as an employee of the Bayshore Fire & Rescue District. This document when completed will be used by the Bayshore Fire & Rescue District as an investigative aid. Retention of this personal data will remain in the personnel files of the Bayshore Fire & Rescue District as required by state statute.

## Instructions:

1. Type or hand print in black ink.
2. Answer every question. If a question does not apply to you, so state with N/A.
3. Any unanswered, incomplete or omitted questions may result in the rejection of your application or dismissal.
4. If the space provided is not sufficient, use page 11 (additional information) and indicate the page, section and question number that you are continuing.
5. This application must be turned in by the advertised deadline to the district's administrative office during normal business hours (8:30am to 4:30pm), unless directed otherwise.

I have read and understand the above instructions: \_\_\_\_\_ -\_-\_-  
Signature Date

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Please indicate below the position you are applying for:

- \_\_\_ Administrative
- \_\_\_ Full Time Firefighter/EMT
- \_\_\_ Volunteer Firefighter
- \_\_\_ Other: \_\_\_\_\_

**GENERAL INFORMATION**

A. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box  
\_\_\_\_\_  
City, State, Zip

C. Home Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip

D: Preferred Phone: (\_\_\_\_) \_\_\_\_\_ Circle one: Cell /Home /Work

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ Circle one: Cell /Home/Work

E. Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place of Birth: \_\_\_\_\_

F. U.S. Citizen: Yes or No

G. Have you ever had your name changed: Yes or No

If yes to line G, what were your previous names, date, and reason for change.

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

**PREVIOUS EXPERIENCE/ EDUCATION**

A. Have you ever worked, volunteered, or applied at Bayshore Fire & Rescue District in the past? Yes or No

B. High School: Name of School \_\_\_\_\_

City and State of School \_\_\_\_\_

Dates Attended \_\_\_\_\_

Graduated Yes or No

C. College: Name of College \_\_\_\_\_

City & State of College \_\_\_\_\_

Dates Attended \_\_\_\_\_

Degree or number credit hours completed \_\_\_\_\_

## EMPLOYMENT HISTORY

List chronologically all employment beginning with present or last employer.

A. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

B. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

C. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

D. Name \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

E. Do you object to your present employer being contacted: Yes or No  
If yes, Explain: \_\_\_\_\_

**MILITARY**

- A. Have you ever served in the U.S. Armed Forces? Yes No
- B. Have you ever served as a member of the Reserve? Yes No
- C. Have you ever been a member of the National Guard? Yes No
- D. If you answered yes to question A, B, or C complete the following:
  - 1. Branch of Service \_\_\_\_\_
  - 2. Highest Rank Attained \_\_\_\_\_
  - 3. Serial Number \_\_\_\_\_
  - 4. Dates of active service \_\_\_\_\_ to \_\_\_\_\_
  - 5. Type of Discharge \_\_\_\_\_

**CRIMINAL HISTORY**

- A. Have you ever committed a felony crime? Yes No
- B. Have you ever been charged or convicted of a felony? Yes No
- C. Have you ever used illegal drugs or narcotics? Yes No
- D. Have you ever received medical treatment for a drug habit? Yes No
- E. Do you expect any criminal charges to be filed against you? Yes No
- F. List below any felony, misdemeanor, or civil infractions that you have been convicted of (not including traffic infractions).  
\_\_\_\_\_  
\_\_\_\_\_
- G. Have your driving privileges ever been revoked, suspended, or denied? Yes No
- H. Do you currently hold a valid Class D license or CDL? Yes No
- I. List all states you have been licensed to drive.  
\_\_\_\_\_
- J. Have you ever been issued a traffic citation? Yes No

K. List below all traffic citations you were issued. (List year/month, charge, location)

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**PAST RESIDENCES**

A. List below all previous residences for the past 5 years, most recent first.

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**HEALTH HISTORY**

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|----|---|-----|----|
| A. | Do you have any physical defects which would prevent or impair your performance of firefighting duties? | Yes | No |
| B. | Have you had any injuries that required hospitalization?  | Yes | No |
| C. | Are you taking prescribed drugs or medications now?   | Yes | No |
| D. | Do you have any disease that could affect co-workers?   | Yes | No |
| E. | Do you have a condition that would require a special Work assignment?                                   | Yes | No |
| F. | Do you have any vision, hearing, or speech problems?  | Yes | No |
| G. | Have you had an extended absence due to an illness?   | Yes | No |

If you answered YES to any question A through G, please explain the situation below.  
Please indicate which question you are referring to.

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**EMERGENCY CONTACTS**

A. List below 2 emergency contacts:

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| Name | Address | City, State, Zip Code |
|------|---------|-----------------------|
|------|---------|-----------------------|

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Phone Numbers

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| Name | Address | City, State, Zip Code |
|------|---------|-----------------------|
|------|---------|-----------------------|

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Phone Numbers



**STATEMENTS**

- A. I understand and accept that I must successfully complete a probationary period of 12 months if I am employed at the Bayshore Fire & Rescue District. As a probationary employee, I understand that I may be discharged at will. I acknowledge that, during the probationary period, the Fire Chief or his designee has the exclusive right to discharge me at their discretion with or without cause.
  
- B. I certify that I have examined each item of this employment application to the Bayshore Fire & Rescue District and am fully aware that the acceptance of my completed application by the Bayshore Fire & Rescue District in no way encumbers the district to employ me now or in the future. I am further aware that I have entered into an employment relationship with the Bayshore Fire & Rescue District voluntarily and acknowledge that there is no specified length of employment. I understand and agree that, except as specifically prohibited by state law, all District policies and procedures may be modified, amended, or deleted by the district at its discretion; that the policies and procedures do not create any property rights in employment; and that employment may be terminated at any time with or without cause.
  
- C. I hereby swear or affirm that there are no willful misrepresentations, omissions, or falsifications of the foregoing statements and answers to questions. I am aware that should an investigation disclose such willful misrepresentations, omissions, or falsifications, my application will be rejected and I will be disqualified from applying in the future. Further, if I am accepted for employment at the Bayshore Fire & Rescue District and in the future, subsequent investigation should disclose any willful misrepresentation, omissions, or falsifications, I will be terminated without recourse on my part.

My signature below indicates that I have read and understand the statements printed on this page.

State of:  
County of:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_ who is \_\_\_Personally known or \_\_\_has  
produced \_\_\_\_\_ as photo id.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary: \_\_\_\_\_  
Seal:

**ADDITIONAL INFORMATION**

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To Whom It May Concern:

I hereby authorize any officer or authorized representative of the Bayshore Fire & Rescue District bearing this release, or copy thereof, to obtain information in your files pertaining to my employment records, educational records, credit records, disciplinary records, driving records, and criminal records. Consent is granted for Bayshore Fire & Rescue District to furnish such information to third parties in the course of fulfilling its official responsibilities. I hereby release you the custodian of these records as well as the Bayshore Fire & Rescue District from any and all liability for damages of any kind, which may at the time result to me, my heirs, family, or associates because of compliance with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Please print the following information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

I have read the above statements and agree with the terms.

State of:

County of:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_ who is \_\_\_ Personally known or \_\_\_ has produced \_\_\_\_\_ as photo id.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary: \_\_\_\_\_

Seal:

**MEDICAL EXAMINATION TO DETERMINE FITNESS FOR  
FIREFIGHTER ACTIVITIES**

Please print legibly.

NAME: LAST FIRST MI FDIC STUDENT ID

***For the medical professional conducting the examination:* The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. The examination is required by section 633.412, F.S., before an individual starts firefighter training.**

This medical examination must be completed by a physician, surgeon, or physician’s assistant licensed to practice in this state pursuant to chapter 458, F.S.; or an osteopathic physician, surgeon, or physician’s assistant licensed to practice in this state pursuant to chapter 459, F.S.; or an advanced practice registered nurse licensed to practice in this state pursuant to chapter 464, F.S.

**Such examination must include, at a minimum, the following:**

- |  |  |
|--|--|
| Dermatological system, Cardiovascular system | Ears, eyes, nose, mouth, throat            |
| Clinical evaluation of 12 lead EKG           | Auditory hearing in the pure tone          |
| Systolic and Diastolic Blood pressure        | Far visual acuity corrected or uncorrected |
| Respiratory system                           | Peripheral vision                          |
| Gastrointestinal system                      | Genitourinary system                       |
| Endocrine and metabolic systems              | Musculoskeletal system                     |
| Neurological system                          |  |

***For the medical professional conducting the examination to complete:* (sign in appropriate box)  
Based on the results of this medical evaluation, the applicant:**

**Has no pre-existing or current condition, illness, injury, or deficiencies. The applicant is medically fit to engage in firefighter training.**

Signature \_\_\_\_\_

**Has a pre-existing or current condition, illness, injury, or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is **not** medically fit for firefighter training.**

Signature \_\_\_\_\_

**Completion Required (please print)**

\_\_\_\_\_  
Name of medical professional signing form

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Office address

\_\_\_\_\_  
Office telephone number

## **Essential Job Tasks and Descriptions from NFPA 1582, 2018 edition**

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods. (5.1.1.1)
2. Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads. (5.1.1.2)
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA. (5.1.1.3)
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs. (5.1.1.4)
5. Wearing fire protective ensemble that is encapsulating and insulated and SCBA, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C). (5.1.1.5)
6. Wearing personal protective ensemble and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility. (5.1.1.6)
7. Wearing personal protective ensemble and SCBA, advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], which can involve negotiating multiple flights of stairs, ladders, and other obstacles. (5.1.1.7)
8. Wearing personal protective ensemble and SCBA, climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards. (5.1.1.8)
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration. (5.1.1.9)
10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens. (5.1.1.10)
11. Performing critical, time-sensitive, and complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions. (5.1.1.11)
12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, and hear and locate the source of calls for assistance from victims or other firefighters. (5.1.1.12)
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members. (5.1.1.13)