

# 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 currently employs 12 paid personnel plus administration and approximately 20 volunteers.

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

All applicants must go through a 3 part hiring process consisting of:

- 100 Questions written which requires a score of 70% or better to move on.
- Physical Agility Test, which requires a score of 70% or better to move on.
- Oral Interview, there is no pass-fail on this component of the test.

Please carefully complete the attached application. We will also need copies of the following:

- Driver's License, from all states in which you have been issued a license.
- Florida State Minimum Standard Fire Certification – FFI & FFII
- Florida State EMT Certification
- Birth Certificate
- Social Security Card
- Recent picture of yourself
- DD214, if former military
- 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,  
Lawrence Nisbet  
Fire Chief  
Bayshore Fire & Rescue

Application Number \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

# Bayshore Fire Rescue District

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Dear Applicant:

- All the questions from the written test are taken directly from IFSTA Essentials 4<sup>th</sup> edition.
- Enclosed are the criteria for the physical agility test.
- The oral interview will be based on a 3-5-member review board. Applicants should expect questioning to last 15-30 minutes.

Again, if you have any questions please do not hesitate to contact us at (239) 543-3443.

Thanks,  
Lawrence Nisbet  
Fire Chief  
Bayshore Fire/Rescue

Application Number \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

# 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 12 (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 districts administrative office during normal business hours (8:00am to 4:00pm), unless told 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: \_\_\_\_\_

Application Number \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

**GENERAL INFORMATION**

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

B. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

C. Home Address: \_\_\_\_\_  
\_\_\_\_\_

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

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 name, date, and reason for change.

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**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 \_\_\_\_\_

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## **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: \_\_\_\_\_

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**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

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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.

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**HEALTH HISTORY**

- |    |                                                                                                         |     |    |
|----|---------------------------------------------------------------------------------------------------------|-----|----|
| 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 |

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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

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**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.

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

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

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

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

Seal:

Application Number \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_



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.

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

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

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

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

Seal:

Application Number \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_