

# Key Largo Fire Department (Paid-On-Call) Volunteer Firefighter Application



## **DEAR APPLICANT,**

Thank you for your interest in volunteering with the Key Largo Fire Department.

We have prepared the following information to assist you in the application process and to answer whatever questions you may have. Continuation in this process is contingent upon successful completion of all required information, documents and testing. It is your responsibility to provide copies and other documents required.

Completed applications shall be returned to headquarters, Station #24, Monday through Friday, from 0900 to 1700 hrs. or via email to [Recruitment@keylargofire.org](mailto:Recruitment@keylargofire.org).

## **PREREQUISITES**

Copies of the following documents must be included with your application submittal. You are responsible for ensuring that the copies are legible for review and that all certifications are current. Only individuals possessing Florida Fire and EMS certifications will be processed. Failure to supply legible copies of required documentation may disqualify an applicant from continuing the testing process.

**Application:** Completely fill out the application. Do not leave any blanks. Use full names, addresses, zip codes and telephone numbers.

**Valid Florida Driver's License**

**Social Security Card**

**Birth Certificate or Valid Passport**

**High School Diploma or Certified Transcript**

**Candidate Physical Agility Test (NTN-CPAT) from Accredited Facility Valid Within 1 Year From Application Date**

**Current Fire Minimum Standards certification issued by the Florida State Fire Marshalls Office**

**Current Florida EMT B/P certification issued by the State of Florida Department of Health**

**16-Hour EVOC Course in Accordance with Florida Statutes**

**Current CPR/BLS certification from American Heart Association (AHA)**

**Non-User of Tobacco for at least one (1) year immediately preceding application, and sign a sworn statement attesting to this fact as required by Florida Statute 633.34**

**Waiver and Release** - It is very important that you read this form and **write** the statement indicated legibly in the space provided then sign. This form must be completed in order to participate in the physical assessment test.

**Copies:** You are responsible for your own copies. Staff cannot make copies for you.

## **TESTING**

Testing will include a 100 Question Written Exam, You will not be scheduled for testing unless the prerequisites have been completed.

### **1) Written Test**

The written test will be administered by the Key Largo Fire Department staff. You will be given approximately three (2) hours to complete the exam. The exam may have up to 100 multiple choice questions. If there are any changes, you will be notified. Your exam may or may not be graded on-site, please do not assume you will get your grade the same day.

## **ELIGIBILITY LIST**

An eligibility list will be established as soon as all testing has been completed. This list will be used to fill all volunteer vacancies until the next volunteer testing cycle.

## **GENERAL INFORMATION**

- 1) There will be a five (6) week Volunteer Firefighter Academy that each new member must attend. The Academy will get you acquainted with all our Department's policies and procedures as well as provide you with general Department fire ground operations training. The Academy will be two (2) days per week, eight (8) hours per day (scheduling days will be provided during orientation). You are only required to attend one (1) of the two (2) days however, it is recommended that you attend both of the days if possible. Further questions regarding the Academy can be directed to our Training Division at 305-451-2700 or [Recruitment@keylargofire.org](mailto:Recruitment@keylargofire.org).
- 2) Work as a volunteer Firefighter EMT-B/P is on your own schedule. The shift requirements are 48 hours per month: 2 - 24 hour shifts or 4 - 12 hour shifts.
- 3) As a new Volunteer Firefighter / EMT-B/P you are required to obey by all Department policies and procedures.
- 4) A new Volunteer Firefighter / EMT-B/P is considered on probation for the first twelve months of membership.

## **REASONS FOR REJECTION**

The following are some areas or activities which may cause an application to be denied.

- 1) The applicant is physically or mentally unfit to perform the duties of a Firefighter / EMT-B/P.
- 2) The applicant has a recent history of excessive use of alcohol, or use of narcotics or other drugs which may affect job performance.
- 3) The applicant has a history of convictions which relates to fitness to perform the required duties, or a record of conviction for any crime involving moral turpitude.
- 4) The applicant has a record of unsatisfactory employment.
- 5) The applicant has made false statements of any material fact or has practiced or attempted to practice deception or fraud in the application.
- 6) The applicant has used political pressure or bribery to secure an advantage in membership.
- 7) The applicant advocates or knowingly belongs to any organization which advocates the overthrow of the U.S. Government by force or violence.

# KEY LARGO FIRE DEPARTMENT

## Volunteer Firefighter EMT-B/P

Pay Grade: Volunteer FF  
Effective Date: December 1, 2018

FLSA Status: N/A  
Revision Date: 2/1/19

### **Job Description:**

Protects life and property, in compliance with County policies and procedures, by controlling and extinguishing fires, performing emergency medical techniques (Basic Life Support) and patient care procedures, responding to disasters and other emergencies, and maintaining department equipment, apparatus and station. Participates in fire prevention activities and training to improve public awareness of fire safety. Drives and/or operates fire rescue apparatus or ambulances. On call 24 hours pending disasters.

### **Essential Duties and Responsibilities:**

- Responds to fire alarms and other emergency calls. Operates firefighting and EMS apparatus and equipment. Contains, suppresses and extinguishes fires; rescues potential victims and protects property.
- Administers emergency medical techniques (Basic Life Support) in accordance with protocols. Assists the Firefighter Paramedic or Paramedic as required. Communicates with dispatch and receiving hospitals.
- Inspects, cleans and maintains personal protective ensemble, assigned apparatus and equipment, and station to ensure operational readiness.
- Inspects, tests and maintains fire wells and hydrants; learns fire well, hydrant, and other water supply locations. Learns layout of the response area and facilities; collects information for pre-incident planning.
- Conducts training and drills of fire department operations and procedures with other volunteer firefighters as required.
- Conducts tours of fire stations and demonstrates fire equipment. Presents and/or participates in fire prevention, first aid, CPR classes, and education programs to improve public awareness of fire safety.
- Promotes and participates in public information and education relating to emergency medical services and the health care system in general. Assists in responding to, and reporting citizen inquiries or complaints.
- Performs recording activities to include, but not limited to: writing memos and summaries; reporting volunteer attendance; completing incident and patient care reports; and reporting equipment and apparatus defects.
- Keeps abreast of and complies with department policies, department rules and regulations, standard operating procedures, and EMS protocols. Attends training, company drills, and administrative sessions as required.
- Performs other similar and related duties as required.

**Supervision Received:**

The work is performed under the supervision of a Captain or Lieutenant Officer.

**Minimum Qualifications:**

Must be a non-user of tobacco products for at least one (1) year immediately preceding application, and sign a sworn statement attesting to this fact as required by Florida Statute 633.34. Once hired, the use of tobacco or tobacco products is prohibited during employment.

State of Florida Firefighter Minimum Standards Certification pursuant to Florida - Statutes, Chapter 633.

High school diploma or G.E.D.

Emergency Medical Technician Basic or Paramedic (EMT-B/P) with the State of Florida at time of application.

Valid Class E Florida Driver's License. Must remain insurable with Department's liability carrier.

16-hour EVOC course in accordance with Florida Statutes.

Candidate Physical Agility Test (NTN-CPAT) from Accredited Facility Valid Within 1 Year From Application Date

Current CPR/BLS certification from American Heart Association (AHA)

**Work Environment:**

The primary duties of this class are performed in a work environment in which the employee is subject to potential personal danger.

**Essential Physical Abilities:**

Sufficient clarity of speech and hearing and other communication capabilities, with or without reasonable accommodation, which permits the employee to discern verbal instructions and communicate effectively on the telephone, department radio equipment, and in person, including during emergency situations which may involve a high degree of noise.

Sufficient vision and other powers of observation, with or without reasonable accommodation, which permits the employee to comprehend written work instructions, comprehend, prepare, and evaluate written documents and text material, and effectively operate at a fire or related emergency scene.

Sufficient manual dexterity with or without reasonable accommodation, which permits the employee to operate equipment used in fire fighting and a personal computer.

Sufficient personal mobility, flexibility, and physical reflexes, with or without reasonable accommodation, which permits the employee to perform all duties involved in protecting life and property.



# Key Largo Fire Department Volunteer Firefighter EMT-B/P Application

## Important Instructions for completing the application:

- Please TYPE or PRINT in INK
- Applications are accepted only for job titles for which recruitment is currently being conducted.
- **All information** requested **must be completed** on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of the KLFD and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- Excessive or nonessential attachments will not be referred to the recruitment division. Only information necessary to complete the application should be attached. Examples of work, awards, letters, etc., may be brought the day of your test.
- If more space is needed to give full answers or explanations, attach additional sheets referencing the item number, your name, social security number and job title applied for. Staple attachments to the application.
- Only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.
- The KLFD affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.
- If you require an accommodation during the application/interview process, please call Human Resources at 305-451-2700.
- Please make sure you meet the minimum qualifications and the application deadline (if applicable).
- Applications are accepted Monday through Friday from 7:00 AM to 3:00 PM in the office of the fire department or you may mail your application to our office.

**Applications can be mailed to:**  
**Key Largo Fire Department**  
**Human Resources**  
**1 East Drive**  
**Key Largo, FL 33037**

**Contact information:**  
 305-451-2700  
 305-451-4699 Fax  
 Recruitment@keylargofire.org  
[www.keylargofire.org](http://www.keylargofire.org)

1. Official Job Title Applied For		2. (Leave Field Blank)	
3. Social Security #		4. Date of Application	
5. Last Name	6. First Name	7. Middle Name	
8. Mailing Address	9. City	10. State	11. Zip Code
12. Daytime Contact Phone	13. Evening Contact Phone	14. Email Address	
15. Driver's License #	State Issuing License	Class or Type of License	
16. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Check the schedules you are willing to work: <input type="checkbox"/> Weekends/Holidays <input type="checkbox"/> Natural Diasasters <input type="checkbox"/> 24 Hour Shifts <input type="checkbox"/> 12 Hours Shifts			
18. Are you presently employed by the Monroe County, Islamorada, Tavernier, Ocean Reef, or Marathon ? If yes, specify city and title. <input type="checkbox"/> Yes <input type="checkbox"/> No   Specify: _____			
19. If previously employed by Key Largo, Monroe County, Islamorada, Tavernier, Ocean Reef, or Marathon , list dates and title(s): _____			

Name: \_\_\_\_\_

20. If you are under 18 years of age, can you provide proof of your eligibility to work?

Yes  No

21. If you are related to any department employee, council member or mayor, specify names, relationship:

22. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?

Yes  No

23. If you have been employed or attended school under other names, list names and dates of use:

24. Dates of Military Service

Branch of Service

From:

To:

**Section B: Answer all questions. Do not include minor traffic violations (such as parking and speeding tickets)**

25. Have you ever been convicted of a crime (misdemeanor, felony, or military court marshal)?

Yes  No

26. Have you ever been placed on probation?

Yes  No

27. Have you ever been placed on deferred adjudication?

Yes  No

28. Are there criminal charges currently pending against you?

Yes  No

29. For any yes answer to questions 25-29, list type or offense, location and fine or sentence received. Convictions do NOT necessarily disqualify an applicant from employment consideration.

**Section C: Education, Certification, Licenses & Additional Skills**

Do you have a High School Diploma or GED?

Yes  No

Mark highest level completed?

Some HS  HS/GED  Some College  Associate  Bachelor  Master  
 Doctoral

College, University or Vocational School Name & City, State

From

To

Major

Degree earned

Sem. Hours

1.

2.

3.

Licenses or Certificates

Date Earned

Expiration Date

1.

2.

3.

In what language(s) other than English are you proficient?

Language

1.

Speak  Read  Write

2.

Speak  Read  Write

Additional Skills: List equipment, software, specialized systems or other skills that are related to the job for which you are applying.

Name: \_\_\_\_\_

**Section D:** List jobs in reverse order starting with your most recent job. List your work history for the last 10 years including volunteer, part-time, temporary, self-employment and military jobs. Provide a detailed description of duties performed. Do NOT substitute a resume for completion of this section. You may attach additional pages in the same format if more space is needed.

Employer	Address	City, State and Zip Code
Your Job Title	From (Month/Year)	To (Month/Year)
Last Salary	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Employer	Address	City, State and Zip Code
Your Job Title	From (Month/Year)	To (Month/Year)
Last Salary	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
Employer	Address	City, State and Zip Code
Your Job Title	From (Month/Year)	To (Month/Year)
Last Salary	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		



Name: \_\_\_\_\_

Employer		Address		City, State and Zip Code	
Your Job Title		From (Month/Year)		To (Month/Year)	
Last Salary		Hours per Week		Reason for Leaving	
Supervisor's Name		Supervisor Phone #		May we contact this supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:					
Professional Reference: Name		Relationship / Occupation		Phone	
1.					
2.					
3.					
Emergency Contact: Name (Last, First)		Relationship		Phone	
1.					
<p><b>Drug Free Work Environment:</b> The Key Largo Fire Department is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings will be required to provide a urine sample to determine the use of alcohol, illegal or controlled substances. Failure of the drug alcohol screen will result in denial of employment.</p> <p><b>Falsification of Information:</b> I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for employment or terminated from employment. Further I understand that I am required to abide by all rules and regulations of the Key Largo Fire Department.</p> <p><b>Verification of Information:</b> I authorize the Key Largo Fire Department and its agents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release the Key Largo Fire Department and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.</p> <p>I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree to submit to medical examination and drug screening, if required.</p> <p>The Key Largo Fire Department participates in eVerify. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. The KLFD will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.</p>					
<input type="checkbox"/> I have read and agree to the above statements					
Signature:				Date:	

# Required Documentation

Upon submitting the application packet, the following documentation must be provided.

**Failure to submit copies of the required documentation may result in disqualification from the hiring process.**

1. Current Driver's License
2. Social Security Card
3. Proof of Residency (Birth Certificate or United States Passport)
4. High School Diploma
5. Candidate Physical Agility Test (NTN-CPAT) from Accredited Facility Valid Within 1 Year From Application Date
6. Firefighter Minimum Standards Certification issued by the Florida State Fire Marshall's Office
7. Emergency Medical Technician (EMT-B/P) Certification issued by the State of Florida Department of Health (At time of application deadline)
8. 16-hour EVOC course in accordance with Florida Statutes
9. Current CPR Card through American Heart Association
10. Must be a non-user of tobacco products for at least one (1) year immediately preceding application, and sign a sworn statement attesting to this fact as required by Florida Statute 633.34. Once hired, the use of tobacco or tobacco products is prohibited during employment.



**KEY LARGO FIRE DEPARTMENT  
RECRUITMENT DIVISION**



1 EAST DRIVE  
KEY LARGO, FL 33037

**CONFIDENTIAL RELEASE AND WAIVER**

It is my understanding that KLFD will conduct a thorough investigation of my entire work and personal history. I hereby authorize any official representative of KLFD bearing a copy of this release to obtain information in your files pertaining to my employment and personal history to include but not limited to: education, attendance, extracurricular activities, background investigation(s), polygraph examination(s), criminal history, residence, employment, performance, internal affairs investigation(s), discipline, reason(s) for termination, reason(s) for discharge from military service, consumer credit report(s), and relevant medical records (medical records will not be requested until after a conditional employment offer has been extended).

I authorize KLFD to make or obtain photocopies of the documents in my records. This release is executed with full knowledge and understanding that the information is for official use by KLFD. Consent is granted for KLFD to furnish the information described above in the course of fulfilling its official responsibilities. I hereby release the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I understand that this release is effective for a period of one year from the date below. If you have any questions as to the validity of this release, you may contact me as indicated below:

PRINT FULL NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

TELEPHONE #: DAY: (     ) \_\_\_\_\_

EVENING: (     ) \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 ,

by \_\_\_\_\_ who is personally known to me \_\_\_\_\_ or has

produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Type or Print Name of Notary Public

My Commission Expires: \_\_\_\_\_



**DEPARTMENT OF INSURANCE AND TREASURER  
DIVISION OF STATE FIRE MARSHAL  
SMOKE FREE FIRE SERVICE POLICY  
AFFIDAVIT**

I, \_\_\_\_\_ do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application for certification as a firefighter in accordance with Section 633.34 (6), Florida Statutes.

Under penalty of perjury, I declare that I have read the foregoing and the facts stated are true.

I, \_\_\_\_\_ do hereby affirm that the above information is true and correct to the best of my knowledge.

**DATED** and **SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

**SWORN TO AND SUBSCRIBED** before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me OR who produced \_\_\_\_\_, as identification and who did take an oath.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires:

NOTARY PUBLIC

State of \_\_\_\_\_ at large

\_\_\_\_\_