



APPLICATION

Thank you for your interest in employment with the Groveland Fire Department. This application must be either typed or printed legibly. Non-legible applications will NOT be accepted. Applications MUST be submitted in person to the Groveland Fire Department unless otherwise instructed.

COMPLETE THE APPLICATION AS FOLLOWS:

1. Answer ALL questions.
 - Note: if a question does not apply to you, place an “N/A” in the blank space provided for your answer.
2. Provide names of former employers along with their complete mailing addresses (including zip code), a good contact phone number, your dates of employment, your rate of pay, your job title and specific duties.
3. List complete and correct physical and mailing addresses (including zip code) of your former residences.

This application MUST include certified copies of the following:

1. Proof of Name Change (if applicable)

This application MUST also include copies of the following:

1. Driver License
2. Social Security Card
3. High School Diploma or GED
4. DD 214 Form - Military Service Discharge Documents (if applicable)
5. Current valid State of Florida Minimum Fire Standards Certificate of Compliance
6. Current valid State of Florida EMT or Paramedic Certification
7. Current American Heart Association BLS Health Provider (EMT)
8. Current American Heart Association ACLS Health Provider (Paramedic)
9. Copy of approved 16 hour emergency vehicle operations course certification (EVOC/CEVO)=

Note: Any falsification of information on your application will automatically disqualify you from consideration for employment with Groveland Fire Department.

ACKNOWLEDGMENT:

You are hereby informed that a thorough background investigation, including information regarding your character, general reputation, personal characteristics, and mode of living will be part of the application process. This information is solely for the purpose of evaluating your qualifications and eligibility for employment with The Groveland Fire Department.

The submission of this application carries the understanding that you are authorizing The Groveland Fire Department to contact any and all available sources for the purpose of obtaining information regarding your qualifications.

EXAMINATIONS:

Prior to making a final recommendation for hire, applicants being considered for employment / placement will be required to undergo a thorough background investigation in addition to the following selection process examinations:

1. Oral Board Interview
2. Written Examination
3. Physical Assessment Test P.A.T.
4. Physical / Drug Screen



Groveland Fire Department
156 S. Lake Ave
Groveland, Florida 34736



Position: _____

Applicant Name: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____ Social Security #: _____

Email: _____ Social Media Addresses: _____

Do you have a valid Florida driver license? Yes / No License Class: _____
Driver License #: _____
Expiration Date: _____

Are you at least 18 years of age for civilian employment or 19 years of age for employment? Yes / No

Are you legally authorized to work in the United States? Yes / No

(Note: Employment is subject to verification of minimum legal age and the provision of documentation to confirm U.S. work authorization).

Have you ever served in the US Armed Forces? Yes / No If yes, complete following information:
Branch: _____ Entry Date: _____ Discharge Date: _____

Discharge Type: _____

(Note: Explain a dishonorable discharge, so the underlying circumstances can be weighed individually to avoid an improper disqualification.)

Are you claiming Veteran's employment preference? Yes / No If yes, file documentation with application.

Are you now using or have you ever used illegal controlled substances or illegal drugs? Yes / No
If yes, explain: _____

Have you ever been employed by the City of Groveland? Yes / No If yes, when? _____

Have you ever been dismissed from a job for inefficiency, delinquency, misconduct, or other reason? Yes / No
If yes, when? _____ Describe circumstances: _____



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Have you ever been formally or informally accused of unlawful harassment or discrimination? Yes / No
 If yes, when? _____ Describe circumstances: _____

Are you currently under investigation for any offense against the law? Yes / No
 No If yes, describe charges: _____

Have you EVER at any time had adjudication withheld, plead guilty, no contest or been convicted of ANY offense against the law? Yes / No
 If yes, describe circumstances: _____

(Note: a conviction is not necessarily a disqualifying factor. Truthfully give all facts so a decision can be made.)

Have you ever been a defendant in a civil action for an intentional tort? Yes / No
 If yes, explain: _____

EDUCATION					
Level of Education	School Name Street Address City / State / Zip	Course of Study	Years to Complete # of Credits	Degree / Diploma Received?	
				Yes / No	Type
G.E.D.				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
College / University				<input type="checkbox"/> Yes / <input type="checkbox"/> No	
List other education or special courses taken (include total hours and the training provider / sponsor name.) _____ _____ _____					



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Answer if applicable: Is G.E.D. sanctioned by a State Board of Education? Yes / No

While in school were you ever suspended, expelled, or otherwise disciplined? Yes / No

If yes, please explain: _____

List honors, awards, scholarships, etc.: _____

Extracurricular activities: _____

Foreign language spoken: _____

Foreign language read: _____

Foreign language written: _____

Certification / License Type	Are You Certified or Licensed?	Issued In / By Which State	Date Issued (Mo / Yr)	Expiration Date (Mo / Yr)
American Heart Healthcare Provider BLS	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
American Heart Healthcare Provider ACLS	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
State of Florida EMT Certification	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
State of Florida Paramedic Certification	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Florida Firefighter Compliance Certification	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes / <input type="checkbox"/> No			



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EMPLOYMENT HISTORY

(Begin with present employer and list all jobs held since you started working)

1. Company Name: _____ Employed From: _____ To: _____
Street: _____ Duties: _____
City: _____
State / Zip Code: _____
Telephone #: _____ Reason for Leaving: _____
Supervisor Name: _____
Pay Rate Start: _____ End: _____
Job Title: _____

2. Company Name: _____ Employed From: _____ To: _____
Street: _____ Duties: _____
City: _____
State / Zip Code: _____
Telephone #: _____ Reason for Leaving: _____
Supervisor Name: _____
Pay Rate Start: _____ End: _____
Job Title: _____

3. Company Name: _____ Employed From: _____ To: _____
Street: _____ Duties: _____
City: _____
State / Zip Code: _____
Telephone #: _____ Reason for Leaving: _____
Supervisor Name: _____
Pay Rate Start: _____ End: _____
Job Title: _____

4. Company Name: _____ Employed From: _____ To: _____
Street: _____ Duties: _____
City: _____
State / Zip Code: _____
Telephone #: _____ Reason for Leaving: _____
Supervisor Name: _____
Pay Rate Start: _____ End: _____
Job Title: _____



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5. Company Name: _____ Street: _____ City: _____ State / Zip Code: _____ Telephone #: _____ Supervisor Name: _____ Pay Rate Start: _____ End: _____ Job Title: _____	Employed From: _____ To: _____ Duties: _____ Reason for Leaving: _____
6. Company Name: _____ Street: _____ City: _____ State / Zip Code: _____ Telephone #: _____ Supervisor Name: _____ Pay Rate Start: _____ End: _____ Job Title: _____	Employed From: _____ To: _____ Duties: _____ Reason for Leaving: _____
7. Company Name: _____ Street: _____ City: _____ State / Zip Code: _____ Telephone #: _____ Supervisor Name: _____ Pay Rate Start: _____ End: _____ Job Title: _____	Employed From: _____ To: _____ Duties: _____ Reason for Leaving: _____
8. Company Name: _____ Street: _____ City: _____ State / Zip Code: _____ Telephone #: _____ Supervisor Name: _____ Pay Rate Start: _____ End: _____ Job Title: _____	Employed From: _____ To: _____ Duties: _____ Reason for Leaving: _____



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PERSONAL DATA

Applicant Name: _____

Maiden Name (if applicable): _____

Have you ever had your name legally changed? Yes / No

If you answered "Yes" to the above question, what was:

1. Your previous name(s): _____

2. Date and location of change: _____

3. Reason for change: _____

Have you ever been known by any other name? Yes / No

If you answered "Yes", list all names (include nicknames and street names): _____

Date of Birth: _____ Place of Birth: _____

Are you eligible to work in the United States? Yes / No

List all social networking addresses: _____

PLACES OF RESIDENCE

(Note: List in chronological order all previous places of residence since elementary school. Begin with your present address and work backwards. If necessary, attach a separate sheet of paper for additional residences.)

From / To (Month / Year)	Street Address	City	State	Zip



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CAREER INTEREST

Names of relatives and friends employed by GFD: _____

Have you ever worked for or applied to GFD before? Yes / No

If yes, explain: _____

Have you ever applied to any other Fire Department? Yes / No

If yes, complete the following chart:

Date Applied	Agency Name	Reason for Non-Selection

Are you currently on any employment eligibility list? Yes / No

If yes, state agency name(s): _____

Have you had any Fire/EMT/Paramedic training by any local, state or federal agency? Yes / No

If yes, complete the following chart:

Date	Location	Training Received	Certificate Title (If Applicable)



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Have you ever been dismissed, disciplined, and/or asked to resign employment due to misconduct or unsatisfactory service and/or job performance? Yes / No

If "Yes", complete below chart:

Date	Employer Name	Description of Circumstances

DRUG USE

Have you ever used an illegal drug? Yes / No

If "Yes", complete the below chart:

Date(s)	Type of Drug Used	Circumstances Leading to Usage

Have you ever used a prescription drug prescribed for someone else? Yes / No

If "Yes", complete the below chart:

Date(s)	Type of Prescription Medication	Circumstances Leading to Usage



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MILITARY RECORD

If you have NEVER served in the Armed Forces of the United States, please SIGN the below statement:

I, _____, have never served in any branch of the United States Armed Forces.

Signature of Applicant

If you HAVE served in the Armed Forces of the United States, please complete the following:

Branch of Service: _____ Highest Rank: _____

Service #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

Branch of Service: _____ Highest Rank: _____

Service #: _____

Duty Dates: From: _____ To: _____ From: _____ To: _____

Military specialization and duties: _____

Are you now or have you ever been a member of the Reserve Unit of the National Guard? Yes / No
If "Yes", state the branch of service, name and location of your unit and whether you attended drills, meetings, or camps: _____

Have you ever been tried on charges, or were you the subject of a summary court, court martial, deck court, captain's mast, company punishment, or any other type of disciplinary action while a member of the armed forces?
 Yes / No If "Yes", please provide the following details:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____



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FOREIGN MILITARY RECORDS

Have you ever served in the Armed Forces of any foreign nation? Yes / No

If "Yes", indicate Nation: _____ Highest Rank Held: _____

Duty Dates: From: _____ To: _____ Type of Separation: _____

RESIDENCE

Own / Buying: _____ Renting: _____ Leasing: _____ Living w/ Relatives / Friends: _____ Other: _____

If "Other", please explain: _____

FINANCIAL HISTORY

Have you ever been a party to a financially related court action? Yes / No

If "Yes", please explain: _____

If you are responsible for making child support payments, has legal action ever been taken against you for either failing to make payments or delaying payments? Yes / No

If "Yes", please explain: _____

Have you ever been bonded? Yes / No

If employed by Groveland Fire Department, do you anticipate any income Yes / No

other than your salary? If "Yes, list sources of income: _____



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CRIMINAL AND JUVENILE RECORD

Have you ever been arrested, charged or received a notice or summons to appear for any criminal violation?

Yes / No

Have you ever been convicted of a felony and/or misdemeanor? Yes / No

Have you ever been detained by any law enforcement officer for investigative purposes OR have you ever been the subject of OR a suspect in any criminal investigation? Yes / No

If you answered “Yes” to the above questions, please complete the following chart even if you were not formally charged, did not appear in court, pled not guilty or nolo contendere, had adjudication withheld or deferred, were found not guilty, or had the matter settled by payment of a fine or forfeiture of collateral. Note: include all matters taking place while you were classified as a juvenile under the law of any state.

Date	Charge	Agency	Court	Disposition

To your knowledge, has any member of your family ever been arrested for any reason other than a traffic violation?

Yes / No If “Yes”, complete below chart:

Relatives Name	Relationship	Date	Charge	Disposition

Have you ever been reported as a missing person? Yes / No

If “Yes”, please explain: _____

Have you (or your spouse if applicable) ever been the plaintiff or defendant in a civil and/or criminal court case?

Yes / No If “Yes”, please explain below:



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GANGS / GROUPS

Have you ever belonged to or been associated with any criminal youth gang such as the Bloods, Crips, Latin Kings, Folk Nation, People Nation, etc. either locally or in another state? Yes / No

If "Yes", please explain: _____

Have you ever belonged to or been associated with any criminal motorcycle gang such as the Hell's Angels, Pagans, Outlaws, etc. either locally or in another state? Yes / No

If "Yes", please explain: _____

Have you ever been the member of any local or national group that advocates hatred against another race? Yes / No

If "Yes", please explain: _____

Have you belonged to or associated with any local or national group which advocates the overthrow of the government of the United States? Yes / No

If "Yes", please explain: _____



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MOTOR VEHICLE OPERATING RECORD

Can you operate a motor vehicle? Yes / No

Has your driver license ever been suspended or revoked? Yes / No

If "Yes", please complete the below chart:

Date	Location	Charges	Final Disposition

Have you ever been refused a driver license by any state? Yes / No

If "Yes", please explain: _____

Have you ever received a traffic citation other than parking? Yes / No

Date	Agency	State	Charge	Final Disposition

Do you have any unpaid or outstanding summonses against you for any parking violation? Yes / No

If "Yes", please explain: _____

Have you ever been declined an automobile insurance policy or had a policy cancelled? Yes / No

If "Yes", please explain: _____



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REFERENCES

Fill in the names of persons NOT RELATED TO YOU and NOT FORMER EMPLOYERS who have known you for at least five (5) years. All persons listed may be contacted and asked to appraise your character, ability, experience, personality, and other qualities. Make certain their contact information is current and accurate.

1. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Years Known: _____

2. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Years Known: _____

3. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Years Known: _____



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LOYALTY

Have you ever, by word of mouth or in writing, advocated, advised, or taught the doctrine that the Government of the United States of America, or any political subdivision thereof, should be overthrown by force, violence, or any unlawful means? Yes / No

POLYGRAPH EXAMINATION

Are you willing to take a polygraph examination to verify all information supplied in this application and all other information supplied by you to the Groveland Fire Department? Yes / No

Applicant's Signature

If "No", state your reason: _____



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An Equal Opportunity Employer

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW

I, _____, affirm that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand and agree that if I make any misstatements or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law, personnel policy or regulations. I am aware that statements made by me in this application are subject to later investigation. I am further aware that should any investigation disclose any misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected. If already appointed, I may be dismissed. I voluntarily give The Groveland Fire Department, or its duly authorized representative, the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and I further release from all liability and responsibility any and all persons, companies or corporations supplying such information.

Please sign below in the presence of a Notary.

Applicant's Signature: _____ Date: _____

State of Florida
County of _____

Sworn to before me this _____ day of _____, 20 _____

Signature of Notary

(Notary Seal)

DO NOT WRITE IN THIS SECTION
(For Human Resources – Office Use Only)



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An Equal Opportunity Employer

**FCRA NOTICE AND CONSENT
CITY OF GROVELAND**

PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY

This notice and consent form is provided to you in compliance with the Fair Credit Reporting Act (“FCRA”). The FCRA is a federal law governing the provision of certain data to employers by third-party providers called “consumer reporting agencies.”

In connection with your application and/or employment, and provided that you give written consent below, The Groveland Fire Department may obtain a consumer report containing information about you. A consumer report is defined as a written, oral, or other communication of any information by a consumer reporting agency bearing on your creditworthiness, credit standing, credit capacity, character, general reputation, general personal characteristics, or mode of living (including criminal history and background), which will be used or will be expected to be used or collected whole or in part for the purpose of serving as a factor in establishing your eligibility for employment. Please be informed and understand that you may obtain a copy of any such report, and that you may dispute the accuracy or completeness of the information report to the City of Groveland Fire Department by writing or calling the consumer reporting agency directly.

I hereby agree and consent that the City of Groveland conduct security consumer report(s) on me, and using the consumer report(s) in whole or in part in arriving at a decision regarding my employment.

Applicant’s Signature: _____ Date: _____



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - o a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identity theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - o you are on public assistance or
 - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

(continued on next page)



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- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.
- Enforcement and other rights. States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.



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The information requested below is used for EEO (Equal Employment Opportunity) purposes only and NOT to evaluate your application for employment with The Groveland Police Department. Completion of this form by you is strictly voluntary. You are NOT legally required to supply this information; however, your Assistance in doing so is appreciated. Thank you.

Date: _____ Position Applied For: _____

Gender: Male / Female

Age Group: 16 - 22
 23 - 39
 40 - 70
 Over 70

Race / Ethnic Origin: White, Non-Hispanic or Latino
 Black or Black and White, Non-Hispanic or Latino
 Hispanic or Latino
 Asian or Asian and White, Non-Hispanic or Latino
 American Indian / Alaskan Native, Non-Hispanic or Latino
 Native Hawaiian – Other Pacific Islander, Non-Hispanic or Latino
 2+ Races, Non-Hispanic or Latino

Disabled: Yes / No If "Yes", describe disability: _____

Military Status: Non-Veteran
 Veteran
 Disabled Veteran

Actively Served During Which (Check Applicable): WWII / Korea Persian Gulf
 Iraq / Afghanistan
 Operation Enduring Freedom
 Other: _____

How did you hear about the position to which you are applying?

Walk-In / General Job Search News Chief
 Search Firm or Employment Agency The Ledger
 Civic / Professional Organization Other Newspaper
 Internet / City Website Magazine / Publication
 City of Groveland Employee Word of Mouth
 College or University Other: _____



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TOBACCO POLICY

I, _____, having made an application for a position with the Groveland Fire Department, do hereby solemnly swear or affirm that I am, and have been, a nonuser of cigarettes and other tobacco products for at least one year immediately preceding the date of my application. (***Pursuant to Florida State Statutes 633.34 (6)***)

I understand that it is a condition of my employment that I do not use cigarettes and other tobacco products on or off the job during the term of my employment with the City. I further understand that my failure to comply with this requirement may result in my dismissal.

Signature

The above oath was subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC, STATE OF FLORIDA



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**PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF CONFIDENTIAL INFORMATION**

To: Whom It May Concern, Authorized Representative of Any Organization, Institution, or Repository of Records, regarding:

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

OTHER NAMES USED (such as maiden name): _____

SOCIAL SECURITY #: _____ *** RACE:** _____ **SEX:** _____

By my signature below, I have authorized the City Of Groveland, Florida to conduct a criminal history check and verification of other personal information. This is to serve as an authorization to release information to the City, as requested by the City, in order to verify my qualifications and fitness for employment with the City. The release of information that I hereby authorize includes: FDLE State Criminal History and/or local police background check; employment record, including performance evaluations and disciplinary actions; school record; records affecting character or reputation; divorce record (if applicable); arrest records; criminal records; records from any law enforcement agency; driver's license details and history; driving history; recorded polygraph examination history or application status; any and all information of a confidential, privileged, non-confidential, and non-privileged nature; and photocopies of same, if available. I further hereby release the record holder, his or her organization/agency, and other related entities from any liability or damage which may result from furnishing to the City the requested information.

I also acknowledge receipt of the notice regarding my Social Security number provided below.*

EMPLOYEE/APPLICANT SIGNATURE

DATE

AFFIDAVIT

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____ who has produced _____ as identification and who did not take an oath, and who appeared before me at the time of notarization.

WITNESS, my hand and official seal, this _____ day of _____, 20_____.

NOTARY PUBLIC

(SEAL)

PRINT

* The City of Groveland Human Resources Department has requested your Social Security number as part of our employment process. In accordance with Florida State Statute 119.071, this is to advise you that your Social Security number will be used for one or more of the following purposes: tax reporting as provided under the United States Tax Code Title 26, Chapter 61, Section 6109; as a unique identifier to verify Employment Eligibility as provided under Code of Federal Regulations Title 8, Part 1274a.2; for search purposes to verify information such as former employment, criminal records and credit worthiness as authorized and/or mandated under Florida Statutes Chapter 166-Section 166.0442, Chapter 435-Sections 435.03 and 435.04, Chapter 633-Section 633.34, Chapter 943-Sections 943.13 and 943.133; and for reporting to other government agencies, as required to accomplish the foregoing purposes.