



City of Miramar - Human Resources Department

FIRE-FIGHTER PRE-APPLICATION

Instructions: Complete all fields and if not applicable, enter N/A. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address

City, State, Zip Code

Phone Number

Email Address

(____) _____

DOCUMENT CHECKLIST

- Current Valid State of Florida XXXXXXXXXX Drivers License
- Current Broward County Physical Ability Test (PAT- within 1 year)
- Current Valid State of Florida Firefighter Certification

AND

- Current Valid State of Florida Paramedic License
- Copy of High School Diploma/GED

CERTIFICATION

I certify that information contained in this application is true and complete. I also certify that the documents I have submitted contain true and accurate information. I understand that false information may be grounds for not considering me for employment. I authorize the verification of any or all information listed above.

Signature _____

Date _____