



APPLICATION FOR VOLUNTEER / INTERN FIREFIGHTER CITY OF JACKSONVILLE

Position Desired _____ Date _____

Name _____
Last First Middle

Street Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Home Phone _____ Message Phone _____ Social Security# _____ E-Mail _____

Have you ever been convicted of a felony? Y or N Of a misdemeanor involving moral turpitude? Y or N If "Yes" explain below the nature of the offense, date and location. (Exclude those cases processed in juvenile court and minor traffic violations). Convictions are evaluated in relation to the position.

EDUCATION TRAINING RECORD

Name of School / Location	Total No of Credit Hrs		Type of Training or Major	Name of Certificate or Degree Received
	Sem	Qtr		

LIST DRIVER'S LICENSE OR OTHER LICENSES OR CERTIFICATES REQUIRED BY THE ANNOUNCEMENT

Title of License or Certificate	Number	Issuing Agency	Date Issued/Date Expired

SKILLS AND ABILITIES: LIST ANY SKILLS YOU HAVE WHICH ARE PERTINENT TO THE POSITION

REFERENCES: WORK RELATED

1. Name Address Phone Occupation
2. Name Address Phone Occupation
3. Name Address Phone Occupation

List All Work Experience Including Military, Volunteer and Intern Experience

(Attach Additional Pages if Necessary)

Name of Present Employer		Kind of Business		Address	
Starting Date Month Year	Leaving Date Month Year	Salary \$		Phone	
		Volunteer		Reason for Leaving	
Job Title (Present or Last)		Name of Supervisor	Supervisor's Job Title		May we Contact?

Job Duties:

Name of Next Previous Employer		Kind of Business		Address	
Starting Date Month Year	Leaving Date Month Year	Salary \$		Phone	
		Volunteer		Reason for Leaving	
Job Title (Present or Last)		Name of Supervisor	Supervisor's Job Title		May we Contact?

Job Duties:

Name of Next Previous Employer		Kind of Business		Address	
Starting Date Month Year	Leaving Date Month Year	Salary \$		Phone	
		Volunteer		Reason for Leaving	
Job Title (Present or Last)		Name of Supervisor	Supervisor's Job Title		May we Contact?

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Name of Next Previous Employer		Kind of Business		Address	
Starting Date Month Year	Leaving Date Month Year	Salary \$		Phone	
		Volunteer		Reason for Leaving	
Job Title (Present or Last)		Name of Supervisor	Supervisor's Job Title		May we Contact?

Job Duties:

Signature _____ Date: _____

CITY OF JACKSONVILLE
CONFIDENTIAL APPLICANT INFORMATION

The following information is necessary for the City of Jacksonville to monitor its hiring practices consistent with its commitment to further the principle of Equal Employment Opportunity and to prepare reports required by law for the State and Federal Government. **Providing this information is voluntary and will be kept confidential.**

Last Name _____ First Name _____ Middle Name _____

Position Applying For _____ Application Date _____

Sex: Male _____ Female _____

ETHNIC IDENTIFICATION (Please check the one category that best represents your ethnicity):

_____ **WHITE** (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ **BLACK** (Not of Hispanic origin): All persons having origins in any of the black racial groups.

_____ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **AMERICAN INDIAN or ALASKAN NATIVE** : All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ **ASIAN or PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

HOW DID YOU LEARN OF THIS EMPLOYMENT OPPORTUNITY? (Please specify source name)

_____ Newspaper: _____

_____ Website: _____

_____ State Employment Office: _____

_____ College Placement Office: _____

_____ Jacksonville Bulletin Board: _____

_____ Jacksonville Employee: _____ Walk-in: _____

_____ Other: _____