



Dear Applicant:

Thank you for your interest in applying for a position with the EMS/Fire/Rescue Division of the Public Safety Department. As you fill out your application, please include all employment held for the last 10 years (where applicable) and list three personal references in the appropriate section, complete with names, addresses, and telephone numbers. **Please note:** Regardless of the notification preference you select in your online application, **all notifications will be by email.** We request that you continue to monitor your email for the status of your application or instructions to schedule assessments and interviews.

Regarding the checklist below, please scan and upload with your online application legible copies of the certifications and/or documents listed. You must ensure that all certifications/documents have not expired. Also, it is your responsibility to ensure that all forms which require a notarized signature are so notarized prior to submission. The certifications/documents listed below must be submitted for you to be considered for the position of Firefighter/EMT or Firefighter/Paramedic. Failure to submit any of the required items will disqualify your application. If you have questions regarding this checklist, please feel free to contact our Human Resources Division at (407) 665-7944 or [hr@seminolecountyfl.gov](mailto:hr@seminolecountyfl.gov).

### Checklist

- \_\_\_ Valid Florida Driver's License (If an out-of-state driver's license is submitted, a valid Florida Driver's License must be submitted at time of employment.)
- \_\_\_ Social Security Card
- \_\_\_ Birth Certificate or Birth Registration
- \_\_\_ High School Diploma / G.E.D.
- \_\_\_ Valid FF Certificate of Compliance (Issued by Florida Division of State Fire Marshal) – If you have not worked as a firefighter or volunteer firefighter for a cumulative 6 months within the last 4 years, be sure to include a letter from the State that this certificate is current.
- \_\_\_ Valid EMT or Paramedic License (Issued by Florida Department of Health)
- \_\_\_ Valid EVOC Certificate – This is the 16-hr. Emergency Vehicle Operators Course (CEVO certification is not acceptable)
- \_\_\_ Current FireTEAM Scores – The FireTEAM test *must be taken through National Testing Network.* (Go to [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com) and click the tab entitled "Firefighter Jobs.") This test must be completed within a year (365 days) prior to the closing date on the job posting. **You are not required to attach proof of test completion to your application, as we only accept results that are reported directly to us from NTN.** That means you must visit the NTN website and select our department to receive your scores.
- \_\_\_ Valid CPAT Certification – The Candidate Physical Ability Test (CPAT) *must be taken through National Testing Network.* (Go to [www.nationaltestingnetwork.com](http://www.nationaltestingnetwork.com) and click the tab entitled "CPAT Testing.") This test must be passed within a year (365 days) prior to the closing date on the job posting. **You are not required to attach proof of test completion to your application, as we only accept results that are reported directly to us from NTN.** (If you have visited the NTN website and selected our department to receive your FireTEAM scores, we will also receive your CPAT results.)
- \_\_\_ Seminole County Personal Inquiry Waiver (notarized) – see attached form
- \_\_\_ Seminole County Tobacco/Tobacco Products Affidavit (notarized) – see attached form
- \_\_\_ For persons listing military service on the employment application, submit a copy of your DD-214.
- \_\_\_ **For persons wishing to assert Veterans' Preference, Seminole County Form 0007 and your DD-214** must be scanned and uploaded at the time you complete your online application.

**PERSONAL INQUIRY WAIVER  
AUTHORITY TO REQUEST INFORMATION**

I, \_\_\_\_\_, hereby authorize the Human Resources Division, County of Seminole, or its designee, to request and/or verify the following information:

- Work Record (dates, position(s) held, duties performed, reason for leaving, etc.)
- Performance Evaluations (including disciplinary history)
- Wage and Salary History
- Educational Qualifications
- Record of Convictions, including traffic offenses
- Personal Information Inquiry
- Other records as related to my potential employment with Seminole County

This information is to be used to assist the County in determining my qualifications and fitness for the position I am seeking with Seminole County.

I hereby expressly release you, your organization, agents, and servants from any liability of damage which may result from the furnishing of the information requested above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip Code

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**AFFIDAVIT**

Before me personally appeared \_\_\_\_\_ who stated that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

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

\_\_\_\_\_  
NOTARY PUBLIC

COUNTY OF SEMINOLE  
FLORIDA

COUNTY MANAGER'S OFFICE  
HUMAN RESOURCES DIVISION  
COUNTY SERVICES BUILDING  
1101 EAST FIRST STREET  
SANFORD, FL 32771  
(407) 665-7945

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF SEMINOLE

I, \_\_\_\_\_, do hereby affirm that I have not used tobacco or tobacco products for at least one (1) year immediately preceding my application for Firefighter or Firefighter Paramedic with the Seminole County Board of County Commissioners. I understand that this information is required in compliance with Florida State Statute 633.34, and that the information contained herein is complete and accurate.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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

\_\_\_\_\_  
NOTARY PUBLIC  
State of Florida-at-Large

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