



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Hillsborough
County Florida

Application For Reserve Responder

Full Name: _____ Date Submitted: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Name As It Appears On Driver's License: _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Citizenship

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this organization? YES NO If yes, when? _____

Emergency Contact Information

Full Name: _____ Relationship: _____
Last First

Phone: _____ Email: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment History

Current Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Position: _____ # Of Years: _____

Responsibilities: _____

May we contact your supervisor for a reference? YES NO

Previous Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Position: _____ # Of Years: _____

Responsibilities: _____

Reason For Leaving: _____

May we contact your previous supervisor for a reference? YES NO



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Hillsborough
County Florida

Military Experience

(Attach Copy Of DD214)

Branch: _____ From: _____ To: _____

Rank: _____ Group: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Other Experience

Firefighting, Medical, or Public Experience
(Please List Below)

Certificates

(Check All That Apply)

FireFighter I	State #:		Date Obtained:	
FireFighter II	State #:		Date Obtained:	
EMT	State #:		Date Obtained:	
Paramedic	State #:		Date Obtained:	
Other (Write In)	State #:		Date Obtained:	

(Please Attach Copies Of Certifications To This Application)

Criminal History

*In answering the next questions, you may omit minor traffic violations and any offense committed as a minor, which was adjudicated in a juvenile court or under a youth offender law. **The nature, severity, and date of any convictions will be considered in relation to the duties of the position for which you are applying.***

1. Have you ever pled guilty, been convicted of OR pled nolo contendere to any crime as an adult, other than minor traffic violations? YES NO

If "Yes", please explain:

2. Do you currently have any law violations against you? YES NO

If "Yes", please explain:

3. Have you ever been a defendant in a civil action for an intentional tort? YES NO

If "YES", indicate the nature of the intentional tort and the disposition of the action.



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Relative Information

Do you presently have relatives employed with Hillsborough County Fire Rescue? YES NO

A "YES" to this question will not bar you from being a Reserve Responder, nor does it imply preferential consideration. Please list any relatives currently employed with HCFR below.

Name	Relationship	Station Assignment

Why Do You Want To Become A Reserve Responder?

Please explain below in your own words, why you would like to become a Reserve Responder with Hillsborough County Fire Rescue.



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Hillsborough
County Florida

Disclaimer And Signature

I understand that fire-rescue work is very dangerous and I am fully aware that there is a risk of serious injury or harm. I understand by my signature below, that falsification of any part of this application is cause for immediate dismissal and may disqualify me for possible future employment with Hillsborough County Fire Rescue. I do certify that all statements are true and correct. I understand that Hillsborough County Fire Rescue can terminate my participation as a Reserve Responder for any reason. I understand and agree to submit to an initial medical and physical examination as well as drug screen. I also understand and submit to the random drug screening conducted by Hillsborough County Fire Rescue at the department's expense, while I am a Reserve Responder. I further understand that any and all equipment, uniforms, and protective clothing that are issued to me shall be maintained in good working condition and shall be returned promptly after termination of my Reserve Responder service.

Applicant
Signature: _____ Date: _____

Witness
Signature: _____ Date: _____

For Office Use Only

Date Application Received In Headquarters: _____

Interview Date: _____ Interviewing Officer: _____

Approved Not Approved

Notes



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Hillsborough
County Florida

Release Of Employment Information

IMPORTANT!!

I acknowledge by my signature that I have read and understand the following:

- Only information contained in this application and related information submitted with this application will be used to evaluate my qualifications. Resumes or information contained on other than Hillsborough County Fire Rescue Reserve Responder application forms are not accepted used or provided to others.
- Qualifications and Reserve Responder considerations by Hillsborough County Fire Rescue are based upon the truthfulness and completeness of the statements in this application. Falsification or omission of information is grounds for disqualification or dismissal. Presenting any false document(s) to gain a Reserve Responder position may be cause for ineligibility for approval or immediate dismissal.
- I authorize Hillsborough County and Hillsborough County Fire Rescue to investigate the truthfulness of all statements made on this application and to contact my former employers and other listed references or other persons who can verify information.
- I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each person from liability for providing such information. I waive all causes of action that might arise from the foregoing.
- On submission, this application and related information become the property of Hillsborough County Fire Rescue and according to Florida Statute 119, are matters of public record subject to release to other persons or agencies, upon request.
- I hereby consent to the use of my social security number for County business. Disclosures of social security numbers are required for Reserve Responder consideration. Hillsborough County Fire Rescue collects and uses social security numbers to include, but not limited to, the following reasons: Identity verification, background and criminal history checks; drug screening; verification of educational credentials, prior military service and past employment; Hillsborough County government Reserve Responder status verification; connection with other employment/Reserve Responder related databases, I-9 verification, new Reserve Responder approval and separation reporting; Workers Comp reporting; and any other legitimate Reserve Responder related purposes.
- A post-approval offer physical examination (NFPA1582) and/or drug and alcohol testing may be required as a condition of serving as a Reserve Responder.
- I am aware that Hillsborough County Fire Rescue Reserve Responder personnel are placed on a minimum 6 months initial probationary period, during which time either Hillsborough County Fire Rescue or I can terminate my service, with or without cause, and with or without notice, at any time.
- I am satisfied with the contents of this application and understand that once I submit my application for this recruitment, I cannot edit it later.

Applicant
Signature: _____ **Date:** _____

Witness
Signature: _____ **Date:** _____



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Hillsborough
County Florida

Tobacco Affidavit

I, _____
do hereby affirm that I have not been a user of Tobacco or Tobacco products for at least one (1) year preceding my association with Hillsborough County Fire Rescue as a Reserve Responder, in accordance with Section 633.34(6), Florida Statutes.

Dated And Signed This _____ Day Of _____, 20 _____

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name Printed: _____



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Hillsborough
County Florida

Reference Affidavit

To Whom It May Concern,

_____ has filed an application with our department to become a Reserve Responder. As a standard procedure, we conduct a background check of each individual, including references by people who know this individual well enough to verify his/her background. Please complete this letter and return to Hillsborough County Fire Rescue Headquarters. We appreciate your candid response and assistance in this referral.

Sincerely,

A Reserve Responder must possess the highest of moral standards and character. As responders are entrusted with the public's safety, and are often placed in situations requiring unquestionable honesty and integrity; would you offer your personal recommendation for this applicant to be accepted as a Reserve Responder? If "YES", why?

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Signature: _____



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Hillsborough
County Florida

Reserve Responder Background Check / Investigation Disclosure & Authorization Form

By signing the release below, I hereby authorize Hillsborough County to contact any and all corporations, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history to Hillsborough County.

In compliance with Section 119.071(5), Florida Statutes (Public Records Law) by this document the Hillsborough County Office discloses to you that your Social Security number is requested for the purpose of applicant and employee background and criminal history checks, identity verification, verification of past employment, new hire and unemployment reporting, processing employment benefits, drug screening, income reporting, Worker's Comp reporting, payroll processing and reporting and will be used solely for those purposes.

I understand that my association with Hillsborough County is subject to satisfactory completion of a background check/investigation, including verification of information I supplied in my application for Reserve Responder.

I release from all liability all persons, companies, and schools supplying such information. I release Hillsborough County from and indemnify Hillsborough County against any liability whatsoever in connection with such background investigation and the use of the results there from in the employment process. I also understand that I will be given a copy of the background check/investigation report, should any adverse action or non-selection be considered because of the results of the report.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Print Name: _____

Other Name(s) Used: _____

Address: _____

Date received Degree (if applicable): _____

University/School degree earned from: _____

Social Security #: _____ DOB: _____

Drivers License #: _____ DL State Issued: _____

(Signature Of Applicant)

(Date)



Hillsborough County Fire Rescue Reserve Responder Program

9450 E Columbus Ave Tampa, FL 33610 | Office: 813.272.6600 Fax: 813.272.6692



Hillsborough
County Florida

Beneficiary Designation Form

Applicant Name: _____ Date: _____

SSN#: _____ DOB: _____

Beneficiaries

1. Beneficiary: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Relationship To Beneficiary: _____

2. Co-Beneficiary: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Relationship To Beneficiary: _____

3. Co-Beneficiary: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____

Relationship To Beneficiary: _____

Applicant
Signature: _____ Date: _____

Witness
Signature: _____ Date: _____

Witness Name Printed: _____