



## ISLAMORADA FIREFIGHTERS' BENEVOLENT ASSOCIATION, INC. APPLICATION FOR MEMBERSHIP

Islamorada Firefighters' Benevolent Association considers applications for membership without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or other legally protected status.

Please print in ink. All sections of this application must be fully completed for consideration. Use blank paper if additional space is needed.

### FLORIDA DRUG-FREE WORKPLACE

<b>Date of application</b>	<b>Social Security Number</b> ____-____-____
<b>Last Name</b>	<b>First Name</b>
<b>Middle Name</b>	
<b>Street Address</b>	<b>City</b>
<b>State</b>	<b>Zip Code</b>
<b>Mailing address, if different</b>	<b>City</b>
<b>State</b>	<b>Zip Code</b>
<b>Telephone – Home</b> _____	
<b>Cell</b> _____	
<b>Work</b> _____	
<b>Other</b> _____	
<b>Email</b> _____	
<b>In Case of Emergency Notify:</b> _____	
<b>Phone:</b> _____	

## Employment Experience

**Start with your present or most recent job.** Include any job related military service assignments and volunteer activities. Exclude any organizations which indicates race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Address	Phone#
Job Title	Length of Service (specify dates)	Hourly Rate/Salary
Supervisor Name & Phone #	Reason for Leaving	
Duties Performed		

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**Education**

	Name & location of school	Diploma/Degree Date	Course of Study
High School			
College/University			
Past fire or EMS training or experience			

Technical/Special Training – Describe specialized training, apprenticeship, and extra-curricular activities. \_\_\_\_\_

\_\_\_\_\_

Have you ever had any job-related training in the United States military? \_\_ Yes \_\_ No  
If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Describe any volunteer activities that have developed job skills.

\_\_\_\_\_

Describe any honors you have received.

\_\_\_\_\_

List professional, trade, business or civic activities, and offices you have held. Exclude memberships which indicate sex, race, religion, national origin, age, ancestry, or handicap or other protected status. \_\_\_\_\_

\_\_\_\_\_

Are you able to perform all essential functions of the volunteer membership for which you applied? \_\_ Yes \_\_ No

If no, is there a reasonable accommodation that can be made?

\_\_\_\_\_

**References**

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Authorization for Release of Information

I have made an application for membership to Islamorada Firefighters' Benevolent Association. I hereby give my consent to release pertinent information about my qualifications and fitness for the membership I have applied for including employment, financial, education, personal, or other matters as may be requested. I release you from all claims and liabilities of any nature arising from damages for any information given.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant (Must be in ink)

**Consent to Urinalysis Results  
to Islamorada, Village of Islands**

I do hereby voluntarily agree to undergo a urinalysis test for drugs and/or alcohol. I do hereby give my consent to release results of this testing to Islamorada Firefighters' Benevolent Association to be used as part of my application process for membership.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant (Must be in ink)

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I hereby authorize you to investigate the accuracy of the information contained in this application for membership to Islamorada Firefighters' Benevolent Association, or any other information I provide. I further authorize you to make such investigations and inquiries of my employment, education, financial, personal, and other related matters as may be necessary in arriving at a decision. I release Islamorada, Village of Islands and all employees, schools, organizations, or persons from all claims and liabilities of any nature arising from such investigations or information given. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Islamorada, Village of Islands.

In consideration for my membership to Islamorada Firefighters' Benevolent Association I agree to conform to the rules and regulations of the Village, acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the Village's sole option and without prior notice to me.

I understand that all equipment issued to me is the property of Islamorada Village of Islands Fire Rescue and I am responsible for the equipment. It must be returned in reasonably good condition upon leaving the Department.

Applicant \_\_\_\_\_  
Print name

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

.....  
**TO BE COMPLETED BY ISLAMORADA FIREFIGHTERS' BENEVOLENT ASSOCIATION**

Sponsoring Member \_\_\_\_\_  
Print name

Sponsoring Member \_\_\_\_\_  
Signature Date

**RECOMMENDATION OF MEMBERSHIP**

Accepted \_\_\_\_\_ Date \_\_\_\_\_

Declined \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer Print Name  
Islamorada Firefighters' Benevolent Association

Name: \_\_\_\_\_

**Please submit copies of the following:**

- Completed Application
- Current Florida Driver's License
- Proof of current auto insurance
- Medical Exam Form (for Non-resident applicants only)
- EMT license (for Non-resident applicants only)

and/or

- FFI or FFII cert (for Non-resident applicants only)