



TO: APPLICANTS FOR CITY OF EUSTIS FIREFIGHTER
FROM: CITY OF EUSTIS HUMAN RESOURCES DEPARTMENT

In addition to the checklist of items below, please submit the release and consent forms (enclosed here) to Human Resources. All additional documents/forms will be scanned so please print them single-sided and do not bind them in any way.

Please provide the following documents:

- City of Eustis Application for Employment (*disregard if completed online application*)
 - Copy of High School Diploma or equivalent
 - Copy of Florida Firefighter Minimum Standards Certificate
 - Copy of Florida Emergency Medical Technician (EMT) Certificate
 - Copy of Florida Paramedic Certificate (*if applicable*)
 - Copy of Birth Certificate
 - Copy of Florida Driver's License
 - Copy of Social Security Card
 - Copy of DD 214 Military Discharge (*if applicable*)
- (If claiming Veteran's Preference, please submit required VP forms.)
- Other: _____ (*if applicable*)

CITY OF EUSTIS
PO Drawer 68 (109-A E. Orange Ave.)
Eustis, FL 32727-5472
TELEPHONE: 352-483-5472
FAX: 352-483-0492
EMAIL: personnel@ci.eustis.fl.us

Note: Applicants for Florida certified firefighting and law enforcement positions with the City of Eustis must certify that they are a nonuser of tobacco or tobacco products and that they have been a nonuser for at least one (1) year immediately preceding application for employment. If employed, candidates must agree that they will not use tobacco or tobacco products of any nature, both on or off duty.



City of Eustis

Human Resources Department

P.O. Drawer 68 • Eustis, Florida 32727-0068 • (352) 483-5472

IMPORTANT INFORMATION ABOUT THE USE OF YOUR SOCIAL SECURITY NUMBER

To: Applicants for City Employment and City Employees
From: City of Eustis, Florida
Re: Social Security Number Notice

Per Florida Statutes 119.071(5)(2)(a), we are hereby informing you of the purpose for the City's collection and use of your social security number. Your social security number may not be used by the City for any purpose other than those provided in this written statement.

1.) **HIRING FOR EMPLOYMENT**

The City may request and provide your social security number to the following commercial entities and/or government agencies for the purpose of hiring for employment:

- a.) Local, state and/or federal law enforcement agencies to conduct criminal history checks; FCRA - Authorized
- b.) Licensed consumer reporting agencies to obtain credit reports, criminal history background checks, Department of Motor Vehicle records and investigative consumer reports; FCRA - Authorized
- c.) Schools, colleges or universities to verify education and certification credentials; FS 119.071 6a
- d.) Verify eligibility to work in the United States; Dept. of Homeland Security, U.S. citizenship & Immigration Services - Mandatory
- e.) Licensed physicians for use in establishing a medical record of a pre-employment physical (after conditional offer of employment); FS 119.071 6b - Authorized
- f.) Licensed drug testing laboratories to report pre-employment drug tests, per the Florida Drug Free Workplace Act. FS 112.0455 - Mandatory

2.) **ADMINISTERING PAYROLL, INSURANCE AND BENEFITS**

The City may request and provide your social security number to the following commercial entities and/or government agencies for the purpose of administering payroll, insurance and benefits:

- a.) Licensed insurance providers authorized to provide employee benefits including, health, dental, vision, life and supplemental insurance providers; FS 119.071 6f - Authorized
- b.) Licensed flexible benefits providers authorized to administer the City's Flexible Benefits Plan; IRC Title 26, Section 125 - Mandatory
- c.) Licensed COBRA administrators; FS 119.071 6f - Authorized
- d.) City authorized pension plans including, ICMA Retirement Trust, Police and Fire Pension Plan, Florida Retirement System (FRS); FS 117.071 6g; IRC Title 26, Chapter 1, subchapter D - Mandatory
- e.) State of Florida Division of Worker's Compensation; FS 440 - Mandatory
- f.) Licensed worker's compensation insurance providers; FS 119.071 6f - Authorized
- g.) Licensed physicians authorized by the City to provide care to injured employees; FS 119.071 6f - Authorized
- h.) U.S. Social Security Administration; FS 119.071 6a - Mandatory
- i.) U.S. Internal Revenue Service; FS 119.071 6a; IRC Title 26 - Mandatory
- j.) State of Florida New Hire Reporting Center to enforce child support deduction orders; FS 409.2576 - Mandatory
- k.) Licensed consumer reporting agencies for the purpose of obtaining credit reports for loan applications under the City's Computer Purchase Plan. FCRA – Authorized

3.) **ADMINISTERING THE CITY'S DRUGFREE WORKPLACE PROGRAM**

The City may request and provide your social security number to the following commercial entities for the purpose of administering a drug free workplace:

- Licensed drug testing laboratories and medical review physicians to perform random, fitness-for-duty and reasonable suspicion drug testing in compliance with the Florida Drug Free Workplace Act and U.S. Department of Transportation regulations for commercial driver's license (CDL) drivers. FS 112.0455 - Mandatory

The City of Eustis reserves the right to amend this notice and to use your social security number for other purposes, upon proper notification to you, as required by law.

I acknowledge that I have read and received a copy of this statement.

Name
(Print): _____

Applicant/Employee
Signature: _____ Date: _____

For questions regarding this form or the use of your social security number, please contact:

**CITY OF EUSTIS, FLORIDA
Human Resources Department
109-A E Orange Avenue
(P.O. Drawer 68)
Eustis, FL 32727-0068
Phone #: 352-483-5472**



City of Eustis

Human Resources Department

P.O. Drawer 68 • Eustis, Florida 32727-0068 • (352) 483-5472

RELEASE OF INFORMATION

Permission is hereby given any agency of the government of the United States, and/or any other agency, person, firm, or corporation holding records concerning me, to furnish the City of Eustis all information desired involving me in any way, upon request. Included in this release of information is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the City of Eustis. This further includes the furnishing of copies of pertinent documents about my background, as required.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on the job performance, educational records, or any other personal information, which may not otherwise be obtained without prior agreement.

In addition, I hereby authorize the City of Eustis through its designated representative, to contact all previous employers and supervisors for whom I may have performed duties requiring a Commercial Driver's License, in order to access any and all information regarding my commercial driving record. I hereby authorize these employers to release information from the previous two (2) years regarding all alcohol tests with results of .02 or greater; positive test results for drugs; and/or any documentation of refusals to be tested.

I understand that some of the information, which may be obtained about me will be obtained upon an assurance of confidentiality by the City of Eustis to the person or persons supplying such information. I understand that this information will be come privileged to the City of Eustis.

I hereby expressly waive, on behalf of myself and of any interested person, all provisions of law forbidding the disclosure of this information. I further release you, your organization or others from any liability or damage, which may result from furnishing the information requested.

APPLICANT NAME: _____

PREVIOUS OR MAIDEN NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

Signature: _____ Date: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public: _____ My Commission Expires: _____

OUT OF STATE RESIDENCY FORM

Have you resided outside the State of Florida? ____ Yes ____ No

If so, please list all out-of-state addresses, **including the county**. This information is needed for criminal history checks. (If you cannot remember address, please list city, state and county. If more space is needed, please use back of form.)

OUT OF STATE RESIDENCES:

1.) _____ County: _____

2.) _____ County: _____

3.) _____ County: _____

4.) _____ County: _____

5.) _____ County: _____

6.) _____ County: _____

7.) _____ County: _____

I certify that the above information is true and correct.

Signature: _____ Date: _____

CITY OF EUSTIS

CONSUMER REPORT AUTHORIZATION

By signing below, I certify that I have received a copy of the City’s written notification that it may obtain a consumer report or reports on me, and I authorize the City to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment.

I understand that the term “consumer report” includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. I further understand that an “investigative consumer report” contains information on my character, general reputation, personal characteristics, or mode of living, which has been obtained through personal interviews with my neighbors, friends, or associates, or from others with whom I am or have been acquainted or who may have knowledge concerning any such information.

Date

Signature of Applicant/Employee

Name (please print)

CITY OF EUSTIS

CONSUMER REPORT NOTIFICATION

APPLICANT COPY

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that the City may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An "investigative consumer report" contains information on your character, general reputation, personal characteristics, or mode of living, which has been obtained through personal interviews with neighbors, friends, or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

FIREFIGHTER TESTING WAIVER

I understand that any injuries that may occur during a pre-employment skills assessment test are not covered under the City's worker's compensation insurance. I hold the City of Eustis harmless and waive any legal rights that may arise out of an injury that may occur during a skills assessment test.

I hereby certify that I am physically capable of:

Walking and standing; lifting 50+ pounds; running, jumping/leaping, climbing, stooping, reaching, bending; carrying/pushing/pulling 50+ pounds; finger/hand dexterity and hand/eye coordination; working in adverse environmental conditions (heat, cold, rain, etc.) for long periods and close/confined spaces. I am also able to wear protective clothing and equipment up to 60 pounds and work in extremely high temperatures.

Applicant's Signature

Date

TOBACCO USE AFFIDAVIT AND AGREEMENT
SWORN FIRE AND LAW ENFORCEMENT APPLICANTS

Please read the Tobacco Use Affidavit and Agreement, check applicable spaces and sign. If you wish to provide an explanation, you may do so in the space provided below.

I hereby certify that I _____ do / _____ do not presently use tobacco or tobacco products.

I have _____ / have NOT _____ used tobacco or tobacco products in the year immediately preceding my application for employment with the City of Eustis.

I understand that falsification of this and other information provided on my application for employment with the City may be sufficient grounds for dismissal if subsequently hired.

I also agree that if employed by the City of Eustis, I will NOT use tobacco or tobacco products of any nature, on or off duty. I understand and agree that I am subject to termination from the department if it is substantiated that I have used tobacco or tobacco products of any nature during my employment.

Explanation (if needed):

Applicant's Signature

Date

FIREFIGHTER CONFIDENTIALITY REQUEST

**ONLY INDIVIDUALS WHO HAVE PREVIOUSLY BEEN EMPLOYED IN A
FIREFIGHTING CAPACITY OR WHO ARE CURRENTLY EMPLOYED AS A
FIREFIGHTER ARE REQUIRED TO COMPLETE THIS FORM.**

Please initial the paragraph(s) that express your preference regarding the public inspection requirements of the Florida Public Records Law (FS119.07(4)d(3)).

_____ Please maintain the confidentiality of my home address, date of birth, any photographs attached hereto and personal telephone numbers provided on this application for employment.

_____ Also, if applicable, please maintain the confidentiality of the names of my spouse and child(ren), their home address, photographs, telephone numbers and places of employment; also, the names and locations of schools and/or daycare facilities attended by my child(ren).

_____ All information contained within this application for employment as well as any document attached hereto, including photographs, may be provided for review to any individual or agency requesting to examine the same.

Signature

Date

Drug Testing Consent Form

In keeping with the efforts of the City of Eustis to maintain a "Drug Free" workplace, I hereby voluntarily consent to a urinalysis (for drugs). I understand that refusal to sign this form and supply the necessary samples shall be grounds for rejection of my application and will prohibit my consideration for employment for a period of one year. I further understand, that the results of the testing will be utilized to determine my eligibility for the position for which I have applied and that a positive substance abuse test shall prohibit consideration of employment for a period of one year. I understand that I have five (5) working days after receiving notification of the results to explain or contest the result.

Applicant Signature

Date
