



AN EQUAL OPPORTUNITY EMPLOYER

VOLUNTEER (RESERVE) FIREFIGHTER - (ONLY) APPLICATION PACKET



Job Requisition #: \_\_\_\_\_

Date: \_\_\_\_\_

Please type or print in black ink. Complete all items. Incomplete or unsigned applications will not be processed. Avoid abbreviations if possible.

ORANGE COUNTY DRUG FREE WORKPLACE STATEMENT

Orange County is a drug free workplace, and as such is committed to providing an environment that encourages and supports a healthy, productive workforce and ensures safe working conditions.

Satisfactory completion of a pre-employment drug test is a mandatory condition of employment with the County. A positively confirmed drug test or the refusal to submit to a drug test will result in the conditional offer of employment being withdrawn, and will render the applicant ineligible for County employment for twelve (12) calendar months from the date of the positive drug test.

SECTION I - PERSONAL DATA

Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
(Number & Street, City, State, Zip Code)

County \_\_\_\_\_ E-mail Address \_\_\_\_\_  
E-mail is  Business  Home  Other

Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

If previously employed by Orange County Government, did you leave while an administrative disciplinary investigation was underway, or a violation of the Code of Conduct, work habits and/or disciplinary action was pending?  Yes  No

If yes, explain completely:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION II - CERTIFICATION

1.  Yes  No Firefighter Certification? Issued by \_\_\_\_\_  
Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

2.  Yes  No EMT/Paramedic Certification? Issued by \_\_\_\_\_  
Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

3.  Yes  No Have you ever had a State or County Emergency Medical Technician (EMT), Paramedic, or Firefighter certification suspended, revoked, or terminated?

If yes, explain in detail including dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

### SECTION III – VOLUNTEER RELATED ACTIVITIES

List all fire past and present related volunteer activities, i.e. Fire Auxiliary. Please list consecutively.

1. Organization (Name & address) \_\_\_\_\_  
Position/Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Average hours per week \_\_\_\_\_

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2. Organization (Name & address) \_\_\_\_\_  
Position/Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Average hours per week \_\_\_\_\_

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3. Organization (Name & address) \_\_\_\_\_  
Position/Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Average hours per week \_\_\_\_\_

### SECTION IV – REFERENCES

Determination of good moral character is a pre-employment requirement that must be met prior to initial employment as a firefighter in compliance with Florida Statutes 633.34(4). Please furnish a minimum of three (3) references, five (5) preferred. DO NOT LIST relatives or previous employers, and references can not be related to each other.

Current or past neighbors can be used as references, as long as they do not comprise any of the minimum three (3) references. References must have known you at least two (2) years and must possess sufficient information concerning your suitability for employment sought and/or employment in general. Give complete addresses with zip code and telephone number with area code.

1. Name \_\_\_\_\_  
Occupation \_\_\_\_\_ How long known? \_\_\_\_\_  
Home address \_\_\_\_\_  
Number & Street City State Zip  
Business address \_\_\_\_\_  
Number & Street City State Zip  
Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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2. Name \_\_\_\_\_  
Occupation \_\_\_\_\_ How long known? \_\_\_\_\_  
Home address \_\_\_\_\_  
Number & Street City State Zip  
Business address \_\_\_\_\_  
Number & Street City State Zip  
Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

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

Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

Home address \_\_\_\_\_  
Number & Street City State Zip

Business address \_\_\_\_\_  
Number & Street City State Zip

Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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4. Name \_\_\_\_\_

Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

Home address \_\_\_\_\_  
Number & Street City State Zip

Business address \_\_\_\_\_  
Number & Street City State Zip

Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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5. Name \_\_\_\_\_

Occupation \_\_\_\_\_ How long known? \_\_\_\_\_

Home address \_\_\_\_\_  
Number & Street City State Zip

Business address \_\_\_\_\_  
Number & Street City State Zip

Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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**SECTION V – CRIMINAL HISTORY & BACKGROUND INVESTIGATION**

1.  Yes  No Have you ever been convicted of a crime, pled nolo contendere (no contest), or had the sentence withheld for a crime, including arrest able traffic offenses (e.g. driving under the influence, reckless driving, driving with a suspended driver license, etc.)?

If yes, give offense, date, county, state, territory or country and sentence for each conviction (for purpose of this section and/or question, a plea of guilty or “no contest” shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.  Yes  No Are you currently on probation following any criminal conviction?

If yes, explain in detail, including dates and locations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

3.  Yes  No Do you have any pending felony or misdemeanor charges?

If yes, explain in detail, including law enforcement agency and court involved, dates and locations.

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4.  Yes  No Have you ever been a defendant in a civil action for an intentional tort (Intentional Tort – a wrong perpetuated by one who intends to do that which the law has declared wrong. e.g. battery or defamation)?

If yes, explain fully the nature of the intentional tort(s) and the disposition of the action.

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5.  Yes  No Have you ever been the subject of a civil injunction, such as Domestic Violence?

If yes, explain fully.

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6.  Yes  No Have you ever been refused a surety bond (i.e. contractor, security guard, or entrepreneurship) or refused for employment that required bonding?

If yes, explain in detail.

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7.  Yes  No Have you ever been fired or involuntarily terminated from employment or asked to resign?

If yes, explain in detail

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8.  Yes  No Have you missed work/school due to intoxication?

9.  Yes  No Have you drank alcohol while at work?

10.  Yes  No Have you ever received a written discipline by any employer(s)?

If yes, list each discipline, employer and dates.

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11.  Yes  No Have you ever been the subject of a letter of complaint?

If yes, give details.

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Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**SECTION VI – RESIDENCES**

List all your residences for the past ten (10) years. Start with your current residence. Use a separate sheet if necessary.

1.  Own  Rent FROM (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ TO (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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2.  Own  Rent FROM (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ TO (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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3.  Own  Rent FROM (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ TO (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

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4.  Own  Rent FROM (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ TO (Month/Year): \_\_\_\_\_ / \_\_\_\_\_

If renting, name lease is under \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Landlord's Name and/or name of Apt. Complex \_\_\_\_\_

Landlord's Address \_\_\_\_\_  
Number & Street City State Zip

Landlord's Telephone No. Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**SECTION VII – U.S. MILITARY RECORD**

**ORANGE COUNTY SELECTIVE SERVICE EMPLOYMENT POLICY**

Males seeking employment with Orange County, who are required to register with the Selective Service System under the Military Selective Service Act, and have received a conditional offer of employment must submit documentation of registration with the Selective Service System (or an exception from registration) before the employment offer is finalized.

Yes  No Have you ever served or trained in the U.S. Armed Forces? If NO, skip to page 8.

If YES, please complete the remaining portion of Military Record Section II, items 1 thru 8. If you have had any military service you must submit a copy number 4 of all DD214's for time served in military service.

1. Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Pay Grade \_\_\_\_\_

Dates of Active Military Service - Entry \_\_\_\_\_ Separation \_\_\_\_\_

2.  Yes  No Have you ever been a defendant in a military Court Martial, Office Hours, Captain's Mast or Article 15, Uniform Code of Military Justice (UCMJ) while in the military or received any other disciplinary action?

If yes, list each discipline, dates, and outcome in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  Yes  No Have you ever held a military clearance?

If yes, provide level of clearance:

\_\_\_\_\_  
\_\_\_\_\_

4.  Yes  No Have you ever been denied or had a security clearance revoked?

If yes, explain completely:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Check type of discharge:  Honorable  General Under Honorable  Dishonorable  Other

Please explain, if Dishonorable or Other is selected:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.  Yes  No Are you presently a member of the U.S. Military Reserve or National Guard?

If yes, complete the following:  Active  Inactive Branch of Service \_\_\_\_\_

Rank \_\_\_\_\_ Pay Grade \_\_\_\_\_ Date of Entry \_\_\_\_\_ Separation Date \_\_\_\_\_

Unit or Organization \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State Zip Code

Military Specialization \_\_\_\_\_

7.  Yes  No Are you claiming Veteran's Preference?

# REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)				
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE	SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
	DATE ENTERED	DATE RELEASED	OFFICER	
a. ACTIVE SERVICE				
b. RESERVE SERVICE				
c. NATIONAL GUARD				
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?		
NO YES _____		NO YES _____		

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

**1. REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

**2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** \_\_\_\_\_

**3. PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

**1. REQUESTER IS:**

Military service member or veteran identified in Section I, above  
 Next of kin of deceased veteran \_\_\_\_\_ (relation)

Legal guardian (must submit copy of court appointment)  
 Other (specify) \_\_\_\_\_

**2. SEND INFORMATION/DOCUMENTS TO:**  
 (Please print or type. See item 3 on accompanying instructions.)

**3. AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of requester (Please do not print.) \_\_\_\_\_  
 ( )  
 Date of this request \_\_\_\_\_ Daytime phone \_\_\_\_\_  
 Email address \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**WRITTEN NOTICE AND AUTHORIZATION TO  
OBTAIN A CONSUMER REPORT\***

This is to notify you that in connection with your application for employment it may be necessary for Orange County Government to obtain a consumer report regarding your background.

I \_\_\_\_\_, understand that Orange County may obtain a consumer report and hereby authorize Orange County to obtain a consumer report on my background in connection with my application for employment.

\_\_\_\_\_  
Date

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

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

\*What is a Consumer Report?

A Consumer report contains information about your personal and credit characteristics, character, general reputation, and lifestyle. To be covered by the FCRA, a report must be prepared by a consumer reporting agency (CRA) - a business that assembles such reports for other businesses. Employers often do background checks on applicants and get consumer reports during their employment. Some employers only want applicant's or employee's credit payment records; others want driving records and criminal histories. For sensitive positions, it's not unusual for employers to order investigative consumer reports - reports that include interviews with an applicant's or employee's friends, neighbors, and associates. All of these types of reports are consumer reports if they are obtained from a CRA. Applicants are often asked to give references. Whether verifying such references is covered by the FCRA depends on who does the verification. A reference verified by the employer is not covered by the Act; a reference verified by an employment or reference checking agency (or other CRA) is covered. **Section 603(o) provides special procedures for reference checking; otherwise, checking references may constitute an investigative consumer report subject to additional FCRA requirements.**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**DEPARTMENT OF INSURANCE AND TREASURER  
DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING**

**AFFIDAVIT**

I, \_\_\_\_\_, do hereby affirm that I have not been a user of tobacco or tobacco products for at least one (1) year immediately preceding application date and continuing to the date of employment, in accordance with Section 633.34(6), Florida Statutes.

Under penalty of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

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

**STATE OF FLORIDA**

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

My Commission expires:

Personally known  Or Produced Identification  Type of I.D.: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**DIVISION OF STATE FIRE MARSHAL  
BUREAU OF FIRE STANDARDS AND TRAINING  
PERSONAL INQUIRY WAIVER**

(Please read this carefully and sign in the presence of the Notary)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

I respectfully request and hereby authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter or fire safety inspector in the State of Florida.

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

**STATE OF FLORIDA**

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

My Commission expires:

Personally known  Or Produced Identification  Type of I.D.: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**CRIMINAL HISTORY CHECK  
ORANGE COUNTY GOVERNMENT**

Note: Please print all of the requested information **in black ink**.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Please list all other names you have used (maiden, alias, nick-name):

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver License No: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: Gender: Height: Weight:  
 Asian or Pacific Islander  Male \_\_\_ ' \_\_\_" \_\_\_\_\_ lbs.  
 American Indian or Alaskan  Female  
 Black  
 White  
 Unknown

(FDLE Standard – Indicate Hispanic persons as white or black based on skin color)

Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

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For Government Use Only

Criminal History:  YES  NO

Checked By:  OCSO  OPD  Other \_\_\_\_\_

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**RELEASE OF INFORMATION WAIVER**

(Please read this carefully and sign in the presence of the Notary)

I respectfully request and hereby authorize you to furnish Orange County Government, the Human Resources Division, or its designee, any and all information/records that you may have concerning myself. This includes but is not limited to my complete work history, education, military service, reputation, personal background, civil records, criminal conviction(s), driver license information/driving history, as well as credit history, if applicable. Please include any and all report including all information of a confidential or privileged nature, and copies of same, if requested. I further authorize companies or persons to give any information regarding my history; together with any information they may have regarding me, whether or not it is on their records. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with Orange County Government.

This form may be used for the duration of my processing and does not expire. A photographic or faxed copy of this form shall be as valid as the original.

Print Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_  
Applicant will sign in ink on this line in the presence of a Notary Public.

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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

Personally Known       Produced Identification

Type of ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Job Req. #: \_\_\_\_\_

**FIREFIGHTER RESERVE/VOLUNTEER (ONLY)  
(COVER SHEET & PACKET CHECKLIST)**

Place a checkmark next to each item you have included with your application. All notarized documents must be originals. Please submit this form as the cover sheet of your application packet. **An incomplete or unsigned application and/or forms will not be processed.**

Applicant Check Box		For Office Use
	Firefighter Application (Sections I - VII)	pages 1-6
	Request Pertaining to Military Records	page 7
	Written Notice and Authorization to Obtain a Consumer Report	page 8
	Tobacco Products Affidavit	page 9
	Personal Inquiry Waiver	page 10
	Criminal History Check Form	page 11
	Release of Information Waiver	page 12
	Firefighter Application Package Checklist	page 13
<b>A copy of the following documents are required as part of the Firefighter Reserve application. Failure to furnish copies of the listed documents may disqualify applicant from the process.</b>		
	Driver's License – Front & Back	
	Social Security Card	
	Birth Certificate or Birth Registration	
	High School Diploma or GED	
	College Degree (if applicable)	
	Military Form DD-214 (copy #4, if applicable)	
	Firefighter I Certificate – State of Florida Non-Certified / Non-Combat Reserve personnel only (required)	
	Minimum Standards Certificate – State of Florida Certified Combat Reserve personnel only (required)	
	EMT Certificate – State of Florida (required)	
	Paramedic Certificate – State of Florida (if applicable)	
	ACLS/BLS Certification (CPR card), if applicable	