



FIREFIGHTER / PARAMEDIC APPLICATION CHECKLIST

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

Incomplete Applications Will Not Be Considered

Enter information requested and check boxes to indicate completion. This Firefighter/Paramedic Application Checklist and All Required Documentation must be submitted along with the completed Indian River County BCC Job Application.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Primary Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Check Certification Level: [ ] Firefighter/Paramedic [ ] Firefighter/EMT [ ] Firefighter-One/EMT or Paramedic

[ ] Check Box If attending a Minimum Standards Basic Fire Recruit Academy. Include School Name, Expected Date of Graduation, Lead Instructor Name and Contact Information. \_\_\_\_\_

[ ] Check Box If actively attending a Paramedic Program. Include School Name, Expected Date of Graduation, Lead Instructor Name and Contact Information. \_\_\_\_\_

Explain Class Schedule: \_\_\_\_\_

All applicants must provide, at time of application, copies of the following documentation:

- [ ] Completed the Indian River County BCC Firefighter/Paramedic Job Application
[ ] Valid State of Florida driver license (must be at least 18 years old).
[ ] High school diploma or high school equivalency from a recognized issuing agency.
[ ] Current valid State of Florida Firefighter Certificate of Compliance OR proof of successfully completing the Firefighter-One portion of a Florida Minimum Standards Basic Fire Recruit Academy.
(Certificate or letter signed by lead instructor or program director on school letterhead is acceptable.)

NOTE: If the Certificate of Compliance is over four (4) years from its original date of issue, you must also provide: documentation from the Florida Bureau of Fire Standards and Training indicating that your Firefighter status is still current; verification of Volunteer or Career Firefighting affiliation; or proof of attending and passing a State of Florida Fire Standards Retention Course and Exam.

[ ] Current State of Florida Emergency Medical Technician license # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

OR

[ ] Current State of Florida Paramedic license # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ & ACLS Exp. Date: \_\_\_\_\_

[ ] Emergency Vehicle operator Course (EVOC/CEVO) certification that reflects 16 hours of training.

[ ] Current CPR certification Exp. Date: \_\_\_\_\_

IS Certificates: [ ] IS-100.c [ ] IS-200.c [ ] IS-700.b [ ] IS-800.c

[ ] Tobacco Affidavit Signed and Notarized

[ ] OPTIONAL: Additional Pertinent / Related Documentation is welcome and may be included.