

EDUCATION:

Name & address of School	Years Attended	Date Graduated	Subjects Studied
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High School _____

College _____

Other _____

PERSONAL REFERENCES: (Three persons you have known for at least one year excluding relatives)

Name	Address	Business	Phone No.
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1. _____

2. _____

3. _____

I certify that any and all statements which I set forth in this application are true and correct. I also recognize and accept the fact that any misstatement I have made herein is cause for dismissal/discharge in the event I am hired. Further I authorize City Officials to investigate all statements contained in this application.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Remarks:

Hired _____ Department _____ Position _____

Will Report _____ Salary _____

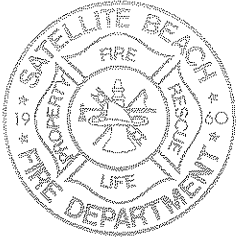
Approved: 1. _____ 2. _____
Department Head City Manager

Additional Employment information to be entered by Department Head.

Date of Birth _____ Marital Status _____ No. of Dependents _____

In case of an Emergency notify: _____
Name Address

Phone Number _____



CITY OF SATELLITE BEACH
 FIRE DEPARTMENT
 1390 South Patrick Drive
 Satellite Beach, FL 32937-4380



"To Better Serve Our Community"

AUTHORITY FOR RELEASE OF INFORMATION

(321) 773-4405

FAX (321) 773-8199

PERSONAL INQUIRY WAIVER

To concerned persons or authorized representatives of any organization, institution, or repository of record:

RE: APPLICANT NAME: _____

DOB: _____ SSN: _____

I respectfully request and authorize you to furnish the City of Satellite Beach all information that you may have concerning my employment records, school records (to include copy of transcript), character, reputation (if applicable), financial credit status, military records, and arrest records. This information is to be used to assist any employing agency in determining my qualifications and fitness for the position I am seeking with the City of Satellite Beach in Brevard County, Florida.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested above.

SIGNED: _____ DATE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

AFFIDAVIT

State of FLORIDA
 County of BREVARD

Before me personally appeared _____
 who said that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed to me this _____ day of _____, 19_____.

My Commission Expires

NOTARY PUBLIC
 State of FLORIDA at Large