



HERNANDO COUNTY FIRE CORPS
60 VETERANS AVENUE
BROOKSVILLE, FLORIDA 34601
PLEASE PRINT

DEMOGRAPHIC AND BACKGROUND CHECK INFORMATION

LAST NAME		FIRST NAME		MIDDLE:	
ADDRESS:		CITY:		STATE:	ZIP:
DOB	SOCIAL SECURITY #		HOME PHONE		
INFORMATION ON THE NEXT LINE IS VOLUNTARY					
MALE: <input type="checkbox"/> FEMALE <input type="checkbox"/>		HISPANIC___ WHITE___ BLACK___ ASIAN/PACIFIC ISLANDER___ AMERICAN INDIAN___ ALSAKAN NATIVE___			
EMAIL:			CELL PHONE		
DRIVER'S LICENSE	D/L NUMBER	ENDORSEMENTS		STATE	EXP_DATE
YES <input type="checkbox"/> NO <input type="checkbox"/>					

CRIMINAL BACKGROUND

DO YOU HAVE ANY CRIMINAL CONVICTIONS		ARE ANY FELONY CHARGES PENDING	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE BEEN DISMISSED FROM ANY VOLUNTEER ORGANIZATION			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME	RELATION	PHONE NUMBER
EMERGENCY CONTACT NAME	RELATION	PHONE NUMBER
WHAT EVACUATION ZONE DO YOU LIVE IN	WOULD YOU NEED A PLACE TO EVACUATE TO	
DO YOU HAVE PETS	TYPE AND NUMBER	

SPECIAL SKILLS PLEASE LIST ANY SKILLS OR EXPERTISE THAT MIGHT BE HELPFUL FOR FIRE CORPS

FIRE CORPS INTERESTS

ADMINISTRATIVE		BUILDING PRE PLANS		FIRST RESPONDER	
FIRE FIGHTER REHAB		GRANT WRITING		EVOC	
LIFE SAFETY EDUCATION		WEBSITE MAINTENANCE		FUND RAISING	
CARPENTRY					

PLEASE READ AND SIGN THE SECOND PAGE OF THIS DOCUMENT



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AVAILABILITY

FULLTIME RESIDENT OF FLORIDA?	IF NO, WHAT MONTHS ARE YOU IN FLORIDA
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CITIZENSHIP

ARE YOU A CITIZEN OF THE UNITED STATES ?	IF NO, WHAT IS YOUR STATUS?
YES <input type="checkbox"/> NO <input type="checkbox"/>	

DECLARATION

FIRE CORPS AND HERNANDO COUNTY DO NOT DISCRIMINATE AS TO RACE, COLOR, RELIGIOUS, SEX NATIONAL ORIGIN OR ANY OTHER PROTECTED STATUS.

IF YOU SIGN THIS APPLICATION, YOU ARE AGREEING WITH THE FOLLOWING:

- 1) THE INFORMATION WILL BE USED FOR A CRIMINAL BACKGROUND CHECK. **FELONYS WILL BE CAUSE FOR DENIAL OF MEMBERSHIP**

- 2) YOU AGREE TO ALLOW THE COUNTY TO RUN A CHECK OF YOUR LICENSE TO DETERMINE IF YOU WILL BE ELIGIBLE TO DRIVE COUNTY VEHICLES AFTER EVOC TRAINING SHOULD YOU CHOOSE TO DO SO.

- 3) YOU AGREE TO ABIDE BY THE RULES OF HERNANDO COUNTY, THE CONSTITUTION AND BYLAWS OF HERNANDO COUNTY FIRE CORPS AND CITIZENS CORPS CODE OF CONDUCT.

- 4) YOU AGREE TO RETURN ANY ISSUED EQUIPMENT , ID CARD OR ITEMS THAT IDENTIFY YOU AS A MEMBER OF FIRE CORPS SHOULD YOU LEAVE FOR WHATEVER REASON.

- 5) THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ANY FALSE STATEMENTS OR MISREPRESENTATION ON THIS APPLICATION WOULD BE CAUSE FOR DENIAL OF ACCEPTANCE INTO HERNANDO COUNTY FIRE CORPS.

PRINT FULL NAME _____

SIGNATURE _____ DATE ____/____/____

OFFICE USE ONLY

REVIEWED BY _____

OFFICER HCFC DATE ____/____/____

ADVISOR HCFR DATE ____/____/____

ID ISSUED ON ____/____/____

RESULT OF CRIMINAL BACKGROUND CHECK