



# SATELLITE BEACH FIRE DEPARTMENT

**David P Abernathy**  
Fire Chief

**Jeff Dangler**  
Deputy Fire Chief

## Application for RESERVE FIREFIGHTER

*In compliance with Chapter 295, Florida Statute, The City of Satellite Beach is committed to providing preference to U.S. veterans and spouses of veterans in hiring, promotion, and retention for all qualified positions as prescribed by the chapter. The City of Satellite Beach is an equal opportunity employer. We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, genetic information, marital or veteran status, or any other category protected by federal, state or local law.*

\_\_\_\_\_  
Name: E Mail Address

\_\_\_\_\_  
Street Address:

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

\_\_\_\_\_  
Best Phone # Phone Service Provider (AT&T, Verizon, etc)

If you are related to any person employed by the City of Satellite Beach, please write their name and department:  
\_\_\_\_\_

Have you volunteered at another Fire Department?  YES  NO  
If YES, please provide name of Department and dates you volunteered  
\_\_\_\_\_

Have you ever been employed by the City of Satellite Beach?  YES  NO  
If YES, please provide the name of the department and dates you were employed:  
\_\_\_\_\_

Are you currently employed?  YES  NO  
If YES, please provide the name of your employer:  
\_\_\_\_\_

If YES, may we check with your current employer?  YES  NO

Date you could begin volunteering:  
\_\_\_\_\_

Work History: (List your last 3 employers. Include their address, your title, the reason for leaving, and dates of employment.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you served in the military?  YES  NO

If YES, please provide the branch of service and your rank at discharge:

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Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

In Case of Emergency Contact:

\_\_\_\_\_ Relationship Phone Number

Education: (List the name of the school, city & state, graduation date mm/yy, and degree or certification achieved)

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Personal References: (List the name & contact number for 3 persons, excluding relatives, whom you have known for at least 1 year)

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

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

**DO NOT WRITE BELOW THIS LINE**

***Additional Employment Information to be entered by Fire Administration only***

Start Date:

\_\_\_\_\_

\_\_\_\_\_  
Fire ID #:

\_\_\_\_\_  
Shift Assignment:

\_\_\_\_\_  
FCDICE

\_\_\_\_\_  
FF Certificate

\_\_\_\_\_  
EMT Certificate

\_\_\_\_\_  
CPR

\_\_\_\_\_  
Other