STATEMENT AND SIGNATURE

Please read the following statements carefully before signing this form:

I understand that St. Lucie County Fire District (the employer) may reject this application for consideration for any of the reasons listed on Page 1, Paragraph No. 4 (a-g).

Should I qualify and become a regular employee of St. Lucie County Fire District, I understand there might be deductions from my salary for retirement and other items required or allowed by law.

I certify that the answers given by me to the foregoing questions and statements are all true and correct without any falsifications, omissions, or misleading statements of any kind whatsoever. I agree that the employer shall not be held liable in any respect if my employment is terminated, because of the falsity of statements, inaccuracies or omissions made by me in this application, without regard to either my knowledge of the inaccuracy, omissions or falsity or the length of employment. I authorize previous employers, schools, or persons named above to give any information regarding my employment together with any information they may have regarding me, whether or not it is in their records, unless I have otherwise indicated above. I hereby release all companies, employers, schools, or persons from all liability for any damage for issuing this information.

If accepted for employment, I agree to abide by the rules and policies of the employer and to work whatever hours the employer requires. I hereby agree that I will submit myself to a pre-hire drug and tobacco test Fingerprinting, and Physical Examination. I understand that failure to pass such test may prevent me from being employed. I further understand and agree that failure of the employer to request a physical or medical examination shall not be construed as an admission by the employer that I am physically or medically qualified to perform any specific type of service.

I authorize an investigation of all statements made by me whether or not I am employed.
I hereby agree to be employed for a probationary period pursuant to the employer's policy.
I hereby agree to comply with the employer's residency requirements should I become employed.

Applicant Signature:_____Date:_____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this_____ day of_____20_____, by _____.
(Name of Applicant)

☐ who is personally known to me or

☐ who has produced _____ as identification.
(Type of Identification)

_____
(Signature of Notary Taking Acknowledgement)

_____
(Name of Notary typed, printed or stamped)