

# OKEECHOBEE COUNTY FIRE RESCUE

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707 NW 6th Street  
Okeechobee, FL 34972  
(863)763-5544  
FAX (863)763-4565

Dear Fire Rescue Employment Applicant:

Thank you for your interest in employment with Okeechobee County Fire Rescue. At this time we are establishing a hiring eligibility list for future vacancies.

**You do not need to fill out an employment application at this time, nor will we accept a completed application. If you are interested in employment, we ask that you fill out the attached Fire Rescue Employment Interest Form. The completed form can then be submitted to the Okeechobee County Fire Rescue, 707 N.W. 6<sup>th</sup> Street, Okeechobee, FL 34972.**

Okeechobee County Fire Rescue participates in the National Firefighter Selection Inventory and Treasure Coast Physical Agility (TC-PAT) pre-employment examinations process. All pre-employment testing is done through this process. The details of this process can be found at: <http://www.tcpubliksafetytraining.com/p/105>

**In order to be considered for employment, you must show documentation of completion within the prior 12 calendar months from *Indian River State College's National Firefighter Selection Inventory Examination and Treasure Coast Physical Agility Test (TC-PAT)*.**

Once we begin the hiring process, if you are selected to participate, we will contact you using the information on the Employment Interest Form with directions on the next step in the process. Please make sure that you keep this information updated with the Fire Rescue Office.

**OKEECHOBEE COUNTY FIRE RESCUE**  
**Employment Interest Form**

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

Name: \_\_\_\_\_

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

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

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a valid Florida Drivers License? \_\_\_\_\_

Do you have a valid Florida Firefighter Certificate of Compliance? \_\_\_\_\_

Do you have a valid Florida Emergency Medical Technician (EMT) License? \_\_\_\_\_

Do you have a valid Florida Paramedic License? \_\_\_\_\_

Have you taken the National Firefighter Selection Inventory Test? \_\_\_\_\_

What was your score on the National Firefighter Selection Inventory Test? \_\_\_\_\_

Have you taken and passed the Treasure Coast Physical Abilities Test? \_\_\_\_\_

Have you taken the National Firefighter Selection Inventory written examination and the Treasure Coast Physical Abilities test within the past 12 calendar months? \_\_\_\_\_

Are you claiming Veterans Preference? \_\_\_\_\_

**If yes, please fill out the attached Veterans Preference Form.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed name: \_\_\_\_\_

**Thank you in advance for your interest in Okeechobee County. Please do not call our offices to check on the status of your application. Due to the high volume of applications received, only those candidates considered for an interview will be contacted.**

**Notice to Applicants: (Complete ONLY if you are claiming Veterans' Preference)**

**APPLICATION FOR  
VETERANS' PREFERENCE**  
(Available to Florida residents only)

Applicants wishing to assert Veterans' Preference in employment must complete this form and return it with the complete employment application, along with a copy of the DD214 form or equivalent certification from the Department of Veterans' Affairs.

Preference of employment, re-employment, promotion and retention shall be given to an eligible veteran pursuant to ss.295.07, 295.08, 295.085 and 295.09 as long as the veteran meets the minimum eligibility requirement and has the knowledge, skills and abilities required for the particular position.

Check the appropriate category if you are claiming Veterans' Preference.

**Documentation (DD214 or VA Letter of Disability) substantiating your claim must be furnished at the time of application.**

I wish to assert Veterans' Preference in employment in accordance with Chapter 295 of the Florida Statutes. I qualify under the following category:

- \_\_\_ 1. A Veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the United States Department of Veterans' Affairs (DVA) and the Department of Defense, **or**
- \_\_\_ 2. The spouse of any veteran who cannot qualify for employment because of total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, **or**
- \_\_\_ 3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America. A veteran who served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom qualifies for preference in appointment, effective July 1, 2007. The service dates are defined as follows:
- Operation Enduring Freedom – October 7, 2001 to date to be determined.
  - Operation Iraqi Freedom – March 19, 2003 to date to be determined.
- \_\_\_ 4. The un-remarried widow or widower of a veteran who died of a service-connected disability, **or**
- \_\_\_ 5. Any Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal.

Please complete the following information: (Applicants asserting a preference based on their spouse's service should provide this information as it pertains to their spouse.)

Service Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

If an applicant claiming Veterans' Preference for a vacant position is not selected for the vacant position, they may file a complaint with the Florida Department of Veterans' Affairs (FNAV) Mary Grizzle Office Building, Suite 311-K, 11351 Ulmerton Road, Largo, Florida 337798. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of application filed with the employer if no notice is given. If the position has not been filled, the complaint deadline is extended until one month after the position is filled.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date