



Murray County

Fire Department

Dewayne Bain, Fire Chief

Murray County Fire Department

Application for the Position of:

FIREFIGTHER



Murray County Fire Department

810 GI Maddox Pkwy, Chatsworth, GA 30705

(706)695-2088 (phone) (706) 517-1014 (fax)

APPLICATION FOR FIREFIGHTER

Date _____

Please Print, Use Ink

PERSONAL INFORMATION

Name	S.S No.		
(Last)	(First)	(Middle Initial)	
List Any Alias Names Used i.e. maiden names, nicknames, and etc. _____			
Present Address:			
(City)		(State)	(Zip Code)
Are you at least 18 years old? Yes No		D.O.B (MM/DD/YYYY)	
Home Telephone:		Cell phone:	
E-Mail Address _____		Cell Phone _____	
Person to contact in case of emergency		Telephone	
Hair color:	Eye Color:	Sex:	Race: Black Latino White Other
NOTE: BIRTH CERTIFICATE MUST BE PROVIDED			

EDUCATION

Are you a high school graduate?		Yes	No	If yes, please list below.						
If no, circle highest grade completed		5	6	7	8	9	10	11	12	
If not a high school graduate, do you have a GED?		Yes		No		NOTE: Diploma or GED must be provided				
School	Name and Location	Major Course of study		Completed		Type of Degree				
High School				9 10 11 12						
Business/ Technical School				1 2 3 4						
College				1 2 3 4						
Graduate School				1 2 3 4						

GENERAL INFORMATION

Have you ever been employed by Murray County? Yes No	If yes when?	Department/Office		
Are you related to anyone currently employed by Murray County? Yes No		Relative's Name	Relationship	Department/Office
How did you learn of this opening?		Are you a citizen of the United States? Yes No		
NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Are you eligible to work in the United States either because you are a U. S. Citizen or have U.S. Government permission to do so? YES NO				
Have you ever been convicted of or plead guilty or Nolo to a felony or misdemeanor, other than a minor traffic violation? Yes No				
If yes, when: Where:				
For what:				
Active Military Service (list date, serial or service number for all active service)				
From	to	Serial or Service Number	Branch of Service	
Please list all of your previous addresses for the last five (5) years, starting with present.				
Address		From Mo/Yr	To Mo/Yr	
Address		From Mo/Yr	To Mo/Yr	
Address		From Mo/Yr	To Mo/Yr	
Address		From Mo/Yr	To Mo/Yr	
Address		From Mo/Yr	To Mo/Yr	
Address		From Mo/Yr	To Mo/Yr	
Address		From Mo/Yr	To Mo/Yr	

EMPLOYMENT RECORD

Describe your work history beginning with your current or most recent job. Include military and/or volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and phone numbers for all employers are necessary. A resume may be attached **only** as additional information and will not be accepted in lieu of completing this section.

Company Name	Street Address	City	State	Zip Code
Supervisor's Name and Phone Number	Telephone	From Mo/Yr	To Mo/Yr	
Position	Duties			
Reason for Leaving				
Company Name	Street Address	City	State	Zip Code
Supervisor's Name and Phone Number	Telephone	From Mo/Yr	To Mo/Yr	
Position	Duties			
Reason for Leaving				
Company Name	Street Address	City	State	Zip Code
Supervisor's Name and Phone Number	Telephone	From Mo/Yr	To Mo/Yr	
Position	Duties			
Reason for Leaving				
Company Name	Street Address	City	State	Zip Code
Supervisor's Name and Phone Number	Telephone	From Mo/Yr	To Mo/Yr	
Position	Duties			
Reason for Leaving				

PERSONAL REFERENCES

Please list at least five (5) people that are not related to or living with you that you have known for at least 4 years.

Name	Address	
Occupation	Phone	Work
Name	Address	
Occupation	Phone	Work
Name	Address	
Occupation	Phone	Work
Name	Address	
Occupation	Phone	Work
Name	Address	
Occupation	Phone	Work

SKILLS AND TRAINING

Are you a certified NPO Firefighter I or II? Yes No

If yes submit proof with application.

Are you a certified fire fighter in accordance with the standards established by the Georgia Firefighter Standards & Training Council?

Yes No

If yes submit proof with application.

Are you a certified Georgia or National Registry EMT or Paramedic? Yes No

If yes submit proof with application.

List any other skills/training you have, that would be beneficial to this agency.

Are you able to perform all the duties listed in the job description? Yes No

If you answered no to the above, please explain what can be done to provide you with reasonable accommodations.

Have you ever been a member of a fire department, rescue squad, or similar organization? Yes No

Name and address of Organization: _____

Date of Service: _____

Position Held: _____ Reason for leaving _____

List all related training you completed: _____

DESIRSES AND LIMITATIONS

In a brief paragraph, state why you wish to be an employee or member of this department, what the department can gain from your participation, and what you expect from the department.

Do you have any factors that could restrict your participation in firefighting, rescue activities, training, and station manning, being away at night and/or being on call day and night? Do you have any health problems?

DRIVING HISTORY

Do you have a valid Driver's License? Yes No	Which State?	Driver's License Number.	Date of Expiration.
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Have you ever been licensed to drive in another state? Yes No If yes
indicate which state(s).

Have you incurred any traffic charges within the last three (3) years? Do not include parking tickets. Yes No

If yes give date(s) and type of charges

Please indicate the class driver's license you have. A B C D CDL

Have you been charged or convicted of a DUI in the past five years? Yes No

Have you had more than three moving violations in the past two years? Yes No

AUTHORIZATION TO RELEASE DRIVING HISTORY

I hereby authorize the Murray County Human Resources Department or other authorized representative of Murray County bearing this release or a copy thereof to obtain any information in my files pertaining to my driving record.

This release is executed with full knowledge and understanding that the information is of official use of the Murray County Human Resources Department. Consent is granted to Murray County to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. I hereby authorize my previous employers to provide Murray County Government and its agent's any and all information that they may request. I hereby release my former employers from liability for providing such information.

Signature _____ Date _____

Full name: _____ D.O.B. _____
(AS IT APPEARS ON LICENSE)

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER(S) YES NO
MY PAST EMPLOYER YES NO

I certify the information provided in this application is true and complete to the best of my knowledge. I understand that withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated. I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they may have personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability for any damage which may result from furnishing such information to you. I authorize you to request, receive, and verify all information given in this application. If I am employed by Murray County Government, I agree to conform to the policies, rules and regulations of the Government set forth in the Murray County Government's Personnel System, employee handbooks, policies, and ordinances; and acknowledge that these policies, rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option. I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary regular employee. If required by Murray County Government for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

This application will remain active for Ninety (90) days only unless renewed personally by me in writing. Before an applicant can be selected for employment with Murray County Government, he/she must submit to a drug test. Should you be offered a job with Murray County Government, your position will be required random drug testing.

Print Name: _____ Signature: _____ Date: _____

Alcohol and Controlled Substance Testing

As a condition of employment by Murray County Government, you will be required to submit to an alcohol and controlled substance screening test. Employees must, as a condition of employment, abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute for such violations. A report of the conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988.) In order to be employed by Murray County Government, you must successfully pass this screening test. By signing this form, you are acknowledging that you consent to such an examination and screening test.

Print Name: _____ Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state, and local equal employment opportunity laws. This organization provides equal opportunity and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

FOR DEPARTMENTAL USE ONLY

REVIEW BOARD MEMBER SIGNATURE:

PRINT NAME:

SIGNATURE:

DATE:

DEPARTMENT TRAINING OFFICER SIGNATURE:

PRINT NAME:

SIGNATURE:

DATE:

ASSIGNED TO STATION

DATE:

NOTES: