

CHEROKEE COUNTY

EMERGENCY MANAGEMENT

FIRE & EMA

EMPLOYMENT APPLICATION

For the Position of:

VOLUNTEER SERVICE

Hickory Flat Vol. Fire Dept.

Return application to:

Hickory Flat VFD
3624 Hickory Flat Road
Canton, GA 30115
770-479-5028

APPLICATION FOR VOLUNTEER SERVICE STATION 3 HFVFD

Please Print, Use Ink

Date _____

PERSONAL INFORMATION

Name			SS#		
(Last)	(First)	(Middle Initial)			
List Any Alias Names Used e.g. maiden names, nicknames, etc.					

Present Address:					
(City)		(State)		(Zip Code)	
Have you reached your 18 th birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Home Telephone:		Business Telephone:		Pager / Cell:	
Person to contact in case of emergency:				Telephone	
Are you willing to work shift work (nights, holidays, weekends, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date Available for employment:					

EDUCATION

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
School	Name and Location	Major Course of study	Completed	Type of Degree	
High School			9 10 11 12		
Business/ Technical			1 2 3 4		
College			1 2 3 4		
Graduate			1 2 3 4		

GENERAL INFORMATION

Have you ever been employed by Cherokee County? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?	Department/Office	
Are you related to anyone currently employed by Cherokee County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relative's Name	Relationship	Department/Office
How did you learn of this opening?	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*In accordance with the Immigration Reform Act of 1986 proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.			
Have you ever been convicted of or plead guilty or Nolo to a felony or misdemeanor, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	From Mo/Yr	To Mo/Yr	
Address <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	From Mo/Yr	To Mo/Yr	
Address <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	From Mo/Yr	To Mo/Yr	
Address <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	From Mo/Yr	To Mo/Yr	
Address <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	From Mo/Yr	To Mo/Yr	
Address <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	From Mo/Yr	To Mo/Yr	
Address <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	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 Home
Name	Address
Occupation	Phone Work Home
Name	Address
Occupation	Phone Work Home
Name	Address
Occupation	Phone Work Home
Name	Address
Occupation	Phone Work Home

DRIVING HISTORY

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which State?	Driver's License Number.	Date of Expiration.
Have you ever been licensed to drive in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes indicate which state(s).			
Have you incurred any traffic charges within the last three (3) years? Do not include parking tickets. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes give date(s) and type of charges			
Please indicate the class driver's license you have. A B CDL			
Have you been charged or convicted of a DUI in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you had more than three moving violations in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I hereby authorize the Department of Public Safety of Georgia, or any other authorized agency to which this authorization may be presented, to release an abstract of my driving record for use in processing my employment application.			
Signature _____		Date _____	

SKILLS AND TRAINING

Are you a certified NPQ 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.

Are you currently a volunteer firefighter serving in Cherokee County with twelve months or more service (served within the last twelve months) that has completed basic firefighter training with the Georgia Fire Academy? Yes No
If yes proof of basic firefighter training must be submitted 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:

DESIRES 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 fire fighting, rescue activities, training, and station manning, being away at night and/or being on call day and night?

APPLICANT'S STATEMENT

I certify that the information given in this application is true and complete to the best of my knowledge. I understand that this application is not a contract of employment.

I understand that any untrue statement in this application may result in my dismissal at any time during my employment with the Cherokee County.

I authorize the release of high school and college transcripts, information concerning my previous employment and any information employers may have pertinent to this application and the employment procedures of the Cherokee County. I release all parties from all liability for any damage that may result from requesting, providing, processing, retaining or releasing any information about me. A photographic copy of this authorization shall be as valid as the original.

I understand resumes; letters of reference, etc., submitted with the application become property of the Cherokee County and cannot be returned. The information I have provided on the application is subject to public disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Signature

Date

FOR DEPARTMENT USE ONLY

Date application received:

Application Number:

Date reviewed:

Reviewed by:

Comments:

CHEROKEE COUNTY
FIRE-EMA
430 EAST MAIN STREET
CANTON, GA 30114

Emergency Contact Information Sheet

____/____/____
Date

Emergency Contact

Employee Name:
Address

Phone: (Home) (Work)

1st Contact Name:
Address

Phone: (Home) (Work)
Relationship to Employee:

2nd Contact Name:
Address

Phone: (Home) (Work)
Relationship to Employee:

3rd Contact Name:
Address

Phone: (Home) (Work)
Relationship to Employee:

Comments:

CHEROKEE COUNTY
FIRE-EMA
430 EAST MAIN STREET
CANTON, GA 30114

Hepatitis B Information Form

NAME

Check One

- I have received information concerning the Hepatitis B virus and would like to receive the vaccination for Hepatitis B offered by Cherokee County.
- I have already received the Hepatitis B vaccine and do not require additional vaccination. I will provide Cherokee County Fire-EMA with proof of immunization within 15 days of the date of this form.
- I have received information concerning the Hepatitis B virus and do not wish to receive the Hepatitis B vaccine.

Signature

Date

CHEROKEE COUNTY FIRE-EMA CONSENT WAIVER FORM

For Agency use only

Requested by:	Date:	Received by:	Date:
Date to GCIC Officer:	Date returned:	Returned to:	
Check History to be run:	<input type="checkbox"/> Driver	<input type="checkbox"/> Criminal	
Driver's History (State or No History)	SID/FBI No. or No History		
Complies with county Policies: D.H.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Investigation Division			
C.H.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Applicant read and complete information within this block

The Applicant is to read and complete the information within this block

I hereby authorize Cherokee County Fire-EMA (Agency) through the Cherokee County Sheriff's Office to receive any Criminal and/or Driver's History Record Information pertaining to me, which may be in the files of any State or local jurisdiction. I understand the information will be used to assist the Agency in determining my eligibility and fitness for the position I am seeking with the Agency. I hereby release you, your organization, and/or others from liability, which may result from furnishing the information. I understand a PHOTOCOPY of this release form is valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

Name:	(Last)	(First)	(Middle)	(Maiden or a.k.a.)	
Address:	(Number and Street)	(City)	(State)	(Zip Code)	
Telephone:	Home:	Work: .			
Social Security Number:	Date of Birth:				
Driver's License Number:	State:	Expires:			
Race:	Sex:	Height:	Weight:	Eyes:	Hair:
Signature:	Date:				
Notary:	Date: (Official Seal and Stamp)				