



## Evans County Fire and Rescue

### Fire Department Application

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Last Name	First Name	Middle Name
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Address \_\_\_\_\_

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City	Zip Code
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Home Phone	Work Phone	Cell Phone
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- 1-Are you legally authorized to work in the U.S.? Yes(  ) No(  )
- 2-Are you 18 years of age: Yes(  ) No(  )
- 3-Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering? Yes(  ) No(  )

If yes answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4-Do you have any commitments or responsibilities that might prevent you from meeting job requirements? Yes (  ) No (  )

If you answered yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5-Do you have any relatives on the Fire Department? Yes (  ) No (  ) If yes, who? \_\_\_\_\_

\_\_\_\_\_

6-Have you previously applied for this position? Yes (  ) No (  ) If yes, when did you apply \_\_\_\_\_

\_\_\_\_\_



## Education and Training

1-High School: \_\_\_\_\_ Did you graduate? Yes ( ) No ( )

2-College/Trade School: \_\_\_\_\_ Subject  
Major: \_\_\_\_\_

Did you earn your degree? Yes ( ) No ( )

3-Please list any skills which you feel relate to this  
position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4-Have you received Firefighter/E.M.S. training in the past? Yes ( ) No ( )

Type of Firefighter/E.M.S. Training \_\_\_\_\_  
Date: \_\_\_\_\_

5-Have you received first aid training in the past? Yes ( ) No ( )

Type of fist aid training: \_\_\_\_\_ Date last  
certified: \_\_\_\_\_

### Driving Record Check

1-Do you agree to a driver's license record check? Yes ( ) No ( )

a. Driver's license number: \_\_\_\_\_ State of  
Issuance: \_\_\_\_\_

b. Do you have truck driving experience? Yes ( ) No ( ) Type of  
Vehicle: \_\_\_\_\_



c. Driver's license class-A, B, C: \_\_\_\_\_

## Availability and Employment History

1-What hours are you available to respond to emergency calls? \_\_\_\_\_

Approximate minute from home to Fire Station  
#1 \_\_\_\_\_

Approximate minutes from work to Fire Station  
#1 \_\_\_\_\_

2-Can you be available for the following meetings and training sessions?

Second Tuesday and Fourth Tuesday of each month at 7:00p.m. to 11:00p.m. Yes ( ) No ( )

3-Can you attend a First Responder or E.M.T. course? Yes ( ) No ( )

4-Does your job require you to travel out of town? Yes ( ) No ( ) If yes, please explain normally what hours are you out of town? \_\_\_\_\_

5-Present Employer: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date  
Employed: \_\_\_\_\_

Total Years Employed: \_\_\_\_\_ Working hours: \_\_\_\_\_



**Specific Duties:** \_\_\_\_\_

May we contact your employer? Yes ( ) No ( )

**6- Please list your Military Service if applicable:**

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

**Reserve Status:** \_\_\_\_\_

**Attendance requirements if in the Reserve or Guard:** \_\_\_\_\_

**7-Any mechanical, electrical or other specialized work experience? Yes ( ) No ( )**

If so, please explain: \_\_\_\_\_

**8-References-please list three references that are not related to you:**

**1.Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**2.Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**3.Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**4.Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_



## Evans County Fire and Rescue Requirements

I acknowledge and understand that application to become a firefighter with the Evans County Fire and Rescue.

Selected applicants will be subject to a 12-month probationary period with review after six (6) months.

Selected applicants will be subject to a drug test.

You will be required to have a background check.

I have read these requirements and agree to them.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



**CITY OF CLAXTON POLICE DEPARTMENT**

**CHRI RELEASE/WAIVER**

BY MY SIGNATURE BELOW, I HEREBY REQUEST, AUTHORIZE AND DIRECT CLAXTON POLICE CHIEF OR HIS APPOINTED DESIGNEE AND THE CITY OF CLAXTON POLICE DEPARTMENT TO PERFORM A GEORGIA BACKGROUND INVESTIGATION WHICH INCLUDES, BUT MAY NOT BE LIMITED TO AN ELECTRONIC BACKGROUND SEARCH OF G.C.I.C. AND LOCAL RECORDS. THE PURPOSE OF THIS BACKGROUND SEARCH OR INVESTIGATION IS TO ASCERTAIN AND DETERMINE IF ANY CRIMINAL HISTORY RECORDS EXIST OR CLOSELY RESEMBLE THE IDENTIFYING INFORMATION, WHICH I AM PROVIDING HEREIN. I UNDERSTAND THAT FAILURE TO PROVIDE ACCURATE OR COMPLETE INFORMATION WILL RESULT IN A NEGATIVE SEARCH EFFORT, OR IMPROPER RECORDS BEING ACCESSED.

FURTHERMORE, I AUTHORIZE AND DIRECT THAT ANY INFORMATION OR RECORDS WHICH ARE PRODUCED OR DISCOVERED AS A RESULT OF THIS BACKGROUND INVESTIGATION ARE TO BE RELEASED AND TRANSMITTED TO THE PERSONS IDENTIFIED BELOW FOR WHATEVER PURPOSE THEY REQUIRE. I AM FULLY AWARE THAT THE INFORMATION OR RECORDS PRODUCED AS A RESULT OF THIS INQUIRY CONTAIN CONFIDENTIAL AND PRIVILEGED INFORMATION WHICH WOULD NOT OTHERWISE BE RELEASED WITHOUT MY CONSENT, REQUEST OR AUTHORIZATION I HEREBY SPECIFICALLY WAIVE ANY PRIVILEGE OR CONFIDENTIALITY EXISTING UNDER STATE OR FEDERAL LAW REGARDING ACCESS OR RELEASE OF SUCH INFORMATION INCLUDING BUT NOT LIMITED TO PROTECTION AFFORDED UNDER OCGA 50-18-72 AND OCGA 15-18-52.

**In making this release authorization, I agree TO HOLD HARMLESS, POLICE CHIEF EDWARD OGLESBY, AND ALL EMPLOYEES OF THE CITY OF CLAXTON POLICE DEPARTMENT , AND CITY OF CLAXTON GOVERNMENT, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION .**

**PLEASE PRINT CLEARLY**

**SUBJECT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_  
MIDDLE \_\_\_\_\_ MAIDEN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_



SSN: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
WEIGHT: \_\_\_\_\_

**RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)**

**NAME=\_\_\_\_\_ EVANS COUNTY FIRE AND RESCUE**

**MAILING ADDRESS:\_\_\_\_\_**

**BACKGROUND PURPOSES: FIRE DEPARTMENT EMPLOYMENT**

**AUTHORIZATION**

**PRIOR TO SIGNING THIS REQUEST AUTHORIZATION. I HAVE FULLY READ AND UNDERSTAND THE PROVISION OF THIS WRITING. MY REQUEST IS FREELY MADE WITHOUT FEAR OF PUNISHMENT OR PROMISE OF REWARD, AND WITH FULL AND COMPLETE UNDERSTANDING OF THE CONSEQUENCES OF MY ACTION.**

**LEGAL**

**SIGNATURE:\_\_\_\_\_**

**\_ DATE:\_\_\_\_\_**

**WITNESS:\_\_\_\_\_**

**CLAXTON POLICE DEPARTMENT RESPONSE**

**( ) NO GCIC RECORD ( ) NO LOCAL RECORD**

**( ) RECORDS FOUND, ATTACHED ( ) FINGERPRINTS NEEDED FOR POSITIVE IDENTIFICATION**

**CITY OF CLAXTON POLICE DEPARTMENT**

**OFFICIAL:\_\_\_\_\_**

**DATE:\_\_\_\_\_**