

COOK COUNTY VOLUNTEER FIREFIGHTER APPLICANT REQUIRMENTS

- (a) Be at least 18 years of age.
- (b) Not have been convicted of a felony in any jurisdiction within ten years prior to employment/appointment.
- (c) Have a good moral character as determined by investigation under procedure approved by the commissioners.
- (d) Pass Drug test
- (e) MVR back ground check
- (f) Be fingerprinted and a search made of local, state fingerprint files to disclose any criminal record.
- (i) Complete the Council approved, level specific training course and verified by successful completion of the State volunteer firefighter test within one year..

This booklet is provided to help the applicant ensure that all of the above items have been met. To apply please complete each page and include all supporting documents as shown. When completed, maintain and store these records as per local agency requirements.

CHECK-OFF SHEET FOR COMPLETING THIS PACKAGE

- Applicant information sheet
- Written Certification Test completed within 12 months.
- Personal history release form
- Copy of Ga Drivers licence
- GBI Fingerprint Results
- Good moral character form
- Medical History form

APPLICANT INFORMATION COMPLETED BY APPLICANT

1. _____
First Name MI Last Name SSN or GFSTC ID
2. _____ *Career* ___ *Volunteer* ___ *Part-time* ___
Employing/Appointing Fire Department Date of Employment/Appointment
3. Have you previously held a state certification issued by GFSTC ? Yes ___ No ___

If yes, list your Georgia State Certification number _____

Department where state certified _____

Application for Employment

COOK COUNTY COMMISSIONERS

1200 S. Hutchinson Ave.
Adel, GA 31620

PLEASE PRINT

(Equal Opportunity Employer)

Position(s) Applied For _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____-____-____
Area Code

If necessary, best time to call you at home is _____

May we contact you at work? _____ YES NO

If yes, work number and best time to call _____
Area Code Time

If you are under 18, can you furnish a work permit? _____ YES NO

Have you filed an application here before? _____ YES NO

If yes, give date _____/____/____

Have you ever been employed here before? _____ YES NO

If yes, give dates _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work _____/____/____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? _____ YES NO

Will you relocate if job requires it? _____ YES NO Will you travel if job requires it? _____ YES NO

Are you able to meet the attendance requirements of the position? _____ YES NO

Will you work overtime if required? _____ YES NO

Have you ever been bonded? _____ YES NO

Have you been convicted of a felony in the last seven (7) years? _____ YES NO
(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: _____

Driver's license number (if required by job) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed		Summary of Performance
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone () -	Dates Employed		Summary of Performance
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
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Immediate Supervisor and Title		\$	Per	
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		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
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Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

School	B. No. Years Completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	() - -	
	() - -	
	() - -	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Office

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____

Date _____ / ____ / ____

G. Neill Companies assumes no responsibility of this form and questions which may be asked by the employer of the job applicant that may violate any federal, state, and/or local laws.

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize _____ to
receive any Georgia criminal history record information pertaining to me which
may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

City

State

zip

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Notary - My Commission Expires on _____

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

_____ This authorization is valid for 90/180 days (circle one) from date of signature

I, _____ give consent to the above named to perform
periodic criminal history background checks for the duration of my employment with this
company.

Two sided form - each side must be completed.



Georgia Department of Driver Services
Customer Service, Licensing and Records Division
P.O. Box 80447
Covington, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

PLEASE PRINT LEGIBLY

SECTION 1 - DRIVER INFORMATION (must exactly match driving record)			
Full Name (First, Middle, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 - THIRD PARTY REQUEST FOR INFORMATION	
Full Name (First, Middle, Last)	COOK COUNTY BOARD OF COMMISSIONERS
Firm Name (if applicable)	1200 S. Hutchinson Ave.
Address	Adel, GA 31620

FOR DEPARTMENT USE ONLY

SECTION 3 - TERM OF REQUEST
Please choose one of the following options: <input type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee) <input checked="" type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)
If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.

SECTION 4 - AUTHORIZATION TO RELEASE RECORD OF DRIVER	
Under penalty of law, I hereby (please check one)	<input type="checkbox"/> request release of my driving record; OR <input checked="" type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.
Signature of Driver	Date (MM-DD-YY)

Two sided form - each side must be completed.

POST OFFER OF EMPLOYMENT MEDICAL INQUIRY

Responses to these questions are completely confidential and will be utilized only if necessary to determine if any reasonable accommodation is required for any work you may perform, whether any health condition may pose a direct threat of injury to yourself or others, to assist with treatment of any work-related injury, or for any other lawful purpose.

Name: _____ Department: _____ Position: _____

To the best of your knowledge, do you have or have you had any of the following medical conditions? (For "yes" responses, indicate the nature of injury or illness and name of physician in the remarks section.)

Answer YES or NO:

- | | |
|--|--|
| <input type="checkbox"/> 1. Epilepsy | <input type="checkbox"/> 19. Compressed air sequelae |
| <input type="checkbox"/> 2. Diabetes | <input type="checkbox"/> 20. Shoulder injury or problems |
| <input type="checkbox"/> 3. Arthritis | <input type="checkbox"/> 21. Back conditions (identify below) |
| <input type="checkbox"/> 4. Amputated foot, leg, arm
or hand | <input type="checkbox"/> a. back injury |
| <input type="checkbox"/> 5. Loss of sight of one or both
eyes or a partial loss of sight | <input type="checkbox"/> b. back pain which required
medical treatment |
| <input type="checkbox"/> 6. Residual disability from
Polymyelitis | <input type="checkbox"/> c. back surgery |
| <input type="checkbox"/> 7. Cerebral palsy | <input type="checkbox"/> d. degenerative disc disease |
| <input type="checkbox"/> 8. Multiple sclerosis | <input type="checkbox"/> e. multiple back strains |
| <input type="checkbox"/> 9. Parkinson's disease | <input type="checkbox"/> f. chronic back pain |
| <input type="checkbox"/> 10. Cardiovascular disorders | <input type="checkbox"/> g. herniated disc |
| <input type="checkbox"/> 11. Tuberculosis | <input type="checkbox"/> 22. Neck conditions (identify below) |
| <input type="checkbox"/> 12. Mental disability
following confinement for
treatment in a recognized
medical or mental institution
for a period in excess of six
months | <input type="checkbox"/> a. neck injury |
| <input type="checkbox"/> 13. Hemophilia | <input type="checkbox"/> b. neck pain which required
medical treatment |
| <input type="checkbox"/> 14. Sickle cell anemia | <input type="checkbox"/> c. neck surgery |
| <input type="checkbox"/> 15. Chronic osteomyelitis | <input type="checkbox"/> d. degenerative disc disease |
| <input type="checkbox"/> 16. Ankylosis on major weight-bearing
joint. | <input type="checkbox"/> e. multiple neck strains |
| <input type="checkbox"/> 17. Muscular dystrophy | <input type="checkbox"/> f. chronic neck pain |
| <input type="checkbox"/> 18. Hearing loss | <input type="checkbox"/> g. herniated disc |
| | <input type="checkbox"/> 23. Knee conditions (identify below) |
| | <input type="checkbox"/> a. left knee surgery |
| | <input type="checkbox"/> b. right knee surgery |
| | <input type="checkbox"/> c. other (explain) |
| | <input type="checkbox"/> 24. Hip replacement surgery |
| | <input type="checkbox"/> 25. Swelling of any joint which required
medical treatment |
| | <input type="checkbox"/> 26. Hernia |
| | <input type="checkbox"/> 27. Carpal Tunnel Syndrome |
| | <input type="checkbox"/> 28. Surgery (explain) |

Remarks:

I, _____ (Employee), attest that the above information is true and complete to the best of my knowledge.

Signature of Employee _____ Date _____

Signature of Employer _____ Date _____

VERIFICATION OF GOOD MORAL CHARACTER

O.C.G.A. 25-4-8(a)(3) requires that any person certified as a firefighter to be of good moral character as determined by an investigation. This is accomplished by an investigation of the criminal history of the candidate to verify that there is no recent pattern of convictions of crimes involving stealing, cheating, lying or some other that may indicate less than good moral character. Having an official from the fire department complete the following statement may satisfy this requirement.

Through an investigation by the station chief as described above, I have determined that

_____ Candidate's Name
is of good moral character.

Signature _____ Chief or Designee

Date _____