Cherokee County
Fire & Emergency Services

Application for the Position of:

<u>VOLUNTEER SERVICE</u>

CHEROKEE COUNTY FIRE & EMERGENCY SERVICES
150 Chattin Drive, Canton, GA 30115
678-493-4000 (phone) 678-493-4034 (fax)

APPLICATION FOR VOLUNTEER SERVICE

STATION_____ **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)

Have you reached your 18th birthday? ☐ Yes ☐ No

Home Telephone Business Telephone PGR

E-Mail Address_____ Cell Phone_____

Person to contact in case of emergency Telephone

Are you willing to work shift work (nights, holidays, weekends, etc.)? Yes _____ No _____

Date available

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

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 Cherokee County? ☐ Yes ☐ No	If yes when?	Department/Office

Are you related to anyone currently employed by Cherokee 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

***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? ☐ 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
☐ Rent ☐ Own ☐ Other_____		
Address	From Mo/Yr	To Mo/Yr
☐ Rent ☐ Own ☐ Other_____		
Address	From Mo/Yr	To Mo/Yr
☐ Rent ☐ Own ☐ Other_____		
Address	From Mo/Yr	To Mo/Yr
☐ Rent ☐ Own ☐ Other_____		
Address	From Mo/Yr	To Mo/Yr
☐ Rent ☐ Own ☐ Other_____		
Address	From Mo/Yr	To Mo/Yr
☐ Rent ☐ Own ☐ Other_____		
Address	From Mo/Yr	To Mo/Yr
☐ Rent ☐ Own ☐ Other_____		

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? ☐ Yes ☐ No	Which State?	Driver's License Number.	Date of Expiration.

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 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

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: _____ No._____

Date reviewed: _____

Reviewed by: _____

Comments:_____

_____

_____

_____

_____

CHEROKEE COUNTY
FIRE & EMERGENCY SERVICES
150 Chattin Drive
Canton, GA 30115

EMERGENCY CONTACT INFORMATION SHEET

Date_____

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: _____

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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-ES with proof of immunization within 15 day 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 & EMERGENCY SERVICES

CRIMINAL HISTORY 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: Criminal _____

SID/FBI No. or No History _____
(State or no History)

Complies with County Policies: C.H. Yes _____ No _____ _____
Investigation Division

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

I hereby authorize Cherokee County Fire-Emergency Services (Agency) through the Cherokee County Sheriff's Office to receive any Criminal History Record Information pertaining to me which may be in the files of any Local, State, or Federal 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 or any certification that may pertain to my employment. 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 Name) (Middle Name) (Maiden or A.K.A)

Address: _____ _____ _____ _____
(Number and Street Name) (City) (State (Zip Code)

Telephone Number: Home_____ Work_____

Social Security Number: _____ Date of Birth: _____ Place of Birth: _____

Driver's License Number: _____ State: _____ Expires: _____

Have you ever been licensed to drive in any other state_____ If" yes", what state? _____

Race: _____ Sex: _____ Height: ft__ in__ Weight: _____ Eyes: _____ Hair: _____

Signature: _____ Date: _____

Notary: _____ Date:_____
(Official Seal and Stamp)

CHEROKEE COUNTY FIRE & EMERGENCY SERVICES

DRIVER HISTORY 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: Driver _____

Driver's History _____
(State or no History)

Complies with County Policies: D.H. Yes _____ No _____ _____
Investigation Division

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

I hereby authorize Cherokee County Fire-Emergency Services (Agency) through the Cherokee County Sheriff's Office to receive any Driver's History Record Information pertaining to me which may be in the files of any Local, State, or Federal 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 or any certification that may pertain to my employment. 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 Name) (Middle Name) (Maiden or A.K.A)

Address: _____ _____ _____ _____
(Number and Street Name) (City) (State (Zip Code)

Telephone Number: Home_____ Work_____

Social Security Number: _____ Date of Birth: _____ Place of Birth: _____

Driver's License Number: _____ State: _____ Expires: _____

Have you ever been licensed to drive in any other state_____ If" yes", what state? _____

Race: _____ Sex: _____ Height: ft__ in__ Weight: _____ Eyes: _____ Hair: _____

Signature: _____ Date: _____

Notary: _____ Date:_____
(Official Seal and Stamp)