

HART COUNTY



Fire Department

800 Chandler St. • Hartwell, GA 30643

Phone: (706) 856-5325 • Fax: (706) 376-9477

PLEASE PRINT CLEARLY

NAME (LAST) _____ (FIRST) _____ (M) _____

SOCIAL SECURITY # _____

ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE # _____ PAGER# _____

CELL PHONE # _____

BRIEFLY EXPLAIN WHY YOU ARE APPLYING FOR A POSITION IN HART CO. FIRE DEPT.

HOW DID YOU LEARN ABOUT VOLNTEERING WITH HART CO. FIRE DEPT.?

DRIVER'S LICENSE # _____ CLASS: _____ STATUS: _____

IF DRIVER'S LICENSE SUSPENDED, EXPLAIN: _____

DRIVER'S LICENSE RESTRICTION (IF ANY) _____

EMPLOYED BY: _____

WORK ADDRESS: _____

WORK PHONE # _____ CAN YOU BE CALLED AT WORK [] YES [] NO

EMERGENCY INFORMATION

BLOOD TYPE: _____ LIST ANY ALLERGIES: _____

DO YOU CARRY MEDICATION'S [] YES [] NO

IF YES, NAME OF MEDICATION'S AND WHERE ARE THEY KEPT: _____

PERSONAL PHYSICIAN'S NAME: _____ PHONE # _____

HOSPITAL OF CHOICE: _____

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PHONE NUMBER # _____

BACKGROUND INFORMATION

EDUCATIONAL BACKGROUND (HIGHEST GRADE LEVEL COMPLETED): _____

HAVE YOU BEEN CONVICTED OF A D.U.I. IN THE LAST (5) YEARS? [] YES [] NO

IF YES, DATES AND DISPOSITIONS: _____

SINCE THE AGE OF SEVENTEEN (17) HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIMINAL OFFENSE? [] YES [] NO

IF YES, DATE'S AND EXPLANATION: _____

SINCE THE AGE OF SEVENTEEN (17) HAVE YOU EVER BEEN CHARGED, INDICTED, OR CONVICTED OF ANY TYPE OF DRUG RELATED OFFENSE? [] YES [] NO

IF YES, GIVE OFFENSE, COURT, AND PROBATION OFFICE'S NAME: _____

TRAINING INFORMATION

DO YOU HAVE ANY PREVIOUS EXPERIENCE SERVING WITH A FIRE DEPT. YES NO

DO YOU HAVE A WORKING KNOWLEDGE OF STATE/LOCAL LAW AND REGULATIONS
REGARDING EMERGENCY OPERATIONS AND RESPONSE TO SAME YES NO

DO YOU HOLD A VALID CERTIFICATION CARD OR COMPLETION CERTIFICATE IN ANY OF
THE FOLLOWING?

GFA APPROVED MODULE ONE COURSE:

LOCATION OF CLASS: _____ DATE COMPETED: _____
(MUST SUBMIT COPY OF CERTIFICATE)

RED CROSS 10 HRS. FIRST AID OR EQUIVALENT:

EXPIRATION DATE: _____
(MUST SUBMIT COPY OF CARD)

CPR AMERICAN HEART ASSOCIATION/ REDCROSS:

EXPIRATION DATE: _____
(MUST SUBMIT COPY OF CARD)

CPR AMERICAN HEART ASSOCIATION/RED CROSS INSTRUCTOR:

ID# _____ EXPIRATION DATE: _____
(MUST SUBMIT COPY OF CARD)

GEMA RESCUE SPECILIST:

EXPIRATION DATE: _____
(MUST SUBMIT COPY/CERTIFICATE)

GEMA 16 HRS CRASH VICTIM EXTRICATION:

LOCATION OF CLASS: _____
(MUST SUBMIT COPY OF CERTIFICATE)

GEMA 8 HRS AWARENESS FOR INTIAL RESPONE TO HAZARDOUS MATERIALS INCIDENT:

LOCATION OF CLASS: _____
(MUST SUBMIT COPY OF CERTIFICATE)

DOT/DHR APPROVED FIRST RESPONDER COURSE:

LOCATION OF CLASS: _____ COURSE HRS _____
(MUST SUBMIT COPY OF CERIFICATE)

[] GA. DHR EMERGENCY MEDICAL TECHNICIAN:

ID# _____ EXPIRATION DATE: _____

(MUST SUBMIT COPY OF CARD)

[] GA COMPOSITE STATE BOARD OF MEDICAL EXAMINER PARAMEDIC:

LICENSE# _____ EXPIRATION DATE: _____

(MUST SUBMIT COPY OF CARD)

LIST ANY OTHER RELEVANT INFORMATION REGARDING TRAINING OR SPECIAL SKILLS:
(MUST HAVE A VALID CERTIFICATION CARD OR COMPLETION CERIFICATE)

REFERENCES

LIST TWO (2) PEOPLE NOT RELATED TO YOU AND THEIR ADDRESS AND PHONE #

(1) _____

(2) _____

THE INFORMATION PROVIDED ON THIS APPLICATION IS THE TRUTH TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION AND TERMINATION FROM HART COUNTY FIRE DEPARTMENT. I UNDERSTAND THAT THIS APPLICATION WILL BE USED BY HART COUNTY FIRE DEPARTMENT TO ASSIST PLACEMENT OF PERSONNAL IN THE FIRE SERVICE, AND TO PROVIDE HART COUNTY FIRE DEPARTMENT WITH INFORMATION FOR INSURANCE PURPOSED. I ALSO AGREE TO AND UNDERSTAND THAT I MUST MEET ALL TRAINING, MEETING, AND RESPONSE REQUIREMENT ESTABLISHED BY THE HART COUNTY FIRE DEPARTMENT AND THAT I WILL BE PLACED ON A PROBATIONARY PERIOD.

I UNDERSTAND THAT I CAN BE TERMINATED DURING SAID PROBATIONARY PERIOD

WITHOUT CAUSE. UPON COMPLETION, THIS APPLICATION BECOMES PROPERTY OF THE HART COUNTY FIRE DEPARTMENT, AND WILL BE RETAINED IN THE CONFIDENTIAL FILES AT THE HART COUNTY FIRE CHIEF OFFICE. TO PRCESS YOUR APPLICATION THE FOLLOWING MUST BE TURNED IN WITH APPLICATION. FAILURE TO DO SO MAY RESULT IN THE APPLICATION PROCESS BEING DELAYED AND YOU MAY MISS THE APPLICATION REVIEW DATE.

A COPY OF A VALID GEORGIA DRIVER'S LICENSE, AND COPY OF YOUR MOTOR VEHICLE INSURANCE CARD.

OATH: I DO HERBY SOLEMNLY SWEAR THAT I WILL ABIDE BY THE RULES AND SOG'S OF THE HART COUNTY FIRE DEPARTMENT AT ALL TIMES, AND THAT I WILL BE AVAILABLE FOR ANY EMERGERIES, MEETING'S OR OTHER ACTIVITIES THAT I AM CALLED ON TO PERFORM. I ALSO AGREE WHEN REQUESTED TO RETURN ALL EQUIPMENT OWNED BY THIS DEPARTMENT. I UNDERSTAND AND ACCEPT THESE CONDITIONS, AND THAT FAILURE ON MY PART OTHER THAN SICKNESS, DEATH, OR WORKING CINDITIONS WILL NOT BE EXCUSED.

I UNDERSTAND AND THAT I WILL BE REQUIRED TO TAKE AND COMPLETE THE GEORGIA BASIC FIREFIGHTER MODULE ONE COURSE AND FAILURE TO DO SO WILL RESULT IN BEING EXPELLED FROM HART COUNTY FIRE DEPARTMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPLICANT'S CLOTHING SIZE: PANTS (WAIST) _____ (LENGTH) _____

COAT: (CHEST) SIZE: _____ SHIRT: _____ SHOE: _____

APPROVED? YES NO OTHER ACTION TAKEN: _____

STATION CAPTAIN: _____ DATE: _____

ACCEPTED: CHIEF: _____ DATE: _____

COPY OF INSURANCE CARD AND DRIVER LICENSE



Hart County Sheriff

MIKE CLEVELAND
P.O. BOX 886
HARTWELL, GEORGIA 30643
(706) 376-3114

CONSENT FORM

I HEREBY AUTHORIZE **HART COUNTY VOLUNTEER FIRE DEPT.** TO RECEIVE A DRIVERS HISTORY AND ANY CRIMINAL RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL NAME PRINTED

ADDRESS

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

GEORGIA OLN

SIGNATURE
HART CO. SHERIFF'S OFFICE

SIGNATURE

DATE

- () THERE IS NO CRIMINAL HISTORY RECORD FOUND ON THIS SUBJECT.
- () THE CRIMINAL HISTORY RECORD FOUND ON THIS SUBJECT IS ATTACHED.
- () THERE IS NO DRIVERS HISTORY RECORD FOUND ON THIS SUBJECT.
- () THE DRIVERS HISTORY RECORD ON THIS SUBJECT IS ATTACHED.