

Fitzgerald Fire Department



Application for Employment

Packet

City of Fitzgerald
Fitzgerald Fire Department
Application for Employment

CHECK LIST

- Attach a copy of your Resume to the back of the Application
- Include a copy of your High School diploma or G.E.D.
- Include a copy of your valid Drivers' License
- Include a copy of your Social Security Card
- If you have prior military service, please include a copy of your honorable discharge

***Please make sure you have included all the items listed and completed the application in its entirety.
If all documents are not included, your application may be rejected.***

Fitzgerald Fire Department Application For Employment

315 East Pine Street
Fitzgerald GA 31750

Pre-Employment Questionnaire Equal Opportunity Employer

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND/OR DEGREES RECEIVED
GRAMMAR SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH	
WORK OR SPECIAL TRAINING SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date _____ Signature _____

IN CASE OF AN EMERGENCY NOTIFY

NAME _____ ADDRESS _____ PHONE NO. _____

PLEASE RETURN COMPLETED APPLICATION BY _____

Do NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____



City of Fitzgerald

116 North Johnston Street
Fitzgerald, GA 31750
229-426-5060

Employee Name: _____ Date of Birth: _____
Driver's License Number: _____ Social Security Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____

EMPLOYEE DRUG AND ALCOHOL SCREEN CONSENT FORM

I hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons:

- * Pre-employment
- * Post-Hire
- * Post-Accident
- * For Cause or Suspicion
- * Random
- * Promotion and/or Job Transition

I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.

I understand and accept the terms of this agreement as a condition of my employment.

Employee Signature: _____ Date: _____

RELEASE OF CRIMINAL RECORDS

I do hereby authorize the City of Fitzgerald to examine any and all criminal records and arrests on file in the counties in the State of Georgia or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history. I also hereby release any parties concerned from any actions whatsoever, arising out of or relating to the release of the requested information.

At this time, would your Criminal/Background History Report show any derogatory information at all?

(Circle One) YES NO

If yes, please explain in detail. _____

Employee Signature: _____ Date: _____

FITZGERALD POLICE DEPARTMENT USE ONLY

RECORD CHECK:

- No Record
- Record (Information attached)

Police Clerk Signature

Date