

Fulton County Fire Rescue Department
Applicant Acknowledgement

For full consideration of your application, the following must exist within your background investigation booklet.

1. All addresses must be 100% complete and accurate with street numbers, building numbers, room numbers, city and state and zip code.
2. Use complete names; not abbreviations or nicknames.
3. All information such as dates, times, etc. must be researched and accurate.
4. All questions in the background investigation booklet are applicable to all applications; therefore **do not** write "not applicable" (N/A). If a question does not pertain to your situation, write the word "NO."
5. Incomplete background investigation booklets will result in disqualification from the process.
6. Answer each question completely and honestly. Many applicants are not accepted because of omissions and concealment. Any such omissions will be considered as deception.
7. Use the blank sheet provided at the back of the booklet if additional space is needed to provide a complete explanation to any question. Place the corresponding question number at the beginning of each statement.

Complete the application booklet thoroughly and truthfully. Any falsification in the background investigation booklet will result in disqualification. All statements in the booklet are subject to verification.

I, _____, have read, I understand, and I agree to adhere to
(Print Name)
the above statements

Applicant Signature

Date

INSTRUCTIONS: The Pre-Employment Background Investigation Booklet is an important and essential part of the firefighter selection process. All questions must be answered completely and accurately; all statements are subject to verification. Incomplete booklets, any untrue or misleading answer, or concealment of any fact will result in disqualification, rejection from the process or termination.

Type or Print Legibly

Position Applied For: _____

PERSONAL HISTORY STATEMENT

1. **Name (Print)**

First

Middle

Last

List any other names, including maiden names, names associated with marriages, and/or nicknames and the reason(s) for which you used the name.

Name

Reason

Name

Reason

Name

Reason

Address

2.

Number

Street

Apt #

City

State

Zip Code

County

How long have you lived at your current address? _____

Contact Information

3.

Home Telephone () _____

Cell Phone () _____

E-mail _____

Other _____

Date of Birth: _____ City/State of Birth: _____

4.

Are you a citizen of the United States? Yes No

5. List all of the addresses that you have had for the past ten years, including your current address:

<u>Dates</u>	<u>Address</u>	<u>City/State/Zip Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Circle the highest year of education that you have completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

High School Graduate Yes No

High School Equivalency/GED Yes No

High School that you graduated from: _____

_____ City/State Year

7. College Graduate Yes No

College(s) that you graduated from:

Name City/State Year Degree Earned

EMPLOYMENT HISTORY

8. What is your current occupation? _____

9. If offered a position with Fulton County Fire Rescue, do you intend to remain employed with your current employer? Yes No
(Working a second or part-time job will not be an automatic disqualifier, but will be considered as part of the overall hiring process)

10. Do you have any firefighting experience? Yes No
If yes, please specify _____

11. Have you ever been employed with Fulton County? Yes No
If yes, please specify _____

12. Do you have any relatives (by blood or marriage) employed by Fulton County?
 Yes No
If yes, please specify relationship and department _____

13. Do you have experience working shift work? Yes No

14. Are you willing to work: shift work Yes No
 weekends Yes No
 holidays Yes No

15. Have you ever been reprimanded for being tardy or absent from work?
 Yes No If yes, identify the employer and explain _____

16. Have you ever been reprimanded for misconduct or failing to do your work?
 Yes No If yes, identify the employer and explain _____

17. Have you ever been fired or asked to resign in lieu of termination?
 Yes No If yes, identify the employer and explain _____

18. Have you ever been subject to disciplinary action while employed?
 Yes No If yes, identify the employer and explain _____

19. Beginning with your present or most recent job, complete the following with reference to full-time, part-time, and military service positions that you have held in the last ten (10) years.

Current or Most Recent Employer:

Name of Employer:	Telephone #:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous Employers:

Name of Employer:	Telephone #:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Telephone #:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Telephone#:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Telephone #:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Telephone#:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Telephone#:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Telephone #:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer:	Telephone #:
Address:	
Dates of Employment: From:	To:
Job Title:	
Job Duties:	
Supervisor's Name and Title:	
Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Service

20. Have you ever served in the military of any foreign country? Yes No
21. Have you ever served in the United States military? Yes No

If yes to either, please provide the following:

Country: _____ Branch: _____

Dates Served: From: _____ To: _____

Primary Duties: _____

Type of Discharge: _____

If other than honorable, please explain: _____

22. Have you ever been in violation of the Uniform Code of Military Justice, court-martialed, or had any other disciplinary action while in the military?
 Yes No If yes, explain _____

23. Are you currently a member in the National Guard or any Military Reserve Unit?
 Yes No If yes, complete the following:

Military Branch: _____ Active Inactive

Grade and Service Number: _____

Indicate obligation, if any: _____

Driving History

24. Do you have a current Georgia Driver's License? Yes No

If yes, provide number: _____ Expiration Date: _____

Does it contain any restrictions? Yes No If yes, explain _____

25. If not a GA Driver's License, provide license number and state of issuance:

26. Have you ever had your driver's license suspended or revoked?

Yes No If yes, provide date and explanation: _____

27. List all traffic citations, except parking tickets, received within the last 7 years:

Type of Violation	City/State	Date	Disposition

28. Have you ever been involved as a driver in a motor vehicle accident?
 Yes No If yes, explain: _____

29. Have you ever been charged with driving under the influence or driving while intoxicated?
 Yes No If yes, explain: _____

Criminal Activity

30. Were you ever arrested by police as a juvenile? Yes No
 If yes, explain: _____

31. Have you ever been charged, detained, arrested, or convicted for any criminal offense?
 Yes No If yes, explain: _____

32. Have you ever been convicted of a felony? Yes No
 If yes, explain _____

List all charges, arrests and convictions for any criminal offense

Name of offense	City/State	Date	Disposition

33. Have you ever been on probation or parole? Yes No
 If yes, explain: _____

34. Do you have any gambling debts? Yes No
 If yes, explain: _____

35. Have you ever committed or been involved with an undetected and/or unreported crime? Yes No
 If yes, explain: _____

36. Have you ever illegally sold, possessed or delivered any illegal drug, including prescription, marijuana or steroids? Yes No
 If yes, explain: _____

37. Have you ever used or experimented with marijuana? Yes No
 If yes, explain:

Frequency	Describe Circumstances	Date of Last Use

38. Have you ever used or experimented with any illegal drugs (including but not limited to cocaine, PCP, LSD, heroin, etc.)? Yes No
 If yes, explain:

Frequency	Describe Circumstances	Date of Last Use

39. Do you drink alcoholic beverages? Yes No If yes, how often and how many? _____

40. When was the last time you were intoxicated? _____

41. Have you ever lost a job because of a drug or alcohol problem? Yes No
 If yes, explain: _____

42. Have you ever been the subject of a temporary protective order (TPO)?
 Yes No If yes, explain: _____

43. Have you ever accepted an illegal payoff or gratuity? Yes No
 If yes, explain: _____

Financial

44. Have you ever had any of your bills or obligations turned over to a collection agency? Yes No If yes, explain: _____

45. Have you ever had anything repossessed? Yes No
If yes, explain: _____

46. Are you currently delinquent on any financial obligations or bills? Yes No
If yes, explain: _____

Fulton County Fire Rescue Department
Authorization for Release of Personal Information

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Fulton County Fire Rescue Department, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including the records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever maintained; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, polygraph reports and charts; efficiency ratings; complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part upon this release authorization will be considered in determining my suitability of employment by the Fulton County Fire Rescue Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Applicant Signature

Date

Street Address

Date of Birth

City/State/Zip

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Fulton County Fire Rescue Department Representative

Sworn to and subscribed by me this _____ day of _____, 20_____.

Notary Public

Fulton County Fire Rescue Department
Acknowledgement of Shift Work

I understand that my appointed position as a firefighter will involve working shift work of twenty-four (24) hours on duty and forty-eight (48) hours off duty. I understand that the day shift begins at 0700 hours and ends at 1900 hours (12 hours), and that the night shift begins at 1900 hours and ends at 0700 hours (12 hours), thus constituting 24 hours on duty. I understand that I may be assigned to any shift (A, B, or C) with the Fulton County Fire Rescue Department and that, at the discretion of a superior officer; I may be rotated from my assigned shift. I understand that I may be required to work a standard work week (Monday-Friday) for short intervals of time, i.e., training, special assignments. I understand that I will be required to work weekends and holidays. I understand that I may be required to work overtime. I further understand that I may be transferred from one fire station to another and that I will be required to "fill-in" at a station other than my regularly assigned station at the discretion of a superior officer and based on the needs of the department.

Applicant Signature

Date

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Fire Rescue Department Representative Signature

Date

Fulton County Fire Rescue Department
Affidavit of Applicant

I hereby certify that I have read and understand all questions and instructions in this background investigation booklet and that my answers are true and complete.

I understand that any misstatements or concealment of material facts will result in disqualification of my application or dismissal from employment with the Fulton County Fire Rescue Department.

I understand that if I do not wish to answer a question in the background investigation booklet that it is my option not to do so; however if I do not answer a question my application will receive no further consideration.

Applicant Signature

Date

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Fire Rescue Department Representative Signature

Date

GRANT FUNDED POSITION ACKNOWLEDGEMENT

This is to acknowledge that I understand that I am applying for a Grant Funded Position with Fulton County pursuant to PR-200-3(6). I further acknowledge that I understand that a Grant Funded position is a full-time, classified or unclassified, position established for a specific period of time not to exceed the scheduled termination date of the grant. This position will terminate by operation of law at the date of grant termination unless the Board of Commissioners provides appropriate funding to continue the program or position on or prior to the date of grant termination. Termination of this position shall not be subject to the reduction in force provisions of Personnel Regulation PR-800-6.

Signature

Date