

Is there any pertinent medical history or information that Elbert County Fire Department should know about? _____ If yes, explain: _____

Blood Type _____ List any allergies _____

List any prescription medications you take on a daily basis _____

Are you currently under a doctor's care for any of the following medical conditions or do you have any medical condition which could affect your ability to perform the duties of a firefighter? _____

Heart Condition Asthma Back Injury Hypertension

Other, please specify _____

Personal Physician's Name _____ Phone Number _____

Emergency Contact _____

Home Phone # _____ Cell Phone # _____ Work # _____

Relationship to Emergency Contact _____

Driver's License Number _____ Class _____ Status _____

(SUBMIT A COPY OF DRIVER'S LICENSE WITH THIS APPLICATION)

Driver's License Restrictions (if any) _____

Have you ever had your license suspended for any reason? _____ If yes, explain _____

Have you been convicted of a D.U.I. in the last five (5) years? Yes No

If yes, give date(s) and disposition(s) _____

Since the age of 17, have you ever been charged or convicted of any criminal offense? Yes No

If yes, give date(s) and explanation(s) _____

Since the age of 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 officer's name _____

Were you referred by a firefighter of the Elbert County Fire Department? Yes No

If yes, who _____

Briefly explain why you are applying as a firefighter with Elbert County Fire Department _____

List any relevant information regarding training or special skills, certifications, etc. _____

List two (2) personal references, not related to you and not associated with the Fire Department:

1. _____ Phone #(s) _____

2. _____ Phone #(s) _____

I do avow that all information given on this application is true. I understand that any falsification of information on this application will be grounds for rejection and or termination from Elbert County Fire Department. I agree to the following:

- I understand that I will not hold an officer or fellow firefighter responsible for injury or failure to perform a duty unwilling in error.
- I understand that any information gathered while on an incident scene or any Fire Department activity shall be held in confidence. I understand that the County Chief is the only spokesperson for the department. I will not tell opinions or release any information to the news media. If approached by the news media, I will refer them to the County Chief.
- Any problem or question I may have while on a Fire Department function will be handled by the chain of command system. (i.e., Report incident to the Station Captain, Station Captain will report to the County Chief, County Chief will report to the proper authorities.)
- I understand that all gear or equipment issued by this department to me is on loan and will remain the property of Elbert County Fire Department. **This gear or equipment may be reclaimed by the fire department at any time.**
- I understand that I must obtain a Class F or a CDL driver's license. Contact the County Fire Office for the procedure to obtain.
- I understand that while on any fire department activity or after any accident related to a fire department function, I will be subject to a drug and alcohol screen.
- I agree to review the Station Manual on a regular basis for any additions or changes.
- I authorize Elbert County Fire Department to access any criminal history information pertaining to me contained in any local, state or federal criminal history files. I further authorize the department to access my motor vehicle records to review my driving history. I understand that this authorization allows review of criminal and driving records at any time during my association with the department.
- As a firefighter of the Elbert County Fire Department, I agree to the terms set forth in this document and pledge to uphold this agreement.

Signature

Date

Witness Signature

Date

INCLUDE A COPY OF YOUR DRIVER'S LICENSE AND A COMPLETED DRIVER'S HISTORY AND CRIMINAL BACKGROUND CONSENT FORMS WITH THIS APPLICATION.

Elbert County Sheriff's Office
47 Forest Avenue
Elberton, Georgia 30635
Telephone: 706-283-2421 * Fax: 706-283-2039 * ORI GA0520000

Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize Elbert County Fire Department
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) **Include Middle or Maiden Name**

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

One of the following must be checked:

This authorization is valid for 90/180/____ (circle one) days from the 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.

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")

There is no criminal history record found on this subject.
 The criminal history record found on this subject is attached.

Signature SHERIFF'S OFFICE

Date

Serving and protecting the citizens of Elbert County; providing a professional service and humanity and respect for everyone.

Georgia Driver's History Consent Form

O.C.G.A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

I hereby authorize the

Elbert County Fire Department

List Name of Law Enforcement Agency/Fire Department

To receive a copy of my Georgia Driver's History record as part of my application for employment, or for use relative to the performance of my official duties with the agency.

Full Name (print)	
Address	
Sex	
Race	
Date of Birth	
Social Security Number	
Driver's License Number	

This authorization is valid for 90 days from the date of signature.

Signature

Date

To be completed by CJIS network operator:

Date of Inquiry	
Time of Inquiry	
Operator's Initials	

Date Results Provided	
Person Results Provided to	