



Charlton County Fire Rescue

Volunteer Firefighter Application



APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____

Position Applied for: **VOLUNTEER FIREFIGHTER**

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY

Rank at Discharge: _____ From: _____ To: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Application Process:

1. Complete application.
2. Acquire the needed Georgia Criminal Background Check pay the \$50.00 fee and present receipt with application.
3. Sign and have witness sign the Physical Agility Waiver.
4. Upon being contacted arrive on time for assessment on date given
 - a. Written Assessment
 - b. Physical Agility Assessment
 - c. Interview Assessment
5. Assessment Results will be presented to the Fire Board of Charlton County for confirmation.
6. You will be advised in writing as to the results and next part of the process.



Charlton County Fire Rescue



By signing this document I, _____, hereby release the County of Charlton and the Charlton County Fire Rescue Department from any liability in the event of injury in participating in the Physical Assessment portion of the Assessment Process for the Charlton County Fire Rescue Department.

Print Name: _____

Signature: _____ Date: _____

Witness:

Print Name: _____

Signature: _____ Date: _____