

APPLICATION TO PEACHTREE CITY VOLUNTEER FIREFIGHTERS ASSOCIATION

PERSONAL INFORMATION

Name (Last) (First) (Middle) Application Date

Home Address City State Zip Code

Email Address Home Phone Cell Phone

Social Security No Date Of Birth Sex M F Height Weight

Marital Status M S D W Spouse's Name

Names of Children	Ages	Names of Children	Ages
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION

Highest Level of Education Completed HS College Grad School Other Degrees

Special Skills Professional Certifications and/or Licenses

Do You Speak a Foreign Language? Yes No Which Language(s)?

WORK EXPERIENCE

Current Employer Job Title Work Phone

Work Address City State Zip

May we call you at work? Yes No Contact Name Contact Number Do you Travel? Yes No

Last Previous Employer Job Title Work Phone

Work Address City State Zip

May we call you at work? Yes No Contact Name Contact Number Do you Travel? Yes No

MILITARY SERVICE

Yes No From To Rank at Separation

Branch Separation Type Honorable Dishonorable Retire

Responsibilities / Training / Experience

FIRE SERVICE

Previous Affiliation with PCFD

 Explorer Fire EMS Career Applicant Only

Have you previously been affiliated with any Fire Department?

 Yes No

Rank

Dpt Name

Contact Name

Phone No

 Career Volunteer
REFERENCES

Name	Address	Phone No.	Rlt.	Yrs Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

P.C.F.D.

Level of Participation

 Fire EMS Fire & EMS

Do You Plan to Make Public Safety a Career?

 Yes No
LEGAL

Are You a Citizen Of The United States?

 Yes No

Have You Ever Been Convicted of a Felony?

 Yes No

If "YES" explain nature of offense(s), date(s) and dispositions(s)

Have You Been Charged In any Traffic Accidents In The Last Five (5) Years?

 Yes No

If "YES" explain nature of offense(s), date(s) and disposition(s)

CERTIFY

By My Signature I Certify That The Above Information Is True To The Best Of My Knowledge.

Applicant's Signature

Date

FOR INTERNAL USE ONLY**APPROVAL**

Recommend Approval Of Applicant

 Yes No

Comments

Signature of Interviewer

Date

Signature of Interviewer

Date

Signature of Interviewer

Date

Signature of Interviewer

Date

PLEASE COMPLETE AND TURN IN TO THE OFFICE OF THE CHIEF, ALONG WITH A COPY OF YOUR CURRENT DRIVER'S LICENCE, BIRTH CERTIFICATE AND HIGH SCHOOL DIPLOMA OR GED CERTIFICATE.

RSL 05/22/03

CITY OF PEACHTREE CITY, GEORGIA

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent(s) of the City of Peachtree City, or to any authorized agent of a criminal justice agency or any private agency upon request of the city of Peachtree City, 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 records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultations including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment, and pre-employment records, including background reports, 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 for employment by the City of Peachtree City. 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 any signature.

DATE

SIGNATURE OF APPLICANT

