

Pike County Fire Department

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE

Pike County Fire Department
P. O. Box 377
Zebulon Ga. 30295

For Dept. Use Only

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work

No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing	☐ Yes ☐ No	_____ WPM	10-key	☐ Yes ☐ No	Word Processing	☐ Yes ☐ No	_____ WPM
Personal Computer	☐ Yes ☐ No	PC ☐ Mac ☐	Other Skills	_____			

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?

☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past five years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

Work experience Please list your work experience for the past five years beginning with your most recent job held.
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself ☐ Yes ☐ No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Pike County Fire Department , I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other fire department practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Pike County Fire Department, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief of the Department. Both the undersigned and Pike County Fire Department may end the employment relationship at any time, without specified notice or reason. If employed, I understand that The Pike County Fire Department may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Pike County Fire Department permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Pike County Fire Department from any liability as a result of such contract.

I also understand that (1) The Pike County Fire Department has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, The Pike County Fire Department may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, The Pike County Fire Department will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with The Pike County Fire Department shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with Pike County Fire Department is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

Pike County is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Pike County Fire Department depends solely on your qualifications.

Thank you for completing this application form and for your interest in our department.

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____
 Married ☐ Yes ☐ No If married, how long? _____ ☐ Single ☐ Separated ☐ Divorced ☐ Widowed
 Full name of spouse _____ Occupation _____
 Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____
 Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____
 Location _____ Rate of pay _____ ☐ Full-time ☐ Part-time ☐ Salaried
 Applicant's signature acknowledging above information _____
 Drug test confirmation number _____
 Name of person verifying information _____
 Name of person authorizing employment _____