



Walton County Fire Rescue

Applicant Questionnaire

Walton County Fire Rescue

Walton County Civil Service Personnel Rules and Regulations Recruitment and Selection

1. **Objective** - The policy of Walton County is to hire individuals based on merit and fitness, free of personal and political consideration as determined by standards of education, experience, aptitude, and character. All decisions regarding the recruitment, selection, and placement of employees are made on the basis of job related criteria, and the needs of the County.
2. **Equal Employment Opportunity** - Equal opportunities for employment, promotion, and other personnel transactions shall be offered on a non-discriminatory basis without regard to race, color, religion, national origin, gender, age, or disability. It is the policy of Walton County to select, develop, and promote employees based on individual ability and job performance.

Walton County Fire Rescue

Applicant's Questionnaire

(Please print or type all responses. All questions should be answered completely)

Position Applied For: _____

Fulltime: _____ Yes _____ No

Temporary: _____ Yes _____ No

Volunteer: _____ Yes _____ No

A. Personal Information

1. Name: _____
(First) (Middle) (Last)

2. Date of Birth: _____

3. Place of Birth: _____
City State Country

4. Are you a legal US citizen? _____ Yes _____ No

5. Social Security Number: _____

6. Height: _____ Weight: _____

7. Hair Color: _____ Eye Color: _____

8. Address: _____
(Number) (Street) (Apartment #)

(City) (State) (Zip Code)

(Home Phone) (Cell Phone) (Business Phone)

9. Marital Status: _____ Single _____ Married
_____ Separated _____ Divorced

10. If Married, the Address of your Spouse, if different from yours:

(Number) (Street) (Apartment #)

(City) (State) (Zip Code)

(Home Phone) (Cell Phone) (Business Phone)

11. Emergency Contact (someone not in your immediate household):

(Number)	(Street)	(Apartment #)
(City)	(State)	(Zip Code)
(Home Phone)	(Cell Phone)	(Business Phone)

12. Have you ever been arrested? ____ Yes ____ No. If Yes Explain

<u>Date Charged</u>	<u>Disposition of Case</u>	<u>Arresting Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Education:

13. Circle the Highest Year Completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

High School Equivalency? ____ Yes ____ No

High School Graduate? ____ Yes ____ No

High School Name: _____

Address: _____

Year Graduated: _____

College Graduate? ____ Yes ____ No

College Name: _____

Address: _____

Year Graduated: _____ Degree/Course of Study: _____

Vocational/Technical School Graduate? ____ Yes ____ No

School Name: _____

Address: _____

Year Graduated: _____ Degree/Course of Study: _____

C. Employment

14. What is your present occupation or calling?

15. Do you have any relatives who work with this department? _____ Yes _____ No

If yes, list their name(s) and your relationship:

16. Are you leaving your current job for this position? _____ Yes _____ No

If yes, explain why you are leaving:

17. Have you ever been reprimanded for being late or absent? _____ Yes _____ No

If yes, explain:

18. Have you ever been reprimanded for misconduct or not doing your job?

_____ Yes _____ No *If yes, explain:*

19. Have you ever had arguments concerning job duties or working conditions?

_____ Yes _____ No *If yes, explain:*

20. Have you ever experienced shift work? _____ Yes _____ No

If yes, explain:

D. Work Safety

21. Have you ever been disciplined for unsafe work practices, or unsafe operations of tools, vehicles, or other equipment? _____ Yes _____ No

If yes, explain:

22. Have you ever injured yourself or another person on the job due to improper or unsafe work practices or unsafe operation of equipment? _____ Yes _____ No
If yes, explain:

E. Military

23. Have you ever served in the military or naval organization of the United States?
_____ Yes _____ No

Branch	Dates	Highest Rank	Service Number
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24. What type of discharge did you receive? _____

25. Are you, or have you, been a member of the National Guard or Reserves?
_____ Yes _____ No *If yes, give details:*

26. Has any disciplinary action been taken against you while a member of any military organization? _____ Yes _____ No *If Yes, give details:*

27. Are you still on active status in the National Guard or Reserve?
_____ Yes _____ No

Branch	Rank	Location
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H. Driving Record

28. Do you have a current driver's license? _____ Yes _____ No

License Number	Class	State	Expiration Date
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29. Have you ever received any traffic citations? _____ Yes _____ No
If Yes, give details:

30. Have you ever been involved in a vehicle accident? _____ Yes _____ No

If Yes, give details:

31. Has your license ever been suspended or revoked? _____ Yes _____ No

If Yes, give details:

I. Training

32. Are you currently a certified firefighter in the State of Georgia? _____ Yes _____ No

If yes, what is your certification number? _____

33. Do you currently possess any of the following certifications? (*check all that apply*)

- _____ N.P.Q. FF 1
- _____ N.P.Q. FF 2
- _____ Hazmat Awareness
- _____ Hazmat Operations
- _____ Hazmat Technician
- _____ Fire Instructor 1
- _____ Emergency Medical Technician
- _____ Paramedic

34. List any certifications, special classes attended, seminars, etc. that you have attended or achieved. **PLEASE DO NOT ATTACH COPIES**

J. Attachments

Please include photocopies of the following documents to attach to this questionnaire:

1. A copy of your High School Diploma or GED Certificate
2. A copy of your Birth Certificate
3. A copy of your Citizenship Papers (*if applicable*)
4. A copy of your Social Security Card
5. A copy of form DD-214 (*current and former Military Personnel only*)
6. A color copy of your current drivers license
7. Copy of your current EMT or Paramedic License and CPR card

WALTON COUNTY FIRE RESCUE

REFERENCE RELEASE STATEMENT

I authorize the addressed individual, company or institution to furnish Walton County Fire Rescue with any information they may have concerning me, which they have on record or otherwise. I also release such individual, company, or institution and Walton County Fire Rescue from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

Printed Name of Applicant

Social Security Number

Signature of Applicant

Date of Signature

Applicant—do not write below this line

To: _____

From: _____

Att: _____
Phone: _____
Fax: _____

The job applicant named above has applied for employment with Walton County Fire Rescue and lists your organization as a present or previous employer. We would very much appreciate your help and cooperation by candidly evaluating this applicant's performance while employed by your organization. You may return this form to us by mail (address above), by fax, or call our representative named above.

Please rate the following	Excellent	Good	Fair	Poor
Responsiveness to Supervision				
Cooperation				
Quality				
Quantity of Work				
Timeliness of Work				
Attendance/Punctuality				

Dates of employment: from: _____ to: _____ Position: _____

Reason for leaving: _____

Would you reemploy? _____ If not, why not? _____

Other pertinent comments: _____

Completed by: _____ Date: _____

*****Thank you for your time and cooperation*****

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize Walton County Fire Rescue, or other authorized representative of Walton County Fire Rescue bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records; including, but not limited to, academic achievement, attendance, athletic, and disciplinary records.

I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding the information is for the official use of Walton County Fire Rescue. Consent is granted for Walton County Fire Rescue to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or their education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind; which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand my application will be subject to verification through a comprehensive background investigation.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of applicant's employment process and/or dismissal.

FULL NAME: _____
Please Print or Type

FULL NAME: _____
Signature

SOCIAL SECURITY NUMBER: _____

PHONE NUMBER: _____

CURRENT ADDRESS: _____

NOTARY PUBLIC: _____
Must Have Signature, Date, and Seal

**Applicant's Certification and Agreement
Authorization to Release Information
Conditions of Employment**

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsifications of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I also release all such parties from all liability for any damage, which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by Walton County Fire Rescue, I agree to conform to the policies, rules, and regulations of the government set forth in Walton County Fire Rescue SOG, Walton County employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employers at any time, at the employer's sole option.

I further acknowledge that if I become employed with Walton County Fire Rescue, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary, regular employee.

If required by Walton County Fire Rescue for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR 180 DAYS ONLY, UNLESS RENEWED PERSONALLY BY ME IN WRITING.

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Before an applicant can be selected for employment with Walton County Fire Rescue, he/she must submit to a drug test. Should you be offered a job with Walton County Fire Rescue, your position may require random drug testing.

May we contact your present employer? No Yes N/A

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____

Walton County Fire Rescue Consent Form

I hereby authorize Walton County Fire Rescue to receive any 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 Printed

Street Address

City

State

Zip

Sex

Race

Date of Birth

Social Security Number

Signature

Notary Signature

Date