# Polk County Fire Rescue

**Community-Honesty-Integrity-Professionalism-Service**

55 Clines Ingram Jackson Road-Cedartown, GA 30125 (770)748-3439

## Application for Paid-Per-Call/Volunteer Firefighter

***O.C.G.A. 25-4-8 specifies that a person certified must complete the following criteria:***

***a) Be at least 18 years of age.***
***b) Not have been convicted of a felony in any jurisdiction within ten years prior to employment/appointment.***
***c) Show a good moral character***
***d) Be in good physical condition***
***e) Complete the Firefighter Training Course approved by the Council.***

**Upon completing this application, applicants must attach the following documentation when applying:**

- Copy of Birth Certificate
- Copy of Ged or High School Diploma
- Copy of Current Driver's License
- Copy of Social Security Card
- Signed Background Investigation Form

**All applications must be turned in in a sealed envelope and marked with the Following: applicant's name, paid-on-call/volunteer application, and the date.**

*Demographics*

Date: _____ Nearest Fire Station to Your Residence: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____

Primary Phone Number: _____ E-Mail: _____

Date of Birth: _____

Driver's license#: _____State: ___ Class: _____ Expires: _____

Do you possess a High School Diploma of GED: Yes _____ No _____

Name of High School: _____ Location: _____

Highest Grade Level Completed: _____

**Polk County Fire Rescue**

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*Employment Verification*

Are you currently employed?: Yes _____ No _____ How Long?: _____

May we Contact Your current Employer?: Yes ____ No ____

Employer's Name: _____ Phone #: _____

Supervisor's Name: _____

*Emergency Contact*

Name: _____ Phone # _____ Relationship _____

*References*

Name: _____ Phone # _____

Name: _____ Phone # _____

*General Information*

Are you currently certified as a Firefighter by the State of Georgia: Yes ___No ___

If already certified, provide your GFSTC ID Number: _____

***O.C.G.A. - 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than $1,000.00 or by imprisonment for not less than one nor more than five years, or both.***

Within the past ten (10) years have you been arrested and/or convicted of criminal act, misdemeanor, or felony? Yes _____ No _____

If Yes, please explain: _____

_____

_____

Thank you for applying to Polk County Fire Rescue. Applicants will be notified of upcoming initial training if non-certified. Certified applicants will be notified on an interview date with Command Staff.

**Name-Based Criminal History Record Informaon (CHRI) Consent/Inquiry Form**

I hereby authorize Polk County Sheriff's Office to conduct an inquiry for the
Agency/Company
purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

| **Full Name (print)** | | | |
|---|---|---|---|
| **Sex** | **Race** | **Date of Birth** | **Social Security Number** |
| | | | |

□This authorization is valid for _____ days from date of signature.

**Purpose Code Used (check one): Note: *Only one inquiry may be performed per consent form*.**

| **NON-CRIMINAL JUSTICE PURPOSES** | | |
|---|---|---|
| | **E** | Employment/Rentals |
| | **M** | Employment direct care with Mentally Ill/Developmentally Disabled |
| | **N** | Employment direct care with Elderly |
| | **W** | Employment direct care with Children |
| **PERSONAL REQUEST** | | |
| | **U** | Personal Copy (Not to be given out- for Personal Use only) |

_____ _____
Signature Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Inials: _____

**This inquiry resulted in the following (check all that apply):**

| | |
|---|---|
| | No criminal history available |
| | Criminal history available (atached/released) |
| | No NCIC/GCIC Warrant |
| | Possible NCIC/GCIC Warrant (list Wanting agency below) |
| | Wanting Agency Name: |
| | Wanting Agency Telephone: |

Agency Designee Signature and Title