

# HARALSON COUNTY FIRE DEPARTMENT



# APPLICATION PACKET

**Before you submit your application, please include a copy of the following:**

- 1) Driver's License
- 2) Social Security Card
- 3) Birth Certificate
- 4) High School Diploma or GED

**DRUG-FREE WORKPLACE**



**HARALSON COUNTY BOARD OF COMMISSIONERS EMPLOYMENT APPLICATION  
HUMAN RESOURCES  
155 VAN WERT STREET, BUCHANAN, GA 30113  
OFFICE (770) 646-2002 FAX (770) 646-2035**

\*\*\*Haralson County Has A Zero Tolerance Drug Policy. We Consider Applicants for All Positions Without Regard to Race, Color, Sex, Religion, National Origin, Age, Martial or Veteran Status, The Presence of a Disability or Any Other Protected Status. We Are an Equal Opportunity Employer\*\*\*

Position or job title applying for: \_\_\_\_\_  
How did you learn of this position? \_\_\_\_\_  
Will you accept the starting pay for the position(s) applied for? \_\_\_\_\_ yes \_\_\_\_\_ no

Last Name	First (Given)	Middle	Other Name(S) Under Which Employed		
Address: _____					
Street		Apt#	City	State	Zip
Email: _____		Phone: _____			

Other contact email or phone number: \_\_\_\_\_

Check all that apply: will you accept: \_\_\_\_\_ Full Time \_\_\_\_\_ Temp Work \_\_\_\_\_ Part Time \_\_\_\_\_ Shift Work \_\_\_\_\_  
Weekend/Holidays

Are you over 18 years old? \_\_\_\_\_ are you eligible to work in the united states either because you are A U.S. Citizen or have U.S. Government permission to do so? \_\_\_\_\_

Note: if offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the united states.

Have you ever worked for Haralson County? \_\_\_\_\_ If yes, when & where? \_\_\_\_\_

Given name, relationship, & department of any relatives currently employed with Haralson county \_\_\_\_\_

Are you able to perform the job duties listed for the position you are applying for without an accommodation? \_\_\_\_\_. If no, what type of accommodation is needed? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ license # \_\_\_\_\_  
Type \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had any traffic violations in the past 3 years? \_\_\_\_\_

Please indicate type of offense and dates: \_\_\_\_\_

Have you ever been convicted of an offense against the law or are you under charges for any offense against the law? (omit non-moving traffic violations and any offense which was finally adjudicated in a juvenile court or under a youth offender law) \_\_\_\_\_ if yes, give complete details: (date, place, charges, disposition) \_\_\_\_\_

Note: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances, and seriousness.

## Education

Do you have a high school diploma? \_\_\_\_\_ If not, do you have a GED? \_\_\_\_\_

High School Name: \_\_\_\_\_ Location: \_\_\_\_\_

College/University Name & Location	Major Course of Study	Hours Earned Qtr.	Hours Earned Sem	Completed	Type of Degree
				1 2 3 4	
				1 2 3 4	
				1 2 3 4	

What special skills, qualifications, certifications have you gained from former employers or other experiences which relate to the type of work for which you are applying: \_\_\_\_\_

**References – List names, addresses, and phone numbers of three (3) references, whom you are not related to you and are not previous employers.**

Name Phone #

Street address apt# City State Zip

Name Phone #

Street address apt# City State Zip

Name Phone #

Street address apt# City State Zip



## Skills and Training

*Please circle any of following skills that you are proficient in.*

### Computer Skills:

- |                        |                    |                  |                  |              |
|------------------------|--------------------|------------------|------------------|--------------|
| <u>Word Processing</u> | <u>Spreadsheet</u> | <u>Database</u>  | <u>Graphics</u>  | <u>Email</u> |
| Word Perfect           | Lotus              | dBase IV         | Harvard Graphics | Group Wise   |
| Word Perfect Office    | Quattro            | Microsoft Access | Power Point      | Explorer     |
| Microsoft Word         | Excel              | Other _____      | PageMaker        | Other _____  |
| Other _____            | Other _____        |                  | Other _____      |              |

## Work History

Describe your work history beginning with your current or most recent job. Include military and volunteer experience. Failure to give complete information regardless each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers is necessary.

Have you ever been disciplined, fired, or asked to resign from any job? \_\_\_\_\_ If yes, Why? \_\_\_\_\_



Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe your Duties: \_\_\_\_\_

\_\_\_\_\_



Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe your Duties: \_\_\_\_\_

\_\_\_\_\_



Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Describe your Duties: \_\_\_\_\_

\_\_\_\_\_

\*A resume may be attached only as additional information and will not be accepted in lieu of completing this application.





## HARALSON COUNTY BOARD OF COMMISSIONERS

### DRUG AND ALCOHOL TESTING CONSENT FORM

I, \_\_\_\_\_, Have read and understand the Haralson County fitness for Duty Drug and Alcohol Testing Policy. I understand that under this policy, I am subject to random testing for illegal drugs and/or alcohol.

Haralson County has a Zero Tolerance Drug Policy. The Haralson County Transit Drug Policy will be the standard applied to all Transit employees and the Haralson County Drug Policy will be the standard applied to all other employee testing and results.

I have been shown and explained the Official Notice for Workers Compensation Notice posted in all departments.

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*Print Full Name*

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*Signature*

*Date*

## **HARALSON COUNTY BOARD OF COMMISSIONERS**

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155 Van Wert Street, Buchanan, Georgia 30113

770-646-2002

Haralson County Board of Commissioners has my permission to obtain a copy of my driving record from the Department of Motor Vehicles and/or Georgia State Patrol. It is the policy of Haralson County and a requirement of employment that every employee filling a position that requires a valid drivers license have a motor vehicle record (MVR) specified grading requirements. This MVR policy applies to both drivers of County owned vehicles and employees using personal vehicles in the course of their employment as well. Employees MVR's will be examined prior to employment and anytime deemed necessary by Haralson County thereafter. Any job offer or employment will be contingent upon an MVR meeting the required standards. Continued employment with the County in a position requiring a valid drivers license will require an MVR meeting the specified standards. All violations will be reviewed by the Chairman/CEO and Human Resources Director and may result in disciplinary action, up to and including termination, depending on the severity of the violation.

I have read, understand, and agree to abide by the above policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize 0710000 Haral son County Sheriff's Office to conduct an inquiry for  
Agency/Company  
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____	Date _____
Attorney for Individual (Pur E and U Only) _____	Bar Number _____ Date _____

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

**Purpose Code Used: (check all that apply)**

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title

Date

1. Are you a citizen of the United States? \_\_\_\_\_  
Natural born \_\_\_\_\_ Naturalized \_\_\_\_\_ or Residential Alien: ID# \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last First Middle

List all names you have been known by and reason(s)..... If none, so state.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

4. Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

5. Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

7. Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
State of Driver's license \_\_\_\_\_ Email address: \_\_\_\_\_  
List any/all scars, marks, or tattoos: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List highest education completed: \_\_\_\_\_

9. List all current and former spouses (include Maiden names):  
Current Spouse: \_\_\_\_\_  
Former Spouse: \_\_\_\_\_  
Former Spouse: \_\_\_\_\_

10. List all dependents:

Name:	Age:	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. List all addresses for the last three (3) years. Start with your present address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Criminal Activity

1. Mark below those you have committed, whether the offense was discovered or not discovered:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Arson  | <input type="checkbox"/> Extortion   | <input type="checkbox"/> Possession of Narcotics |
| <input type="checkbox"/> Assault  | <input type="checkbox"/> Robbery     | <input type="checkbox"/> Grand Theft Auto        |
| <input type="checkbox"/> Kidnapping   | <input type="checkbox"/> Shoplifting | <input type="checkbox"/> Breaking & Entering     |
| <input type="checkbox"/> Murder   | <input type="checkbox"/> Theft       | <input type="checkbox"/> Cruelty to Animals      |
| <input type="checkbox"/> Drug Sales   | <input type="checkbox"/> Vandalism   | <input type="checkbox"/> Writing Bad Checks      |
| <input type="checkbox"/> DWI/DUI  | <input type="checkbox"/> VGCSA       | <input type="checkbox"/> Possession of Marijuana |
| <input type="checkbox"/> Sex Crimes (Agg. Sodomy, Child Molestation, Incest, Rape, Peeping Tom, ETC...) |                                      |  |

Provide Details (include place, date, age, etc. at the time of each incident):

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2. Have you ever been fingerprinted? \_\_\_\_\_ If yes, give details:

Agency: _____	Date: _____	Purpose: _____
Agency: _____	Date: _____	Purpose: _____
Agency: _____	Date: _____	Purpose: _____
Agency: _____	Date: _____	Purpose: _____

3. Are you a fugitive from justice? \_\_\_\_\_

4. Are you being paid or urged by any person or organization to work for this department? \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

5. Have you ever intentionally perjured yourself in a court of law? \_\_\_\_\_  
List details: \_\_\_\_\_

6. Have you ever been placed on Probation or Parole? \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

7. Are you presently under any subpoenas? \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

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