Firefighter Overview

Haralson County Fire Department, Haralson County, Georgia is seeking qualified candidates for the position of Firefighter. The Haralson County Fire Department serves a population of approximately 32,000 with an area of 283 square miles. The ideal candidate will have familiarity with a profession in the fire service, as well as EMS services in a growing community.

Minimum Requirements:

- High School diploma or equivalent.
- Must be at least 18 years of age.
- Must be a U.S. citizen.
- Must possess a valid driver's license with the state you reside in that has not been suspended or revoked for reasons other than nonpayment of insurance premiums in the last five years.
- Must not have been convicted of a felony in any jurisdiction within ten years prior to employment/appointment (as provided by OCGA 25-4-8).
- No more than one DUI conviction or any DUI conviction in the past five years.
- Must show a stable employment history and credit history.
- Must not have a history of illegal drug use.
- Pass the required background check and physical examination.
- Must be in good physical condition as determined by a medical examination and successfully pass the minimum physical agility requirements as established by GFSTC.
- Certification of a State of Georgia Firefighter within 12 months of employment.
- Certification of EMT-B with the State of Georgia, within 2 years of employment (preferred).
- Willing to work on any shift or assigned station, on a single-man engine; 48-hour shifts, nights, weekends and holidays.

SALARY RANGE	**$40,631 - $51,369**
Basic Firefighter	**$40,631**
FF/EMT	**$41,452 - $45,258**
FF/AEMT	**$43,524 - $47,521**
FF/PM	**$45,370 - $51,369**

***Pay range is defined by the Department's career matrix and based on individual qualifications.**

Application Checklist

You must furnish our department with one (1) copy of each of the following documents (if applicable):

- Birth Certificate
- High School Diploma/GED
- College Transcripts
- DD-214 (if applicable)
- Naturalization Certificate (if applicable)
- Driver's License
- Social Security Card
- Firefighter Certification or NPQ Equivalency
- EMT/B/I/A or Paramedic certification

Overview of Application Process

Applicants must successfully complete the following:

1. An application package that will be reviewed for thoroughness and accuracy as part of the hiring process.

2. Applicants must score at least a 70% on the assessment which includes the following testing elements:
    - Physical Agility Test
    - Report Writing Exercise
    - Skills Test
    - Oral Board Interview

3. Pass a thorough background investigation to include character, experience, background, and physical fitness. The investigation will also include a review of all police records, all previous employment, past places of residence, personal habits including criminal conduct, military records, credit history, educational background and other areas deemed pertinent.

4. A drug screen and physical examination after conditional job offer has been extended.

ALL APPLICATION PACKETS SHOULD BE SUBMITTED TO THE HARALSON COUNTY FIRE DEPARTMENT LOCATED AT 3997 GA HIGHWAY 120, BUCHANAN, GA 30113

Submit Application

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 Government 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, Marital or Veteran Status, The Presence of a Disability or Any Other Protected Status. We Are an Equal Opportunity Employer. ***

Position Applying For: _____

Full Name: _____ **Phone #:** _____

Email: _____

Address (Street, City, State, Zip): _____

Check all that apply: **Full Time** _____ **Temp Work** _____ **Part Time** _____ **Shift Work** _____

EDUCATION

High School Name: _____ **Highest Grade Completed:** _____

College Name: _____

Degree: _____

Graduate School Name: _____

Degree: _____

JOB RELATED TRAINING & CERTIFICATIONS

List any certifications, licenses, or any skills which are related to the job you are seeking.

_____

_____

_____

_____

_____

_____

_____

WORK EXPERIENCE

Name of Present or Last Employer: _____

Address: (Street, City, State, Zip): _____

Phone #: _____

Job Title: _____ **Number Supervised:** _____

Dates Employed: _____

Job Duties: _____

_____

Reason for Leaving: _____

_____

Name of Present or Last Employer: _____

Address: (Street, City, State, Zip): _____

Phone #: _____

Job Title: _____ **Number Supervised:** _____

Dates Employed: _____

Job Duties: _____

_____

Reason for Leaving: _____

_____

Name of Present or Last Employer: _____

Address: (Street, City, State, Zip): _____

Phone #: _____

Job Title: _____ **Number Supervised:** _____

Dates Employed: _____

Job Duties: _____

_____

Reason for Leaving: _____

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

ADDITIONAL INFORMATION

Do you posses a valid driver's license? **Yes** _____ **No** _____

Have you ever been convicted of a criminal offense? **Yes** _____ **No** _____
If yes, please list the conviction: _____

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.

Have you ever been terminated from a job? **Yes** _____ **No** _____
Have you ever been forced to resign from a job? **Yes** _____ **No** _____
Have you ever worked for Haralson County? **Yes** _____ **No** _____
Which Department: _____
Why did you leave: _____

REFERENCES

Please provide names of two individuals familiar with your work ethic

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Haralson County Government is an Equal Opportunity Employer. Employment with Haralson County is at-will and nothing in this application or in the County's policies create a contract of employment. In the event an offer of employment is made, the following requirements must be met:

- Pass the required pre-employment drug screening and physical (depending on position)
- Pass any required background check for applicant's position
- Pass any required psychological evaluation for any law enforcement or department required position
- Pass required driver's history check
- Provide I-9 documents for E-Verify

Any applicant offered a position with Haralson County Government will be required to complete a probationary period of not less than six (6) months.

By my signature, I authorize the release of information to authorized management and/or employees of Haralson County Government, which may include, but is not limited to: information concerning my work history, personnel files, attendance records, evaluations, education transcripts, military records, and any records deemed necessary.

By my signature, I also affirm, agree, and understand that all statements on this application are true and accurate. Any misrepresentation or falsification of information on this application may result in expulsion from further consideration of, if hired, termination of employment.

Applicant's Full Signature: _____
Date: _____

HARALSON COUNTY BOARD OF COMMISSIONERS

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of Haralson County Board of Commissioners, whether the said records are of public, private or confidential nature, including any criminal and/or driving history record information pertaining to me which may be in the files of any state or local agency. Authorization is also given to the county to recheck and review the records at the County's discretion. The intent of this authorization is to give my consent for full and complete disclosure of the records of loans, the records of commercial or retail credit agencies (including medical and psychiatric treatment and/or consultation including hospitals, clinics, private, practitioners, and the U.S. Veterans 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 with the Haralson County Board of Commissioners. 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 will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I give consent to perform periodical criminal history background checks for the duration of my employment with Haralson County Board of Commissioners. _____ (Initial & Date)

_____

Signature (including Maiden Name) Print Full Name Date

_____

Street Address

_____

City State Zip Code

_____

Primary Phone Secondary Phone

Date of Birth: _____ Age: _____ Sex: _____ Social Security: _____

Email Address: _____

Notary: _____ Date: _____ Seal: _____

_____

Race: (Circle) **Asian** **Black** **Hispanic** **American Indian** **White**

Pacific Islander **Alaskan Native** **Other** _____

Rev. 10/2024

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 department.

_____

Print Full Name

_____

Signature Date

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

I hereby authorize 0710000 HARALSON COUNTY SHERIFF'S OFFICE to conduct an inquiry for
Agency/Company

the purpose below and receive any Georgia and/or national CHRI 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 (Purpose Code E and U Only) Bar Number Date

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

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

	NON-CRIMINAL JUSTICE PURPOSES	
	E	Employment
	M	Employment direct care with Mentally Ill/Developmentally Disabled
	N	Employment direct care with Elderly
	W	Employment direct care with Children
	P	Public Record (no consent required)
	F	Probate Court/Weapons Carry License
	PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	U	Personal Copy (stamp return "personal copy")
	CRIMINAL JUSTICE EMPLOYMENT	
	J	Civilian Criminal Justice Employment (state and III data received)
	Z	Sworn Criminal Justice Employment (state and III data received)

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

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

_____
Agency Designee Signature and Title

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, please state.
   _____
   _____
   _____

3. Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

4. Current Address: _____
   City: _____ State: _____ Zip Code: _____

5. Home Phone: _____ Cell Phone: _____
   Email Address: _____

6. Date of Birth: _____ Place of Birth: _____
   Height: _____ Weight: _____ Hair: _____ Eyes: _____

7. Social Security: _____
   Driver License Number: _____ State of Driver License: _____
   List any/all Scars, Marks, 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:

_____Arson	_____Extortion	_____Possession of Narcotics
_____Assault	_____Robbery	_____Grand Theft Auto
_____Kidnapping	_____Shoplifting	_____Breaking & Entering
_____Murder	_____Theft	_____Cruelty to Animals
_____Drug Sales	_____Vandalism	_____Writing Bad Checks
_____DWI/DUI	_____VGCSA	_____Possession of Marijuana

_____Sex Crimes (Aggravated Sodomy, Child Molestation, Incest, Rape, Peeping Tom, ETC...)

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

_____
_____
_____
_____
_____
_____

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: _____
_____
_____
_____

HARALSON COUNTY BOARD OF COMMISSIONERS

155 VAN WERT STREET, BUCHANAN, GA 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: _____ Date of Birth: _____

Drivers License Number: _____

State: _____ Expiration Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____