

VOLUNTEER FIREFIGHTER APPLICATION
ALBANY FIRE DEPARTMENT
320 N. JACKSON ST.
ALBANY, GA 31701

APPLICANT INFORMATION

Last Name:	Initial:	First:
Date of birth:	SSN:	Phone number:
Current address:	How long?	E-mail:
City:	State:	ZIP Code:
Drivers license #:	State:	CDL:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:	How long?	
Phone number:	E-mail:	Fax number:
City:	State:	ZIP Code:

REFERENCES

Please list three references that have knowledge of your work experience, ethics and ability.

Name:	Address:	Phone Number:

SKILLS

Please list all skills, abilities, training etc. That you feel would assist you in qualifying for the position

HAVE YOU BEEN A MEMBER OF ANY OTHER FIRE DEPARTMENT?

Have you been a member of any other fire department? _____ If yes please list them.

Department:	City/State:	Phone number:
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DO YOU HAVE ANY PHYSICAL, MENTAL AND OR MEDICAL IMPAIRMENT THAT WOULD LIMIT YOUR JOB PERFORMANCE?

___ No ___ Yes	If yes, please explain:
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HAVE YOU EVER PLEADED GUILTY, OR NOLO CONTENDRE (NO CONTEST) TO OR BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE, REGARDLESS OF THE DEPOSITION OF THE CASE. (PROBATION, DEFERRED ADJUDICATION)

___ No ___ Yes	If yes, please explain:
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SIGNATURES

I certify that all of the information provide by me in this application is true and correct, and I understand that any misstatement, falsification, or omission of information is the grounds for refusal of hire, or termination, regardless of when found.

I authorize any of the persons or organization in this application 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, and I release all such parties from all liability from damages which may result from furnishing such information to you. I also authorize this origination to obtain any consumer reports, including investigative consumer reports that it deems necessary in evaluating my application.

I authorize this origination to request, receive, and verify all information given on this application. _____

Signature of applicant:	Date:
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e-mail application to Training Officer Frank Flanigan – fflanigan@dougherty.ga.us