

Macon County Fire Rescue

Firefighter Application

Date ___/___/___

Full Name _____

Birthdate ___/___/___

Address _____

SSN _____ - _____ - _____

Do you have a valid Georgia Driver's License? _____ License # _____ Class _____

Are there any hours in a 24-hour period you would not be able to respond to incidents? _____

Are you currently under a Physicians care for any of the following medical conditions which could affect your ability to perform the duties of a firefighter?

___ Heart Condition ___ Back Injury or Chronic Condition ___ Lung Disease

___ Hypertension, or any other (please specify): _____

List any medications, materials, insects, etc., to which you are allergic to or can cause an adverse reaction:

Please describe any previous firefighting experience you may have: _____

Have you ever been convicted of a Felony? _____ If so, please explain: _____

Please list an emergency contact person/persons and their phone numbers: _____

I, _____, do avow that all information given is true. In addition, I permit Macon County Fire Rescue to perform a criminal background check pertaining to me contained in any local, state, or federal criminal history files. I further permit the department to access my motor vehicle records to review my driving records at any time for review of my driving history. I understand that this authorization allows the review of my criminal and driving records at any time during my association with the department. I also agree to meet all requirements and follow all standard operating guidelines of the department.

Signed _____

Date ___/___/___

Please list three (3) people and their phone numbers, that have known you for at least 3 years and that are not related to you than can be used as a reference for you: _____

_____, _____.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Macon County Fire & Rescue 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

TELEPHONE 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
_____ DO NOT WRITE BELOW THIS LINE	_____ 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 & III 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 & III 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