

LAURENS COUNTY VOLUNTEER FIREFIGHTER APPLICATION

Date: _____ Station/Department: _____

Name: _____ Birthday: _____

Address: _____ SS # _____

_____ Home #: _____

_____ Cell #: _____

Employer: _____

Do you have a valid Georgia Driver's License: Yes _____ No _____ License Class: _____

License #: _____ Expiration Date: _____

Level of Education: _____

Have you ever been Arrested? _____

If yes, Please explain: _____

Describe any previous firefighting experience: _____

Do you have any Medical or Physical Impairments that would interfere with your performance of duties as Volunteer Firefighter? Yes _____ No _____ Are you currently under a Doctor's care or have you ever had medical treatment for any of the following medical conditions which could affect your ability to perform the duties of a firefighter? Yes _____ No _____

Please check all that applies:

- Heart Condition
- Hypertension
- Asthma
- Muscular Dystrophy
- Total occupational loss of hearing
As defined in Code 34-9-264
- Ruptured intervertebral disc
- Knee Conditions:
 - ___ Left knee surgery
 - ___ Right knee surgery
 - ___ Other (explain on back)

- Back Conditions:
 - ___ Back Surgery
 - ___ Degenerative disc disease
 - ___ Multiple back strains
 - ___ Chronic back pain
 - ___ Other (explain on back)

- Neck Conditions:
 - ___ Neck surgery
 - ___ Degenerative disc disease
 - ___ Multiple neck strains
 - ___ Chronic neck pain
 - ___ Other (explain on back)

List any materials, insects, etc to which you may be allergic: _____

Person to notify in case of an emergency: _____

Phone #: _____ Address: _____

List the names, addresses and telephone numbers of three people who are not related to you and have known you for at least three years:

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

I, _____ do avow that all information given above is true. In addition, I authorize the Laurens County Fire Department to access any criminal history information pertaining to me in any local, state or federal criminal history files. I further authorize the department to access my motor vehicle records to review my driving history. I understand this authorization allows the review of 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 procedures of the Laurens County Fire Department.

Signed: _____ Date: _____

Notary: _____ Date: _____

Approved by: _____ Date: _____
Department's Chief

Approved by: _____ Date: _____
County Fire Coordinator

LAURENS COUNTY LAW ENFORCEMENT CENTER
511 SOUTHERN PINES ROAD
DUBLIN, GEORGIA 31021

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code 'M')

Employment with elder care (Purpose code 'N')

Employment with children (Purpose code 'W')

One of the following must be checked:

This authorization is valid for 90/180/_____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

**MOTOR VEHICLE REPORT (MVR)
CONSENT FORM**

I hereby authorize and fully understand that prior to my application being considered for employment by Laurens County that the Personnel Department will access my Driver's License History (MVR).

Full Name (Printed)

Address

City

State

Zip Code

Sex

Date of Birth

Driver's License Number

Signature Authorization

Date

Department of Public Safety



P.O. Box 1456 Atlanta, Georgia 30301

Reply to:

REQUEST FOR MOTOR VEHICLE REPORT

R
E
Q
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S
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TO Laurens County Fire Department
650 County Farm Road
Dublin, GA 31021

PRINT OR TYPE ONLY

CHECK TYPE SERVICE DESIRED

- () Record covering past 3 years (Fee \$1.50)
- () 7 Year record (Fee \$2.00)

Report will be mailed in window envelope using whatever individual or firm name and address requestor inserts here. Mailing address MUST be between dots on the four lines. Nothing else may appear in boxed area.

MVR
REPORT
ON:

LAST	FIRST	MAIDEN	MIDDLE
BIRTHDAY: MO. DAY YR.		DRIVER LICENSE NO.	
STREET ADDRESS			
CITY & STATE		ZIP CODE	

PLEASE NOTE: Submit Licensee's Full Name. Last, First, Maiden, and Middle Name. NO initials are to be used unless person has initial name only.

DATE _____

CHECK FOR INSURANCE

I certify this request for a Driver Record is to be used for the underwriting of insurance and will be used for no other purpose. There is on file an application for insurance.

REQUESTOR _____
SIGNATURE

CHECK FOR: CREDIT EMPLOYMENT OTHER

IN ACCORDANCE WITH GEORGIA LAWS 1975, 68B215, I DO HEREBY AUTHORIZE Laurens County Fire Dept.
(REQUESTOR)

TO PROCURE A COPY OF MY DRIVERS LICENSE HISTORY.

LICENSEE _____
SIGNATURE - (MUST BE NOTARIZED)

NOTARY _____
SIGNATURE AND SEAL

REQUESTOR _____
SIGNATURE

- () Record contains no reports of convictions, accidents, or filing evidence of financial responsibility.
- () Record on Reverse Side