

Laurens County Fire Department Career/Volunteer Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

| | |
|---|---------------------|
| Position(s) Applied For | Date of Application |
| How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other | |

| | | |
|-----------------------|---------------|--|
| Last Name | First Name | Middle Name |
| Address <i>Number</i> | <i>Street</i> | <i>City</i> <i>State</i> <i>Zip Code</i> |
| Telephone Number(s) | | Social Security Number |

Best time to contact you at home is: : AM
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here?..... Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ____/____/____ What is your desired salary range? _____ N/A

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Volunteer (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

| | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|--------------------|---------------------|--------------------|-------|----------------|
| 1. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Job Title | Supervisor | | |
| Reason for Leaving | | | | |
| 2. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Job Title | Supervisor | | |
| Reason for Leaving | | | | |
| 3. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Job Title | Supervisor | | |
| Reason for Leaving | | | | |
| 4. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Job Title | Supervisor | | |
| Reason for Leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal

PC/Mac/Linux

Typewriter

WPM _____

Spreadsheet

Word Processing

Shorthand

WPM _____

Production/Mobile

Machinery (list)

Other (list)

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1. _____ (Name) _____ () Phone # _____

(Address)

2. _____ (Name) _____ () Phone # _____

(Address)

3. _____ (Name) _____ () Phone # _____

(Address)

FOR PERSONNEL DEPARTMENT ONLY

Position(s) Applied For Is Open:

Yes

No

Position(s) Considered For:

Date _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer:

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT ONLY

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date

Laurens County is a Drug Free Workplace

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia-only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the [GBI website \(http://gbi.georgia.gov/obtaining-criminal-history-record-information\)](http://gbi.georgia.gov/obtaining-criminal-history-record-information).

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint based background checks. Your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint/biometric repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints, palm prints, photos or future biometrics as associated with the fingerprint collection are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34. Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

Signature Print Name

Date

LAURENS COUNTY FIRE DEPARTMENT

I, _____
HAVE RECEIVED, READ, AND UNDERSTAND
THE NON-CRIMINAL JUSTICE APPLICANT'S
PRIVACY RIGHTS. BY SIGNING BELOW I AM
ATTESTING TO THE ABOVE.

Signed:

Date:

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

I hereby authorize LAURENS COUNTY FIRE DEPT/JOSH MCCARD 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 |
| | | | |

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

Brenda H. Chain
Jefferson I. Davis, IV
Lawton E. Kemp, III
Jimmy Rogers
Kevin L. Tanner



Bryan Rogers
COUNTY ADMINISTRATOR
Billy Kight
COUNTY ATTORNEY

Laurens County Board of Commissioners

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 HUMAN RESOURCES DEPARTMENT WILL ACCESS MY DRIVER'S LICENSE HISTORY, OTHERWISE KNOWN AS A MOTOR VEHICLE REPORT (MVR).

I HEREBY AUTHORIZE AND FULLY UNDERSTAND THAT AN MVR WILL BE ACCESSED ON AN ANNUAL BASIS DURING MY EMPLOY WITH LAURENS COUNTY.

PRINTED NAME

SEX

DATE OF BIRTH

ADDRESS

DRIVER'S LICENSE NUMBER

CITY, STATE, ZIP

EXPIRATION DATE

SIGNATURE

DATE