

Name \_\_\_\_\_

Date \_\_\_\_\_



# **JOB APPLICATION**

Applicants are considered for employment without regard to race, color, creed, religion, sex, national origin, age, marital status, sexual orientation or military/veteran status.

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

All other Names ever used, including Nicknames: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Marital Status: Married Single Divorced Number of Children \_\_\_\_\_

Do you have any family members previously or currently employed with the City of Carrollton? If yes, who and what department do they work with?

\_\_\_\_\_

Have you applied previously? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you now, or have you ever been a member of a Fire Department anywhere?

YES NO If yes, list the Fire Departments below along with the dates of service.

Name of Fire Department Date of employment or volunteer service

\_\_\_\_\_  
\_\_\_\_\_

## **References**

Provide the name and contact information of three people that are not related to you that we can contact regarding your suitability for employment with this Department.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

## **Employment Experience**

Present or most recent employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ To \_\_\_\_\_ Wages \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Prior Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ To \_\_\_\_\_ Wages \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Prior Employer: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ To \_\_\_\_\_ Wages \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Yes No Does your present employer know that you are actively seeking other employment?

Yes No May we contact your present employer?

Present Employer: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Your Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes No Have you ever been dismissed or asked to resign from any employment?

### **Military Service**

Yes No Are you now or were you ever in the military Service?  
(If yes, answer the following questions.)

Yes No Are you active in the Reserve Military Service?

Yes No Have you ever received any Article 15's, Company Punishment, Captain's Mast, etc.?

Branch of Military served in: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Commanding Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Unit served in: \_\_\_\_\_

- YES NO Have you ever been convicted or pled guilty to a felony crime ?
- YES NO Have you ever committed an act of terrorism?
- YES NO Have your drivers license ever been suspended or revoked?
- YES NO Have you been issued a DUI ticket in the past 5 years?
- YES NO Have you ever been arrested?
- YES NO Are you, or have you ever been on probation for violation of the law?
- YES NO Have you ever been investigated as a suspect of setting a fire?
- YES NO Have you ever been questioned by an Arson Investigator?
- YES NO Have you ever been reprimanded at work?

If you answered yes to any of the above questions, please give an explanation below.

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**Driving Record**

**Attach a photo copy of your driver's license to this application.**

(Ask the receptionist to make a copy of your license for you.)

YES    NO    Do you have a valid drivers license?

What State is your Drivers license from? \_\_\_\_\_

YES    NO    Have your driving privileges ever been denied, suspended, or  
revoked?

List all traffic violations within the past 3 years for which you have been fined (or imprisoned or placed on probation), or have been ordered to post bond or bail (excluding parking violations).

Date: \_\_\_\_\_ Violation: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_

List and describe the circumstances of each Motor Vehicle Accident that you have ever been involved in.

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# **Personal History Release**

## **City of Carrollton**

I do hereby authorize a review of and full disclosure of all records concerning myself to the duly authorized agent of the Carrollton Fire Department or Carrollton Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial statements, and records wherever filed, medical and psychiatric treatment, and/or consultation including hospitals, clinics, substance abuse, private petitioners, and the U.S. Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances 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 in whole or part upon this release authorization will be considered in compiling any report for the Carrollton Fire or Police Departments. I certify that any person(s) who may furnish such information, concerning me shall not be 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 photo copy of this release will be as valid as an original thereof even though the said photo copy does not contain an original writing of my signature.

I understand this information may be obtained through the use of this waiver for pre-employment background and at any time during which my employment is maintained with the City of Carrollton.

I certify that the statements and answers made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement herein is sufficient grounds for rejection of this application and/or dismissal from the Carrollton Fire Department.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CARROLLTON MUNICIPAL COURT

(770) 834-4451 ♦ Fax (770) 836-4235

P.O. Box 1949  
Carrollton, Georgia 30112

Office of the Clerk of Court

## Carrollton Police Department

NCIC/GCIC

### Criminal History Consent Form

I hereby authorize the Carrollton Fire Department to receive any Criminal History Record Information pertaining to me, which may be in the files of any State or Local Criminal Justice Agency in Georgia.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
LAST FIRST MIDDLE

SSN \_\_\_\_\_ RACE/SEX \_\_\_\_\_ DOB \_\_\_\_\_

I swear and/or affirm that the information provided in this application is true and accurate.

\_\_\_\_\_  
SIGNATURE



STATE OF GEORGIA, County of Carroll

A NCIC/GCIC record check has been performed on the following individual. The record check is complete and accurate according to the records available to the Carrollton Police Department.

Signed before me on \_\_\_\_\_ of \_\_\_\_\_, 2000\_\_ by \_\_\_\_\_

**NOTARY** \_\_\_\_\_ **DATE** \_\_\_\_\_

Operator who performed record check \_\_\_\_\_