



Firefighter-Emergency Medical Technician Employment Application Questionnaire

FULL-TIME

PART-TIME

VOLUNTEER

(Circle the listed certification you currently hold)

Currently Certified: **National Registry EMT-**

Advanced/Intermediate

Paramedic

State of Georgia EMT-

Advanced/Intermediate

Paramedic

Currently Certified: **State of Georgia Firefighter**

Currently Certified: **NPQ Firefighter II or Equivalent**

Currently Certified: **ARFF Firefighter**

PLEASE READ THE ENTIRE APPLICATION PRIOR TO COMPLETING.

Our application is valid for 1(one) application process (from date application was stamped received). You must re-apply after your application has expired in order to continue to be re-considered for employment.

**PEACHTREE CITY
FIRE/RESCUE
Minimum Qualifications**

PLEASE FOLLOW ALL INSTRUCTIONS - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

- 1. Applicants must be a citizen of the United States of America.**
- 2. Applicants must be 18 years of age or older.**
- 3. Applicants must have a high school diploma or equivalent recognized by the Georgia Department of Education.**
- 4. Applicants must possess a valid driver's license.**
- 5. Applicants with military experience must have an honorable discharge.**
(Uncharacterized discharges and entry level discharges will be considered on a case-by-case basis)
- 6. Applicants must not have a felony conviction.**
- 7. Applicants must not have body piercings to nose, face, or more than two per ear.**
- 8. Tattoos, Body Art or Branding**
 - a. Tattoos / body art / brands on the head, face, neck, or scalp visible while in uniform are prohibited with the exception of a single image of a ring on one finger of each hand.
 - b. Tattoos / body art/ brands that are excessive, obscene, and sexually explicit or advocate or symbolize sex, gender, racial, religious, ethnic or national origin discrimination are prohibited. In addition, tattoos/body art/brands that advocate or symbolize gang affiliation, supremacist or extremist groups, or drug use are prohibited.
 - c. Excessive in section b. above will be defined as any tattoos/body art/brands which are readily visible when wearing an open collar long sleeve uniform shirt. The Fire Chief reserves the right to determine whether or not anything is considered 'readily visible'.
 - d. Current employees who have tattoos/body art/brands that exceed these listed criteria will be subject to review. The Chief reserves the right to mandate when any or all visible tattoos, regardless of their location, must be covered while in any uniform.
 - e. Employees are warned that additional tattoos/body art/brands beyond the limits of this policy could impact continued employment or affiliation with the department.
- 9. Body Piercing or Alteration**
 - a. Body piercing or alteration to any area of the body visible in any authorized uniform or attire that is a deviation from normal anatomical features and which is not medically required is prohibited. Such alterations include, but are not limited to:
 - i. Tongue splitting or piercing
 - ii. The complete or transdermal implantation of any material other than hair replacement.
 - iii. Abnormal shaping of the eyes, ears, nose or teeth (to include mouth art or grills)

- b. Personnel are strongly warned of the hazards for injury posed by non-visible piercings that could create a safety issue while operating in personal protective equipment.

10. Applicants must have:

An acceptable (3 Year) driving history, criminal, and character background.

11. Applicants must successfully complete:

Oral interview, psychometric written exam, polygraph (optional), psychological interview, and a medical evaluation.

Applicant's Signature _____ *Date* _____

Print Name: _____

EMPLOYMENT QUESTIONNAIRE INSTRUCTIONS

All spaces on the attached forms must be filled out accurately and completely if they apply to you. ***Print answers to questions legibly with a black ballpoint pen.*** It is to your advantage to be absolutely truthful in answering all questions on your application and in your interviews. A misstatement of fact or omission of requested information is grounds for automatic rejection before appointment or termination after employment. Any information intentionally misstated, omitted, or concealed may be reason to justify rejection. Again, we encourage you to be absolutely truthful. If space is insufficient to complete answers, attach supplementary pages.

Completed forms **MUST** be returned to the City of Peachtree City at the following address Monday thru Friday from 8:30 a.m. to 4:00 p.m.

**City of Peachtree City
151 Willowbend Road
Peachtree City, GA 30269**

The following documents must be included with the application package before being submitted for employment consideration. Missing documents will not be accepted at a later date.

1. **Completed** application package including **all** required documentation must be submitted during the application period.
2. Incomplete applications or missing documentation **disqualifies** the application from further consideration or processing.

Signature: _____ *Date:* _____

COPIES (2) OF HIGH SCHOOL DIPLOMA or HIGH SCHOOL TRANSCRIPT or GED CERTIFICATE

2 COLOR COPIES OF A VALID DRIVER'S LICENSE

COPY OF MOST RECENT DRIVER HISTORY REPORT (3 Years)

DD - 214 FORM MEMBER 2 Copies (Veterans only)

COPY OF BIRTH CERTIFICATE, not birth registration (2 Copies)

COPY OF SOCIAL SECURITY CARD (2 Copies)

NAME CHANGE DOCUMENTS (Marriage license, court order, etc.)

CITIZENSHIP PAPERS (If applicable)

DOCUMENTATION RELATED TO ANY FINANCIAL HISTORY INVOLVING DELINQUENT CHILD SUPPORT INDICATING DISMISSAL OR AN APPROVED AND CURRENT PAYMENT PLAN.

DOCUMENTATION RELATED TO ANY BANKRUPTCY FILED INDICATING DISMISSAL.

IMPORTANT NOTICE

Due to the large number of applications received, once you have been scheduled to participate in any testing phase of the selection process, it is imperative that you report as scheduled and on time. Rescheduling will not be considered, except for extreme emergencies (written proof shall be required). Conflicts with Department scheduling will be considered on a case-by-case basis. The Department reserves the right to refuse to test or reschedule any applicant who: fails to report for testing, reports after the designated time; or fails to notify the department of the need to be rescheduled at least two (2) working days prior to the initial test date.

The City of Peachtree City is an equal opportunity employer and does not discriminate on the basis of race, sex, age, religion or sexual orientation. Once appointed, all personnel must maintain continuous certifications as a Georgia Firefighter and Emergency Medical Technician-Advanced (EMT-A). While all qualified applicants are encouraged to apply, there is no appeal process for those applicants not selected.

Hiring Process for Firefighter-EMT-A Applicants and Above

1. **Completed/notarized** application and **all** required documentation must be submitted to the City of Peachtree City Human Resources office during the period of application. **(Incomplete applications or missing documentation will disqualify the application from further consideration or processing).**
2. Attendance at group testing session
3. Successful completion of the candidate physical ability test
4. Acceptable criminal background investigation.
5. Acceptable character background investigation.
6. Required to pass the exam.
7. Oral interview.
8. Presentation of conditional job offer.
9. Acceptable psychometric examination score.
10. Polygraph test with no deception noted. (optional)
11. Acceptable medical examination.

If you have any questions concerning the application process, you may call the Human Resources Office at 770-487-7657.

Affidavit

I have read the instructions for completion of the City of Peachtree City Firefighter-EMT-A application and I fully understand and will comply with all requirements of the hiring process.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

PERSONAL DATA

1. Name: _____
Last First MI

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Date of Birth: ____ / ____ / ____ Race: _____ Sex: _____ Age: _____

5. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

6. Place of Birth: City: _____ State: _____ County: _____

7. Social Security Number: _____ - _____ - _____

8. Phone Number: Home () _____ - _____ Cell () _____ - _____

9. Email Address _____

10. Georgia Driver's License Number: _____ Class: _____ Exp. Date: ____ / ____ / ____

11. Out-of-state Operator's License Number: _____ Class: _____ State: _____

County: _____ Class: _____ Exp. Date: ____ / ____ / ____

12. Are you a United States citizen? Yes _____ No _____

EDUCATIONAL BACKGROUND

1. Name of High School attended: _____

2. Address: _____

3. City: _____ State: _____ Accredited? Yes _____ No _____

4. Did you graduate? Yes _____ No _____

Date graduated: _____

If no, do you possess a GED certificate? Yes _____ No _____

If yes, indicate name of institution: _____

Date received: _____

If high school diploma is awarded through a Correspondence Program, indicate the name of the Correspondence School and Accreditation.

School: _____

Accreditation: _____

5. Do you have any college experience? Yes _____ No _____

If yes, indicate name of college: _____

Undergraduate degree earned? Yes _____ No _____

If yes, indicate degree earned: _____ *Date graduated:* _____

Graduate degree earned? Yes _____ No _____

If yes, indicate name of college: _____

If yes, indicate degree earned: _____ *Date graduated:* _____

GENERAL QUESTIONS

(Check the appropriate answer)

1. As part of the selection process for firefighter applicants you will be required to participate in a challenging physical agility test; a thorough medical examination by a physician (including a drug test); a thorough background investigation of your character; and criminal background; a polygraph examination (optional); a psychological evaluation and a written exam.

Do you have any objection to participating in any phase of the firefighter selection process? Yes_____No_____

2. Do you have any objection to wearing a uniform? Yes_____No_____

3. Is there any reason why you would be unable to work any assignment, shift, or day, including stations due to religious beliefs, childcare considerations, etc.?

Yes____No_____

4. Have you ever had any fire or EMS license or certification suspended or revoked? If yes give date, which certification and circumstance.

EMPLOYMENT HISTORY INSTRUCTIONS

In the spaces provided, list your *complete* work history in chronological order. Include in sequence: all part-time jobs which lasted only a very brief period of time; periods of self-employment; periods of unemployment; military service; and work in your family business. Start with your present position and work backwards. If you run out of space, use additional sheets of paper and attach.

ACCOUNT FOR ALL PERIODS OF EMPLOYMENT FROM THE TIME OF YOUR HIGH SCHOOL GRADUATION TO THE PRESENT. BE ADVISED TO WORK VERY CAREFULLY ON THE COMPLETION OF THIS SECTION, AS YOUR APPLICATION MAY BE SUSPENDED FOR THE FOLLOWING REASONS:

- FAILURE TO LIST JOBS IN THE PROPER ORDER
- FAILURE TO LIST ALL POSITIONS HELD
- FAILURE TO ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT
- LACK OF FULL DISCLOSURE OR UNTRUTHFULNESS

EMPLOYMENT HISTORY

From: _____ To: _____ Job Title _____

Name of Employer: _____

Street Address: _____ City: _____ ST: _____

Zip Code: _____ Telephone: () _____ - _____ Fax: () _____ - _____

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

Zip Code: _____ Telephone: () _____ - _____ Fax: () _____

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

Zip Code: _____ Telephone: () _____ - _____ Fax: () _____

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

Zip Code: _____ Telephone: () _____ - _____ Fax: () _____

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

Zip Code: _____ Telephone: () _____ - _____ Fax: () _____

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

MILITARY

1. Have you ever served in a military or naval organization of the United States?

Yes _____ No _____

If you answered no, continue on to the next section "Abuse of Legal Substances".

If you answered yes, **attach a copy of your DD-214** and ensure that it indicates your exact type of discharge received.

Give period or periods of active military service:

From: _____ To: _____ Rank Held: _____

from: _____ To: _____ Rank Held: _____

2. Were you ever convicted of a court martial, tried on charges or subject of a summary court martial, deck court, captain's mast, article 15, company punishment, or any other disciplinary action while a member of the armed services? Yes _____ No _____

(If yes, explain on a continuation sheet)

3. Are you registered with the selective service? Yes _____ No _____

ABUSE OF LEGAL SUBSTANCES

This section refers to legal substances such as: prescription medications; alcohol; inhalants; and over-the-counter drugs. Answer each question carefully and truthfully. **If you previously had a substance abuse problem, but the problem no longer exists, you should not be unduly concerned.**

1. Have you ever lost a job because of a substance abuse problem? Yes _____ No _____

If yes, indicate which job and describe the circumstances:

2. During the last ten (10) years, approximately how many times have you used alcohol or other substances during work hours? (This would include during lunch or coffee breaks as well as while working). Circle the approximate number: **0-5 5-10 10 or greater**

USE OF ILLEGAL SUBSTANCES

1. Have you ever sold or delivered illegal drugs? Yes _____ No _____

2. Have you ever used marijuana? Yes _____ No _____

If yes, when and what were the circumstances?

3. Have you ever used any other illegal drugs other than marijuana? Yes _____ No _____

If yes, when and what were the circumstances?

4. Since the age of 13 years old, list below approximately how many times you have used illegal drugs.

DATE FIRST USED DATE LAST USED NUMBER TIMES USED

- Marijuana _____
- Hashish _____
- PCP _____
- Angel Dust _____
- THC _____
- LSD _____
- Mescaline _____
- Magic _____
- Mushrooms _____
- Psilocybin _____
- Heroin _____
- Cocaine _____
- Quaaludes _____
- Speed _____
- Uppers _____
- Downers _____
- Methamphetamine _____
- Other (List) _____

CRIMINAL HISTORY

1. Have you ever been convicted of a crime? Yes _____ No _____

If yes, indicate offense, date, and whether a misdemeanor or felony:

2. Are you currently on probation, parole or under court supervision? Yes _____ No _____

3. Have you ever committed any of the following criminal acts (whether arrested or not)?

- Breaking and Entering: Yes _____ No _____ Your Age _____
- Drug Pushing (Sales): Yes _____ No _____ Your Age _____
- Possession of Narcotics: Yes _____ No _____ Your Age _____
- Possession of Marijuana: Yes _____ No _____ Your Age _____
- DWI or DUI: Yes _____ No _____ Your Age _____
- Passing Bad Checks: Yes _____ No _____ Your Age _____
- Burglary: Yes _____ No _____ Your Age _____
- Armed Robbery: Yes _____ No _____ Your Age _____
- Grand Theft Auto: Yes _____ No _____ Your Age _____
- Shoplifting: Yes _____ No _____ Your Age _____
- Assault: Yes _____ No _____ Your Age _____
- Murder: Yes _____ No _____ Your Age _____
- Theft From An Employer: Yes _____ No _____ Your Age _____
- Extortion: Yes _____ No _____ Your Age _____
- Illegal Possession of
Controlled Substance: Yes _____ No _____ Your Age _____
- Sex Crimes (Rape, Incest,
Child Molestation,
Aggravated Sodomy, etc.) Yes _____ No _____ Your Age _____

- Steal Anything: Yes _____ No _____ Your Age _____

- Domestic Violence: Yes _____ No _____ Your Age _____

FINGERPRINTING

Have you ever been fingerprinted? If so, indicate below:

Agency: _____ Date: _____ Purpose: _____
Agency: _____ Date: _____ Purpose: _____
Agency: _____ Date: _____ Purpose: _____

DRIVING HISTORY

1. Did you ever possess an operator's license issued by any State other than Georgia?

Yes _____ No _____ If yes, give State and license number: _____

2. Was your license ever suspended or revoked? Yes _____ No _____

If yes, give details: _____

3. Have you ever been convicted of driving under the influence of drugs or alcohol?

Yes _____ No _____ If yes, give details: _____

FINANCIAL BACKGROUND

1. Do you currently have past due child support obligations? Yes _____ No _____

If you answered yes to the above question and you are working within a payment plan, attach documentation of the payment plan with your application.

2. Do you currently have civil actions against you (garnishments, liens, etc)?

Yes _____ No _____

If you answered yes to the above question, please explain the circumstances below.

3. Have you ever filed for bankruptcy? Yes _____ No _____

If you answered "yes" to the above question and it has been dismissed, attach your dismissal documentation with your application.

AFFIDAVIT

STATE OF GEORGIA

FAYETTE COUNTY

Now comes, first being duly sworn, who states: I do hereby certify that all answers and subsequent statements made in this questionnaire by me are true, accurate and complete. I further understand that any misstatements or misrepresentation of material facts may subject me to disqualification for consideration and/or dismissal from employment from the City of Peachtree City Fire/Rescue. Additionally, I am aware that any false statements in this document made by me for employment purposes may constitute a violation of the code of ordinances of the City of Peachtree City Fire/Rescue and a violation of State law. Finally, I will affirm and agree to hold harmless the City of Peachtree City Fire/Rescue from any liability of damage or injury as a result of any physical testing in the recruitment-hiring process.

Further, affiant sayeth naught.

Print Full Name

Signature

Social Security Number

Sworn to and subscribed before me this date: _____

Notary Public _____

My commission expires _____

Peachtree City Fire/Rescue

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Peachtree City, or to any authorized agent of a criminal justice agency or private agency upon request of the City of Peachtree City, whether the said record(s) be public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure of the following records:

- Educational institutions
- Medical, psychological, and psychiatric reports of a treatment, consultation or evaluation at any hospital, clinic, or private practitioner and the U.S. Veteran's Administration
- Employment and pre-employment records, including: salary records; background reports; polygraph examination reports and polygraph examination questions; pre-employment and promotional examination results; efficiency ratings; actions, complaints or grievances filed by or against me; and internal investigation reports
- Records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I have ever been a party or have had an interest
- Records of complaints, arrests, trials and convictions for alleged or actual law violations, including criminal or traffic records
- Credit history
- Military service records
- Verification of arrest/conviction records
- Character/social references and neighborhood checks

I understand that any information obtained by a personal background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Peachtree City Fire/Rescue Department. I also certify that I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees from all claims, damages, losses and expenses. Also included, are reasonable attorney's fees arising out of or by reason of complying with this request. I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature and should be honored for a period of one year from the date of my signature.

Signature (Including Maiden Name) Social Security Number Date of Birth

Home Address City/State Zip

Sworn to and subscribed before me this date: _____

Notary Public _____

My commission expires _____



NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

TELEPHONE NO: _____
Home Cell

AGE: _____

DOB: _____

SEX: _____

RACE: _____

EYE COLOR: _____

HAIR COLOR: _____

HEIGHT: _____

WEIGHT: _____

SSN: ____/____/____

PLACE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

POSITION APPLIED FOR: _____

SIGNATURE _____ **DATE** _____