



McDonough Fire Department
88 Keys Ferry Street <McDonough, GA 30253> 678-782-6250
www.mcdonoughga.org

APPLICATION FOR EMPLOYMENT

Date application was received by the
City of McDonough: _____

PERSONAL INFORMATION

Full Name (Last, First, Middle): _____

Address: _____ City, State, Zip: _____

Phone #: _____ Alternate #: _____

Email Address: _____

POSITION

Position Applying For: _____

Full Time Part Time

Are you at least 18 years of age? Yes No

Can you submit legal verification authorizing your right to work in the United States?

Yes No *In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed will be required of all prospective candidates. Failure to provide such proof will prohibit or discontinue employment with the City of McDonough Fire Department.*

Are you currently a certified Firefighter? Yes No

If yes, where did you obtain certification (city, state)? _____

If yes, what is your Firefighter Certification # _____ GFSTC ID#? _____

Are you currently a licensed or certified National Registry or GA EMS provider? Yes No

If yes, what is your License/Certification #? NR# _____ GA# _____

Check all certifications or licenses that you currently have:

NPQ FF1 NPQ FF2 1st Responder EMR EMTB EMTI
AEMT EMT BLS/CPR ACLS PAIS

List any other Fire or EMS licenses or certifications that you have that are not listed above:

Be prepared to provide proof of any and all certifications and/or licenses that you check and/or list above



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Have you ever been convicted of a felony? Yes No If yes, explain below:

DRIVING HISTORY

Do you have a valid driver's license? Yes No If yes, what class? _____

Which State _____ Driver's License # _____ Expiration Date _____

Have you incurred any traffic charges (moving violations only) within the last three (3) years?

Yes No

If yes, explain, and include dates and charges:

EDUCATION AND TRAINING

Do you have a high school diploma? Yes No Do you have a GED? Yes No

Name of high school you graduated from: _____

Business / Trade School / College / University / Other Institution

School Name	Years Attended	Major	Degree Received
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any military experience and/or training? Yes No

If yes, what branch and field of training: _____

List any other skills (computer, equipment, machinery, etc.) in which you are proficient:



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Do you speak, read, and/or understand any languages other than English? Yes No
If yes, which language(s)? _____

EMPLOYMENT RECORD

List employers and work history beginning with your current or most recent employer.
Failure to provide complete information may result in disqualification.

Employing Firm: _____ Phone: _____
Address: _____ City, State, Zip: _____
Supervisor: _____ May we contact employer: Yes No
Job Title: _____
Specific Duties: _____
Dates Employed: From: _____ To: _____ Ending Pay: _____ per _____
Reason for leaving: _____

Employing Firm: _____ Phone: _____
Address: _____ City, State, Zip: _____
Supervisor: _____ May we contact employer: Yes No
Job Title: _____
Specific Duties: _____
Dates Employed: From: _____ To: _____ Ending Pay: _____ per _____
Reason for leaving: _____

Employing Firm: _____ Phone: _____
Address: _____ City, State, Zip: _____
Supervisor: _____ May we contact employer: Yes No
Job Title: _____
Specific Duties: _____
Dates Employed: From: _____ To: _____ Ending Pay: _____ per _____
Reason for leaving: _____



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EMPLOYMENT RECORD CONTINUED

Employing Firm: _____ **Phone:** _____
Address: _____ **City, State, Zip:** _____
Supervisor: _____ **May we contact employer: Yes** **No**
Job Title: _____
Specific Duties: _____
Dates Employed: From: _____ **To:** _____ **Ending Pay:** _____ **per** _____
Reason for leaving: _____

Employing Firm: _____ **Phone:** _____
Address: _____ **City, State, Zip:** _____
Supervisor: _____ **May we contact employer: Yes** **No**
Job Title: _____
Specific Duties: _____
Dates Employed: From: _____ **To:** _____ **Ending Pay:** _____ **per** _____
Reason for leaving: _____

Employing Firm: _____ **Phone:** _____
Address: _____ **City, State, Zip:** _____
Supervisor: _____ **May we contact employer: Yes** **No**
Job Title: _____
Specific Duties: _____
Dates Employed: From: _____ **To:** _____ **Ending Pay:** _____ **per** _____
Reason for leaving: _____

If you do not wish for the City of McDonough to contact any listed employer at this time, please list all disciplinary actions taken against you or pending by the employer. This information will be verified prior to your being employed with the McDonough Fire Department. Any falsification or omission may result in disqualification for eligibility to proceed in the employment process.



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PERSONAL REFERENCES

List three (3) persons, not relatives or former employers, who have knowledge of your character and qualifications.

Name: _____ **Phone:** _____ **Relationship:** _____
Address (Street, City, State, Zip): _____

Name: _____ **Phone:** _____ **Relationship:** _____
Address (Street, City, State, Zip): _____

Name: _____ **Phone:** _____ **Relationship:** _____
Address (Street, City, State, Zip): _____

In accordance with applicable Federal and State laws, McDonough Fire Department does not unlawfully discriminate on the basis of race, color, religion, nationality, disability, age, sex, or other legally protected status or classification, except where mandated or prohibited by law. It is the policy of the City of McDonough to provide equal employment opportunity (EEO) for all applicants and employees. This EEO policy applies to all areas of employment including recruitment, hiring, training, promotion, compensation, benefits, transfer, and other terms and conditions of employment.

We offer assistance to applicants who may need reasonable accommodations with the application and/or interview process. Please notify the Human Resources Department if you need assistance.



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AUTHORIZATION TO RELEASE INFORMATION

I authorize the National Personal Records Center, St. Louis, Missouri or other custodian of my military records to release to the City of McDonough and / or the McDonough Fire Department information or photocopies from my personnel and/or related medical records. This could include a photocopy of my DD 214 from, Report of Separation, or Article 15's and / or non-Judicial punishment.

Applicant's Signature: _____ Date: _____

I authorize a review of and full disclosure of all records concerning myself, to any duty authorized agent of the City of McDonough and/or the McDonough Fire Department whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records from educational institutions; financial or credit institutions (including records of loans and payment history); commercial and retail credit agencies (including credit reports and/or ratings); any other financial statements and records wherever filed; medical and psychiatric treatments and/or consultations (including hospital, clinic, private practitioners, and/or the U. S. Veteran's Administration; employment and employment records (including background reports, polygraph reports and charts, efficiency ratings, evaluations, complaints, grievances, appeals, and/or lawsuits filed by me or against me); and/or the records and recollections of attorneys at law or of other council whether representing me or another person in any case, either criminal or civil in which have or had an interest.

I understand that any information obtained by a personal history 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 McDonough Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing information, and I do hereby release any person(s) from any and all liability of any and all damage and/or outcome which may be incurred as a result of furnishing such information.

I agree that a photocopy of this release form, even though said photocopy doesn't contain an original writing of my signature, shall be as valid as the original.

Applicant's Signature: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Address: _____



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GEORGIA BUREAU OF INVESTIGATION
 GEORGIA CRIME INFORMATION CENTER

CONSENT FORM

I hereby authorize the City of McDonough 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.

Print Full Name

Address	City	State	Zip Code
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Sex	Date of Birth	Social Security Number
-----	---------------	------------------------

Check One:

- | | |
|---|---|
| <input type="radio"/> Hispanic / Latino
<input type="radio"/> White
<input type="radio"/> Black / African American
<input type="radio"/> Asian | <input type="radio"/> Hawaiian / Pacific Islander
<input type="radio"/> Native American / Alaskan
<input type="radio"/> Middle Eastern
<input type="radio"/> Multiracial |
|---|---|

Signature	Date
-----------	------

Special employment provisions (check if applicable):

- Employment with mentally disability (*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 days from the date of signature
- This authorization is valid for 180 days from the date of signature
- This authorization is valid for 1 year from the date of signature
- I, _____, give consent to the above named to conduct Periodic criminal history background checks for the duration of my employment with the McDonough Fire Department



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APPLICANT'S AGREEMENT AND SIGNATURE

I hereby and affirm that all information provided in this application is correct, true, and complete to the best of my knowledge. I further understand that any untrue, false, incomplete, or misrepresentation of statements, information, or material facts in this application will subject me to disqualification for employment consideration or dismissal at any time during my employment with the City of McDonough.

I understand that this application is not a contract of employment and that submission of this application in no way assures me a position and that no City representative has the authority to enter into any employment agreement with me contrary to the foregoing.

I authorize the City of McDonough to conduct a work record check with my current and former employers unless otherwise stated in the *Employment Record* section of this application.

I authorize the City of McDonough to conduct an education check with any high school, college, tech school, and any other formal institution or department in which I have attended, studied, or received education, transcripts, certifications, and/or licenses whether in person, online, or any other means of study in order to verify information provided by me in this application.

I authorize the City of McDonough to conduct a criminal history and background investigation, including but not limited to financial records and criminal history records from local, state, and federal criminal justice agencies to obtain information for non-criminal justice purposes but for purposes pertinent to my character, ethics, competence, commitment, etc. that are applicable to the application, employment process, employment procedures, and/or future employment with the City of McDonough.

I authorize the release of information concerning personal information, my current and previous employment, including any information my current or former employees may have, educational transcripts, financial records, criminal records, etc. to any duty authorized agent of the City of McDonough that may be pertinent to the application and employment procedures. I release all parties from all liability for any damage that may result from questioning, requesting, providing, retaining, or releasing any information about me. I understand that a photographic copy of this authorization shall be considered as valid as the original.

I understand that resumes, letters of reference, certificates, licenses, etc. submitted with the application become property of the City of McDonough and cannot be returned. The information I have provided on the application is subject to disclosure under the Georgia Open Records Act.

By signing this application, I hereby acknowledge that I understand and agree to all provisions outlined herein.

Applicant's Signature: _____ **Date:** _____



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Please list any additional information about yourself that is pertinent to the application, the employment process, the employment procedures, and/or future employment with the McDonough Fire Department:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Be prepared to provide proof, verification, and/or an explanation of any information that you listed above

Please attach additional resumes, letters of reference, certificates, licenses, and/or any other documentation that may be pertinent to this application or the employment process.