

LUMPKIN COUNTY Employment Application



EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

Last Name		First	Middle	Date
Street Address			Apartment/Unit #	
City	State	ZIP	How long at this address?	
Phone Number(s)		Social Security Number		
Position Applied for		VOL_____	PT_____	FT_____
Are you a citizen of the United States?	If no, are you authorized to work in the U.S.? ___Yes ___No If offered employment you will be required to provide documentation to verify employment eligibility.			
Have you ever worked for Lumpkin County?	___Yes ___No	Position and Supervisor	From	To
Do you have relatives working for Lumpkin County?	___Yes ___No	Name and Relationship		
Have you ever been convicted of an un-lawful offense?	___ Yes ___No	A "yes" answer will not necessarily disqualify you from employment. If yes, explain		
Have you ever been convicted of a moving violation?	___ Yes ___No	If yes, explain		

EDUCATION

High School	Location	Highest Grade Completed	7	8	9	10	11	12	GED
College or Business School		Did you graduate?	___Yes ___No	Degree					
Trade or Apprenticeship School		Specialty							
List licenses, certificates, vocational or business courses you have taken that relate to the job applied for.									

PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name	Relationship
Company	Phone ()
Address	
Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT Begin with current or most recent employer. Include military service and volunteer work. Include last 10 years.

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I authorize Lumpkin County to contact current and former employers and references. I authorize current and former employers and references to supply such information verbally or in writing to Lumpkin County Human Resources.

I understand that Lumpkin County has a Substance Abuse Policy that includes random drug and/or alcohol testing.

I understand that any offer of employment is contingent upon successful completion of a drug screening and may also be contingent upon passing a medical examination.

I certify that my answers are true and complete to the best of my knowledge. I have not knowingly withheld any information that would detrimentally affect my application for employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

Signature

Date



Lumpkin County Emergency Services

57 A Pinetree Way
Dahlonega GA. 30533
(706) 864-3030
David Wimpy, Fire Chief
Robert Hughey, Deputy Chief

Application Requirements

Check one:

Full Time _____ Part Time _____ Volunteer _____

- ___ 1- Application
- ___ 2- High School Diploma or GED - copy
- ___ 3- Criminal History Consent Form (Give to Chief)
- ___ 4- 7 year MVR
- ___ 5- Birth Certificate - copy
- ___ 6- Social Security Card - copy
- ___ 7- Drivers License - copy
- ___ 8- Current Medical Cards - copies
- ___ 9- All Certificates

Printed Name: _____

Signature: _____

Date: _____

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

Consent Form

I hereby authorize: **Chief David Wimpy, Deputy Chief Robbie Hughey or Secretary Sharon Johnson**, with Lumpkin County Emergency Services ph# (706) 864-3030, 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) Last Name First Name Middle/Maiden Phone #

Address

Sex Race Hgt Eyes Date of Birth Social Security Number

NOTARIZED:

Signature (Before a Notary)

SEAL

Date

comm. expires: _____

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")
- ___ Other Employment ___ Real Est. Lic. ___ Housing (Purpose code "E")

One of the following must be checked:

- ___ This authorization is valid for 90/180/___(circle one) days from the 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.

Lumpkin County Sheriffs office (use only)

_____/ Date: _____/_____/_____

Ran By: (int.) _____

Lumpkin County Sheriffs Office 385 E. Main Street Dahlonega GA 30533 (706) 864-0414

MEDICAL AFFIDAVIT
MUST USE THIS FORM

O.C.G.A. 25-4-8(a) (5) requires that any person certified as a firefighter be in good physical condition as determined by a medical exam. The examining physician, physician assistant, or nurse operating under a physician's authority should complete this form.

O.C.G.A. 25-4-31(a) requires that any person assigned as an airport firefighter at any airport shall, at a minimum, meet the minimum physical fitness requirements as approved by the Georgia Firefighter Standards and Training Council.

Note to Medical personnel:

This applicant, if certified, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not limited to the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and nonemergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

_____ is applying to become a certified firefighter. I have examined _____ and to the best of my knowledge, this person is in good physical condition.

Physician, Physician's Assistant, Nurse (operating under a physician's authority) Name (please print)

Address

Authorized Signature Date



Lumpkin County Emergency Services

57 A Pinetree Way
Dahlonega GA. 30533
David Wimpy, Chief
Robert Hughey, Deputy Chief

Physician's Statement – Emergency Services Personnel

I, _____,

have examined _____,

an employee of Lumpkin County Emergency Services. I find no physical or medical condition which would render the employee/volunteer incapable of performing advanced level patient care, firefighting, or rescue duties hereto attached and incorporated by reference herein without injury or danger to their health. The intent of this document is not to certify satisfactory completion of all care rendered, but merely to state that the condition for which the above listed is/was being treated will not prevent him/her from participating in these activities.

Treating Physician Signature: _____

Date: _____

Comments: _____

Mission Statement

It is our mission that the men and women of Lumpkin County Emergency Services provide protection of life, property and rapid emergency response services to the citizens of Lumpkin County and its visitors. Above all, be courteous.

Routinely Assigned Duties – FF/EMT I & II

Firefighter EMT I and II positions are routinely expected to safely and effectively perform the following tasks under emergency and non-emergency conditions. Tasks require the ability to exert strenuous physical effort in work which may include some lifting, carrying, pushing and/or pulling objects of moderate to heavy weight (50 - 200 + pounds) for sustained periods of time. Duties require the ability to operate a motor vehicle, various medical equipment, and hand tools. Operating in difficult terrain, confined spaces, and exertion for climbing steps or walking extended distances (+ or - 1 mile) are often required of this position.

Essential functions are regularly performed with exposure to adverse environmental conditions including inclement weather. Duties may involve exposure to substances (chemicals and gases) requiring special precautions including protective clothing and self-contained breathing apparatus. The work environment routinely involves imminent danger from conditions which cannot be fully anticipated or protected against, and which exposes the incumbent to life-threatening situations.

This classification should not be interpreted as all-inclusive. It is intended to identify the major responsibilities and requirements of this job. The incumbents may be requested to perform job-related responsibilities and other tasks than those stated in this specification.

Mission Statement

It is our mission that the men and women of Lumpkin County Emergency Services provide protection of life, property and rapid emergency response services to the citizens of Lumpkin County and its visitors. Above all, be courteous.