



# Lumpkin County Emergency Services

57 A Pinetree Way  
Dahlonega GA. 30533  
David Wimpy, Director  
(706) 864-3030  
Fax (706) 867-9099

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## *C.E.R.T. Application Requirements*



- \_\_\_ 1. Application
- \_\_\_ 2. Georgia Driver's History Consent Form
- \_\_\_ 3. Georgia Criminal History Consent Form

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

**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 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?  Yes  No  
 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Position and Supervisor	From To
Do you have relatives working for Lumpkin County?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Relationship	
Have you ever been convicted of an un-lawful offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A "yes" answer will not necessarily disqualify you from employment. If yes, explain	
Have you ever been convicted of a moving violation?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>Full Name</b>	Relationship
Company	Phone (      )
Address	
<b>Full Name</b>	Relationship
Company	Phone (      )
Address	
<b>Full Name</b>	Relationship
Company	Phone (      )
Address	

## GEORGIA DRIVER'S HISTORY CONSENT FORM

I hereby authorize the Lumpkin County Board of Commissioners to receive a copy of my Georgia driver's history information as part of my job responsibilities which includes the operation of a County owned vehicle and/or equipment. The information will be used for insurance purposes.

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Full Name (print)

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Address

City

State

Zip

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Driver's License Number

Date of Birth

Sex

---

Signature

Date

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

**Consent Form**

I hereby authorize: **Chief David Wimpy, Deputy Chief 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  
comm. expires: \_\_\_\_\_

\_\_\_\_\_  
Date

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_