



# Lumpkin County Emergency Services

57 A Pinetree Way

Dahlonega Ga. 30533

Business (706) 864-3030 Fax (706) 867-9099 EMA (706) 864-9180

David Wimpy, Fire Chief

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## Application Requirements

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer \_\_\_\_\_

### First Step (Must be turned in to Lumpkin County's H.R. dept.)

- \_\_\_ 1. Application
- \_\_\_ 2. High School Diploma or GED (copy)
- \_\_\_ 3. Birth Certificate (copy)
- \_\_\_ 4. Driver's License (copy)
- \_\_\_ 5. Social Security Card (copy)
- \_\_\_ 6. Current Fire Certificates (copies)
- \_\_\_ 7. Current Medical Cards and EMS Certificates (copies)
- \_\_\_ 8. NIMS Certificates (copies, 100, 200, 700, 800)

### Second Step

- \_\_\_ 1. Interview with LCES officials
- \_\_\_ 2. Physical Agility Test

### Third Step (Complete this step only after steps one and two are complete)

- \_\_\_ 1. Criminal History Consent Form
- \_\_\_ 2. Georgia Driver's History Consent Form
- \_\_\_ 3. Medical Affidavit Form
- \_\_\_ 4. Drug Screen
- \_\_\_ 5. Physical (Doctor)
- \_\_\_ 6. Identification Form

Applicant's printed name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date received in H.R.: \_\_\_\_\_

# 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				
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>High School</b>	<b>Location</b>	Highest Grade Completed	7	8	9	10	11	12	GED
<b>College or Business School</b>		Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Degree				
<b>Trade or Apprenticeship School</b>		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	

**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*

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### Georgia's Driver's History Form

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

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

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

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

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

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



# *Lumpkin County Emergency Services*

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## 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 Firefighters 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 non-emergency 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.

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Physician, Physician's Assistant, Nurse (operating on a physician's authority) printed name

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Address

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Authorized Signature

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Date

Lumpkin County Government is subject to certain governmental recordkeeping and reporting requirements relating to the administration of grants. In order to comply with these requirements, applicants are asked to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for grant administration. When reported, data will not identify any specific individual nor will it be shared with the hiring manager. This data will be kept exclusively in Community and Employee Services.

This form will be used for reporting purposes only and will be kept separate from all other applicant data. Individual forms will only be accessed by the Community and Employee Services Department.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

**GENDER:** (Please mark one of the options below)

\_\_\_\_\_ Male                      \_\_\_\_\_ Female

**RACE/ETHNICITY:**

(Please mark one of the descriptions below corresponding to the ethnic group with which you identify.)

\_\_\_ **Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

\_\_\_ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

\_\_\_ **Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_ **Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

\_\_\_ **American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

\_\_\_ **Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

**Date completed:** \_\_\_\_\_