

Application

West Jackson Fire Department
 69 West Jackson Road
 Braselton, GA 30517
 706-654-2500 Office
 706-654-9227 Fax
 www.wjfd.org

For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Position(s) Applied For		Date of Application	
How did you learn about us?			
___	Advertisement	___	Relative/Friend
___	Employment Agency	___	Inquiry
___		___	Website/Social Media
___		___	Other: _____

Last Name	First Name	Middle Name
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Street Address	City	Georgia	Zip Code
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Home Phone Number	Mobile Phone Number	Email Address
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Best time to contact you at home is:	AM	PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before (including as a Volunteer)	Yes	No
If Yes, give date: _____		
Have you ever been employed with us before?	Yes	No
If Yes, give date: _____		
Do any of your friends or relatives, other than a spouse, work here?	Yes	No
Are you currently employed?		
May we contact your current employer?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No
<i>Proof of citizenship or immigration status will be required upon employment</i>		
Date available for work ___/___/___	What is your desired salary range? _____	
Are you available to work:	_____ Full-Time	Indicate Shift or Non-Shift
	_____ Part-Time	Indicate Shift or Non-Shift
	_____ Temporary	
	_____ Volunteer	
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any job-related training received in the United States Military

Fire Service Training

- | | | |
|---|---|--|
| <input type="checkbox"/> Module I/Structural Fire Control | <input type="checkbox"/> CPR Training | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Module II | <input type="checkbox"/> First Responder | <input type="checkbox"/> HazMat Awareness |
| <input type="checkbox"/> Module III | <input type="checkbox"/> EMT Basic | <input type="checkbox"/> HazMat Operations |
| <input type="checkbox"/> NPQ I | <input type="checkbox"/> EMT Intermediate | <input type="checkbox"/> HazMat Tech |
| <input type="checkbox"/> NPQ II | <input type="checkbox"/> EMT Advanced | |

Other:

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title				
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title				
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title				
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Additional Information

List professional, trade, business, or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications
 Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/>	Terminal	<input type="checkbox"/>	Spreadsheet	Production/Mobile Machinery (List)	Other (List)
<input type="checkbox"/>	PC/MAC	<input type="checkbox"/>	Word Processing		
<input type="checkbox"/>	Typewriter	<input type="checkbox"/>	Shorthand		
<input type="checkbox"/>	WPM _____	<input type="checkbox"/>	WPM _____		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

References

Name _____	Phone # _____
Address _____	
Name _____	Phone # _____
Address _____	
Name _____	Phone # _____
Address _____	

Applicant's Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be charged by written document or by conduct unless such a charge is specifically acknowledged in by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes No
Remarks

Employed Yes No Date of Employment

Job Title Pay Rate

Hired by _____ Date
Name and Title