



## GLYNN COUNTY BOARD OF COMMISSIONERS APPLICATION FOR VOLUNTEER FIREFIGHTER

Glynn County Fire Department  
121 Public Safety Blvd. \* Brunswick, GA 31525  
Telephone: (912) 554-7779 \* Fax: (912) 279-3695

### INSTRUCTIONS AND INFORMATION

#### PLEASE READ CAREFULLY BEFORE BEGINNING

1. Please complete this application by printing or typing.
2. You will not be considered for Volunteer Firefighter Position if any of the following exist:
  - A. Conviction in any court for any felony offense
  - B. Conviction in any court for any drug related offense
  - C. Any pending criminal action in any court
  - D. Presently under investigation for any criminal offense by this or any other law enforcement or criminal justice agency
  - E. Less than 18 years of age
  - F. If you are not eligible to work in the United States
3. If you have any questions regarding this application, contact Deputy Chief Marat of the Glynn County Fire Department at 912-554-7779.
4. The following is a checklist for your convenience. We urge you to use it, as an incomplete application may not be processed. Upon completion of the application, refer to this checklist to make sure no information has been omitted.
  - All questions are answered. Those not applying to me are marked "N/A" or "No".
  - The application is signed, dated, and notarized. Our office has several notaries for your convenience.
  - I have attached a copy of the following documents:
    - Recent Photograph
    - Copy of Birth Certificate
    - Copy of DD-214 (if applicable)
    - Copy of High School Diploma or State Issued GED\*
    - Copy of Driver's License
    - Copy of Social Security Card

**RETURN THE COMPLETED APPLICATION TO GLYNN COUNTY FIRE DEPARTMENT LOCATED AT 121 PUBLIC SAFETY BLVD. THIS APPLICATION MUST BE RETURNED IN PERSON AND UPON VERIFICATION OF COMPLETION, THE MEDICAL PHYSICAL FORM WILL BE ISSUED AND EXPLAINED TO THE APPLICANT.**



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**GLYNN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**

**PERSONAL DATA**

Last Name		First Name		Middle Name	
Present Address Street and Number City, State, Zip			How long have you lived there? Years                      Months		
Home Telephone Number			Email Address		
Cellular Telephone Number			Cellular Carrier		
Position Desired: Firefighter <input type="checkbox"/> Yes <input type="checkbox"/> No		EMT-I <input type="checkbox"/> Yes <input type="checkbox"/> No		Rehab <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Paramedic : <input type="checkbox"/> Yes <input type="checkbox"/> No			

**BASIC BACKGROUND INFORMATION**

List any other names which you have used and which will be necessary to verify your employment.	
If accepted, can you provide proof that you are legally entitled to work in the U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, what steps must be taken for you to begin volunteering lawfully?
May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please explain.
Have you ever worked for Glynn County Board of Commissioners? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give dates and position.
Do you have any relatives working here? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give relationship and department.
Do you have any friends working here?	If yes, give department.
Do you have any commitments, including but not limited to, a non-compete or non-solicitation or confidentiality agreement with any current or former employer which may affect or restrict your association or ability to perform the duties for which you are seeking? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain:	

**EDUCATION**

Please list School Name:	Years Completed	Diploma/Degree	Course of Study or Major	List Degree, Specialized Training and Extra-Curricular Activities
Elementary	5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**AUTHORITY TO RELEASE INFORMATION TO THE  
GLYNN COUNTY BOARD OF COMMISSIONERS**

To Whom It May Concern:

I hereby authorize the Glynn County Board of Commissioners or other authorized representative or Glynn County Government bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records, including but not limited to, academic achievement, attendance, athletic, and disciplinary records. I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Glynn County Fire Department. Consent is granted for the Glynn County Fire Department to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university, or their education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me at the address or phone number listed below.

I understand that my application will be subject to verification through a comprehensive background investigation, a part of which may be a polygraph.

Falsification and/or misrepresentation of facts during any phase of the application process will be grounds for termination of applicant process and/or dismissal.

FULL NAME: \_\_\_\_\_  
(Signature)

FULL NAME: \_\_\_\_\_  
(Print or Type)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_  
(Must have Signature and Seal)



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**ATTACH BIRTH CERTIFICATE**

This identification must show the full name and date of birth of the applicant. If the applicant is a naturalized citizen, copies of the naturalization papers are to be sent with the birth certificate.



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**MILITARY SERVICE**

**ATTACH MILITARY DISCHARGE OR DD-214 SHOWING TYPE OF  
DISCHARGE HERE. IF NO PRIOR MILITARY SERVICE, PLEASE MARK  
N/A BELOW**



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**ATTACH COPY OF DRIVER'S LICENSE HERE**

**ATTACH COPY OF SOCIAL SECURITY CARD HERE**

**ATTACH RECENT PHOTOGRAPH HERE**



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**PREVIOUS ADDRESSES**

List the information requested regarding all addresses at which you have resided within the past 15 years. Begin with most recent. Attach additional pages if necessary.

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or  Rent If rent, list landlord's name: \_\_\_\_\_

Landlord's address and phone: \_\_\_\_\_

Roommates: \_\_\_\_\_

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or  Rent If rent, list landlord's name: \_\_\_\_\_

Landlord's address and phone: \_\_\_\_\_

Roommates: \_\_\_\_\_

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or  Rent If rent, list landlord's name: \_\_\_\_\_

Landlord's address and phone: \_\_\_\_\_

Roommates: \_\_\_\_\_

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or  Rent If rent, list landlord's name: \_\_\_\_\_

Landlord's address and phone: \_\_\_\_\_

Roommates: \_\_\_\_\_

Address: \_\_\_\_\_ From/to \_\_\_\_\_

Own or  Rent If rent, list landlord's name: \_\_\_\_\_

Landlord's address and phone: \_\_\_\_\_

Roommates: \_\_\_\_\_



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**PUBLIC SAFETY EMPLOYMENT HISTORY**

List any previous history you have had in the **Firefighting or EMS field**. Include Military Service if applicable. If no prior firefighting or EMS history, please mark N/A. Attach additional pages if necessary.

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Name/Address/Phone Number of Employer or Volunteer Agency

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From mo/yr to mo/yr                      Position                      Supervisor

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Reason for Leaving-Give Details

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Beginning Pay                      Ending Pay

---

Name/Address/Phone Number of Employer or Volunteer Agency

---

From mo/yr to mo/yr                      Position                      Supervisor

---

Reason for Leaving-Give Details

---

Beginning Pay                      Ending Pay

---

Name/Address/Phone Number of Employer or Volunteer Agency

---

From mo/yr to mo/yr                      Position                      Supervisor

---

Reason for Leaving-Give Details

---

Beginning Pay                      Ending Pay





**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**PREVIOUS WORK HISTORY**

List the names of your present or previous employers from at least the last 15 years in chronological order with present or last employer listed first. Include part-time and seasonal employment. Be sure to account for all periods of time, including any period of unemployment. If self-employed, give company name and supply business references. **DO NOT ANSWER "SEE RESUME."** Fill out this form completely. Incomplete or illegible applications will be rejected. Attach additional pages if necessary.

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Name/Address/Phone Number of Employer

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From mo/yr to mo/yr

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Position

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Supervisor

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Reason for Leaving-Give Details

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Name/Address/Phone Number of Employer

---

From mo/yr to mo/yr

---

Position

---

Supervisor

---

Reason for Leaving-Give Details

---

Name/Address/Phone Number of Employer

---

From mo/yr to mo/yr

---

Position

---

Supervisor

---

Reason for Leaving-Give Details



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**RELEVANT TRAINING**

Describe any specialized training, qualifications, apprenticeships and extra-curricular activities which relate to the position for which you are applying.

Are you fluent in  Reading  Writing  Speaking a language other than English? If yes, what language(s).

**CERTIFICATIONS**

List any professional certifications, designations, licenses or courses that may be applicable to the position for which you are applying. Include certifications, licenses and courses for CPR/First Aid, Firefighter, Police Officer, Communication Officer, Detention Officer or Emergency Medical Technician. Also include any expired certifications or licenses. Attach additional pages if necessary.

Type of Certification, Course or License	State of Certification	Certification Date	Expiration Date

**PROFESSIONAL EDUCATION**

Please mark any of the following education you have completed.

- ICS 100     ICS 200     ICS 700     Basic Cardiac Life Support  
 First Aid     Firefighter Training     Rescue Training     Professional Driving  
 Other \_\_\_\_\_     Other \_\_\_\_\_  
 Other \_\_\_\_\_     Other \_\_\_\_\_

Check any of the following areas in which you have received specialized training:

- Typing Skills  
 Stress Management  
 Supervision/Management/Leadership  
 Customer Service/Dealing with Difficult People  
 Report Writing

Please give dates and details for any areas marked: \_\_\_\_\_

\_\_\_\_\_



**GLYNN COUNTY BOARD OF COMMISSIONERS  
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**CRIMINAL RECORD**

List all felony and misdemeanor convictions, whether civilian or military below. Include DUI/DWI and no contest "nolo" convictions. Attach additional pages if necessary.

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Crime	Court	Date
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Disposition of case (dismissed, sentence, paid fine, probation)

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Crime	Court	Date
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Disposition of case (dismissed, sentence, paid fine, probation)

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Crime	Court	Date
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Disposition of case (dismissed, sentence, paid fine, probation)

Are any charges currently pending against you?  YES  NO

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If you answered yes, please give details of pending charges. Attach additional pages if necessary.

**TRAFFIC CONVICTIONS**

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Crime	Court	Date
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Disposition of case (dismissed, sentence, paid fine, probation)

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Crime	Court	Date
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Disposition of case (dismissed, sentence, paid fine, probation)



**GLYNN COUNTY BOARD OF COMMISSIONERS  
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**POSITION REQUIREMENTS:**

This position may require you to:

Wear a uniform. Do you object to doing so?  YES  NO

Have a personal cell phone. Do you meet this requirement?  YES  NO

Follow all policies of GCFD. Do you object to doing so?  YES  NO

**FINGERPRINT HISTORY:**

If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the F.B.I. and other agencies.

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Purpose \_\_\_\_\_

**ILLEGAL SUBSTANCE USE:**

Have you ever used marijuana?  YES  NO

If yes, when was the date you last used marijuana? \_\_\_\_\_

How many times have you used marijuana in your lifetime? \_\_\_\_\_

What were the circumstances? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever used any other illegal drugs or used legal drugs in an illegal manner?  YES  NO

If yes, what were the circumstances? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**GLYNN COUNTY BOARD OF COMMISSIONERS  
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**TERMINATIONS**

Have you ever been fired from or permitted to resign employment for breach of trust, embezzlement, theft, or any other crime?  YES  NO

Have you ever been fired from or permitted to resign employment for abuse of authority or for any disciplinary reasons?  YES  NO

Please give details if "YES" was marked for above questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING INFORMATION**

Do you have a current valid driver's license?  YES  NO

If yes, License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your license ever been suspended or revoked?  YES  No

If yes, please explain: \_\_\_\_\_

Do you have personal automobile insurance?  YES  NO

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

List all moving traffic violations in the last five years. Attach additional sheets if necessary.

Offense	Date	Location	Comments

**PERSONAL REFERENCES**

Give the names, addresses and telephone numbers of three (3) references that **are not related** to you and **are not previous employers**.

Name	Address	Telephone Number	How you Know Person



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**APPLICANT'S STATEMENT**

I understand that the Glynn County Board of Commissioners is committed to providing equal opportunity in all employment and volunteer practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap, disability, or any other category protected by federal, state or local law.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give the Glynn County Board of Commissioner or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that my result from furnishing same to the Company.

I understand that the Glynn County Board of Commissioners reserves the right, to the extent permitted by law, to require drug or alcohol screening test of an applicant or an employee either prior to acceptance as a volunteer or any time during my association with Glynn County Fire Department (as permitted by law) and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Glynn County Board of Commissioners or its designee. I release the Glynn County Board of Commissioners and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such test.

I understand that I may be required, to the extent permitted by law, undergo a pre-volunteering physical examination or psychological examination, and I hereby give my consent to such an examination.

I am fully aware and understand that, if accepted, my association is terminable at will.

By my signature below I attest that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, incomplete, or unsatisfactory in any respect (as determined by the Glynn County Board of Commissioners in its sole judgement) I will be disqualified from consideration for volunteering or subject to immediate dismissal if discovered after I become a member of the Glynn County Fire Department Volunteers.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF TWELVE (12) MONTHS. IF YOU WISH TO BE CONSIDERED AFTER THAT TIME, YOU MUST REAPPLY.

ALL APPLICATIONS, RESUMES, LETTERS OF REFERENCE, ETC. SUBMITTED BECOME THE PROPERTY OF THE GLYNN COUNTY BOARD OF COMMISSIONERS AND WILL NOT BE RETURNED. ALL INFORMATION PROVIDED ON THE APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE UNDER THE GEORGIA OPEN RECORDS ACT.

**DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT.**

Date: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**GLYNN COUNTY BOARD OF COMMISSIONERS  
HUMAN RESOURCES DEPARTMENT**

**AUTHORIZATION TO RELEASE INFORMATION ON DRIVING HISTORY**

I hereby authorize the Glynn County Board of Commissioners Human Resources Department or other authorized representative of Glynn County Board of Commissioners bearing this release or copy thereof, within twelve (12) months of its date, to obtain any information in my files pertaining to my driving record. This release is executed with full knowledge and understanding that the information is for official use of the Glynn County Board of Commissioners Human Resources Department. Consent is granted for the Glynn County Board of Commissioners to furnish such information as to described above, to third parties in the course of fulfilling its official responsibilities. Should there be any questions as to validity of this release, you may contact me as indicated below.

I hereby authorize my previous employers to provide the Glynn County Board of Commissioners and its agents any and all information that they may request. I hereby release my former employers from liability for providing such information.

Full Name (First, Middle, Maiden, Last)	License Number	Date of Birth
Street Address	City, State, Zip	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature and Seal

\_\_\_\_\_  
Date



**GLYNN COUNTY BOARD OF COMMISSIONERS  
VOLUNTEER FIREFIGHTER APPLICATION**

**GLYNN COUNTY BOARD OF COMMISSIONERS  
HUMAN RESOURCES DEPARTMENT  
CONSENT TO CHECK CRIMINAL RECORDS**

I hereby authorize the Glynn County Board of Commissioners to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_ Full Name (First, Middle, Maiden, Last)

\_\_\_\_\_ Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_ Sex \_\_\_\_\_ Race

*This information is requested for the purpose of employment. It will not be used for any other purpose.*

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

\_\_\_\_\_ Notary Signature and Seal \_\_\_\_\_ Date

My Commission Expires \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_