

**City of Wrens Fire Department**  
**An Equal Opportunity Employer**  
**Application for Employment**

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.  
The City of Wrens is an equal opportunity employer.

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

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

Date of Birth: \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

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

Circle One

Are you 18 years of age or older? .....Yes No

Are you a legal U.S. citizen or possess valid documentation to be legally employed in GA? ..... Yes No

Have you been convicted of a felony within the last 10 years? .....Yes No

Do you have a valid driver's license? .....Yes No

Will you consent to a criminal history search? .....Yes No

Will you consent to a drug screen? .....Yes No

Do you have a high school diploma or GED? .....Yes No

Do you have any medical or physical conditions that would interfere with your performance of the duties as a firefighter? .....Yes No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current employer:

May we contact your current employer? ....Yes No

Employer phone # \_\_\_\_\_

Do you have a means of transportation? ....Yes No

Volunteer position only:

Would your current employer allow you to leave work for firefighting/rescue emergencies? ..... Yes No

Please list any specialized skills or certifications which may be useful to the fire department.

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\_\_\_\_\_

Use reverse side if necessary

References:

Name: \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_

Name: \_\_\_\_\_ # \_\_\_\_\_