

Application for Employment

Jackson Trail Fire Department
3345 Jackson Trail Road
Jefferson Ga., 30549

Equal access to programs, services, and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department

Please print

Position(s) applied for _____ Date of application ____ / ____ / ____.

Referral Source ☐ Advertisement ☐ Employee ☐ Relative ☐ Government Employment Agency
☐ Walk-in ☐ Private Employment Agency ☐ Other (Name Source if Applicable)

Name (last, First, Middle) _____

Address _____

Telephone(____) _____ DOB: _____ SSN: _____ - _____ - _____.

Best time to call you at home is. _____ : _____ am/pm Best time to call you at work is. _____ : _____ am/pm

May we contact you at work? ☐ Yes ☐ No Work Telephone (____) _____.

Email Address: _____

Have you filed an application here before? ☐ Yes ☐ No

If yes, provide date ____ / ____ / ____ . Have you ever been employed here before? ☐ Yes ☐ No

If yes, provide dates.....From ____ / ____ / ____ To ____ / ____ / ____.

Are you legally eligible for employment in this country? ☐ Yes ☐ No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work. ____ / ____ / ____

Type of employment desired. ☐ Part Time ☐ Volunteer

Are you on Lay-Off and subject to recall? ☐ Yes ☐ No

Will you travel if job requires it? Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work over time if required? ☐ Yes ☐ No

Have you ever been bonded? ☐ Yes ☐ No

Have you been convicted of a felony in the past seven (7) years? ☐ Yes ☐ No
(Such a conviction may be relevant if job required, but does not bar you from employment)

If yes, please explain _____

Drivers license number (if job related) _____

State _____

Jackson Trail Fire Department is an Equal Opportunity Employer

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section.

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
Address	From	To	
Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities.
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Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

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Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

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Telephone ()	Starting Hourly Rate/ Salary		
Job Title	\$	per	
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Final Hourly Rate/ Salary		
	\$	per	
May we contact for reference? Yes No	\$	per	

Educational Background

A. List the last three (3) schools attended, starting with the most recent. B. List the number of years completed. C. Indicate degree or diploma earned, if any .D. Grade Point Average or Class Rank. E. & F. Major and minor fields of study (if applicable).

A. School	B. Years completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	F. Minor

List any Foreign Language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable list the school or personal references who are not related to you.

Name	Telephone	Years Known

List Professional, Trade, Business, or Civic associations and any other offices held. (Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List any accomplishments, publications, awards. (Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's services if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances on the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for accommodation that would be required by the ADA.

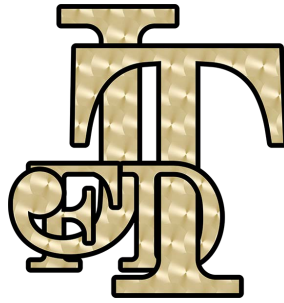
Jackson Trail Fire Department(JTFD) maintains a Drug Free Workplace Policy and applicants may be subject to drug and alcohol testing.

With your consent Jackson Trail Fire Department(JTFD) may conduct a criminal history background check on you.

Are you related to any current JTFD Employee? Yes No

If so, what is their name and what is their relation to you_____

Signature of Applicant_____ / _____ / _____



ATTENTION

When submitting your application, you also must furnish us with a copy of a valid driver's license and a Social Security Card.

You must also sign and complete a criminal background history and drivers history consent forms. These will be ran through the Jackson County Sheriffs Office. You must have a clean criminal history record with no felonies within seven(7) years and a clean seven(7) year driving history to be considered for employment.



Notice of Nondiscrimination Under the Americans with Disabilities Act

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 (“ADA”), Jackson Trail Fire Department(JTFD) will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: Jackson Trail Fire Department(JTFD) does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

Effective Communication: Jackson Trail Fire Department(JTFD) will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in JTFD’s programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modification to Policies and Procedures: Jackson Trail Fire Department(JTFD) will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in Jackson Trail Fire Department(JTFD)offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Jackson Trail Fire Department(JTFD), should contact the office of the ADA Coordinator, at (706) 342-4373, as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require Jackson Trail Fire Department(JTFD) to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of Jackson Trail Fire Department(JTFD) is not accessible to persons with disabilities should be directed to the ADA Coordinator, at (706) 342-4373.

Jackson Trail Fire Department(JTFD) will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Jackson Trail Fire Department to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☒ This authorization is valid for 90 days from date of signature.

☒ I, _____, give consent to the above-named
entity to perform periodic criminal history background checks for the duration of my employment.

Signature Date

Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: Time of Inquiry: Operator's Initials:

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: Jackson Trail Fire Department

Wanting Agency Telephone: 706-367-9557

Agency Designee Signature and Title

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

Georgia Driver's History Consent Form

I hereby authorize the _____ Jackson Trail Fire Department _____

to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Name (Print)

Sex

Date of Birth

Driver's License Number

Signature

Date