

LaFayette Fire Department

Application

For

Volunteer Firefighter



You must be at least 18 years of age to be considered for membership.

All candidates for membership are subject to provide a physical examination report verifying fitness for duty.

All candidates for membership are subject to submit to a drug screening test at departments' discretion.

All candidates for membership are subject to successful completion of a physical agility test prior to acceptance.

All candidates for membership are subject to submit to a GA Criminal Background Check.

All Candidates for membership must possess a High School Diploma or GED.

Please print neatly using black ink and provide all information requested.

Attach copy of High School Diploma or GED.

Attach copies of any certificates you have earned relating to firefighting.

Return this completed application during normal business hours to:

LaFayette Fire Department

208 N. Main St.

LaFayette GA 30728

(706)639-1555

Date of Application _____

Personal Information

Social Security Number _____ Date of Birth _____

Name (Last, First Middle) _____

Street Address _____

City _____ State _____ Zip _____

Phone Number: Day _____ Evening _____

Drivers License Number _____ State _____ Class _____

Do you have the legal right to work permanently in the U.S.? _____ If no, explain _____

Have you previously been a member of LFD? _____ If yes, when _____

Do you have any relatives or acquaintances who are members of LFD? _____

Name _____ Relationship _____

Name _____ Relationship _____

Do you now or have you ever had any problems with the following?

Type Problem	Yes	No	Explanation
Color Blind			
Hearing			
Respiration			
Heart			
Spine			
Hands			
Arms			
Legs			
Feet			
Abdomen			
Eyes			
Nose			
Throat			
Hernia			

Educational Background

High School Attended _____ Circle Last Year Completed 1 2 3 4
Degree Received (Type) _____ Date Completed (Year) _____

College Attended _____ Circle Last Year Completed 1 2 3 4
Degree Received (Type) _____ Date Completed (Year) _____

Other Attended _____ Circle Last Year Completed 1 2 3 4
Degree Received (Type) _____ Date Completed (Year) _____

Describe any special training that you have received that would be beneficial for
firefighting: _____

Employment Experience

(Start with present position and work back)

Employer: _____ Address: _____
Job Title: _____ Supervisor: _____ Phone: _____
Reason for Leaving: _____
Dates Employed: From _____ To _____

Employer: _____ Address: _____
Job Title: _____ Supervisor: _____ Phone: _____
Reason for Leaving: _____
Dates Employed: From _____ To _____

Employer: _____ Address: _____
Job Title: _____ Supervisor: _____ Phone: _____
Reason for Leaving: _____
Dates Employed: From _____ To _____

May we contact your present employer? _____ Your previous employer(s)? _____

Can you be relieved of duty at your regular job without loss of pay? _____

Firefighting Experience

Name of Fire Department: _____
 Dates you were a member: From _____ To _____
 Highest Position Held: _____ For How Long? _____

Name of Fire Department: _____
 Dates you were a member: From _____ To _____
 Highest Position Held: _____ For How Long? _____

References: (That are not relatives)

Name: _____ How Long Known: _____
 Address: _____ Phone: _____

Name: _____ How Long Known: _____
 Address: _____ Phone: _____

Name: _____ How Long Known: _____
 Address: _____ Phone: _____

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, LaFayette Fire Department, or its agents may request information from my previous employers, schools, and references and persons or corporations who provide information related to my previous employment, my educational background, and references will be released from any liability or damage. Also, I agree to undergo a medical examination and drug screening, if required, and understand that approval must be obtained before membership can be affected. I understand that if I am granted membership, LaFayette Fire Department reserves the right to terminate my membership whenever the need arises.

Signature: _____ Date: _____

Witness: _____ Date: _____

Internal Use Only	Date	Action
Satisfactory Reference Reports		
Favorable reports from outside agencies on verification of information supplied		
Passed Physical Exam (if required)		
Passed Drug Screening (if required)		
Passed Physical Agility Test (if required)		
GA Criminal Background Check (if required)		
High School Diploma/GED Checked		
Firefighting Certificates Checked		