

# CATOOSA COUNTY FIRE DEPARTMENT

## Application for Volunteer Membership

Please PRINT all information.

Personal Information					
Last Name:	First Name:	Full Middle Name:			
Current Address (No P.O. Boxes):			Sex Male                      Female		
Home Phone:	Work Phone:	Cell Phone:			
Alternate Phone:	Email Address:				
Military Service					
Have you ever served in the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "yes", branch: _____					
Dates of Service: from / / to / /                      Type of Discharge: _____					
Employment History					
Present Employer:		Supervisor's Name:		Supervisor's Phone:	
Work Address:			Position Held:		
			How Long With Present Employer:		
Work Schedule:		Shift Length:			
Straight Days	Straight Nights	8 Hour Shifts	12 Hour Shifts		
Straight Evenings	Rotating Shifts	10 Hour Shifts	24 Hour Shifts		
If less than five (5) years with present employer, list previous employer(s)					
Employer Name:		Address:			
Phone:		Reason for Leaving:			
Employer Name:		Address:			
Phone:		Reason for Leaving:			
Employer Name:		Address:			
Phone:		Reason for Leaving:			
Education					
Institution Name	State	Dates of Attendance		Did you Graduate?	
		From	Until		
High School					
College					
College					
College					
If you did not graduate from high school, did you attain a GED?				YES	NO
If yes, in what state did you receive your GED _____					

## Fire Fighting Experience and Training

Have you previously been a member of one (1) or more Fire Departments?		YES	NO
Fire Department Name	Address	From	Member Until

Have you attended any fire fighting schools previously?    YES    NO

If yes, include copies of any certificates you have received with this application.

### References

Have you previously applied for membership with Catoosa County Fire Department?	YES	NO
Are you now a member of another Fire Department?	YES	NO
List any members of the Catoosa County Fire Department with whom you are acquainted.		

List three (3) references, other than relatives and any named above.

Name	Address (Street, City, State, Zip)	Phone

### Emergency Contact Information

Name	Phone	Relationship

### Statement of Veracity

**Review your answers carefully and read the statement below before signing:**

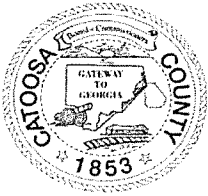
I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions completely and truthfully.

I understand that failure to answer all questions completely and truthfully will subject me to dismissal from Catoosa County Fire Department.

Applicant's Signature

Date



# Catoosa County Fire Department

5255 Evitt Street  
Ringgold, GA 30736  
(706) 935-2001 • Fax: (706) 965-7414

To Whom It May Concern:

Attached is my application for volunteer membership with the Catoosa County Fire Department. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with the Catoosa County Fire Department.

I also certify that I am at least eighteen (18) years of age; a citizen or legal resident of the United States; a resident of Catoosa County or in its vicinity; hold a current Georgia or Tennessee driver's license; have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the Catoosa County Fire Department. I also consent to the interview of any references provided herein, and to a background investigation. I understand that I may be subject to an agility test, a physical examination and a drug screen.

I fully understand that should any information found herein be investigated and found to be false, that I will be subject to immediate dismissal from the Catoosa County Fire Department without recourse.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

## **IMPORTANT!!!**

Deliver or mail this application to the Catoosa County Fire Department, Station 1 or to the Catoosa County Human Resources Department.

Catoosa County Fire Department  
Station 1  
5282 Evitt Street  
Ringgold, GA 30736

Catoosa County Human Resources  
800 Lafayette Street  
Ringgold, GA 30736

## Checklist Of Items To Include With Application

- A copy of your driver's license
- A copy of your High School Diploma or GED certificate
- Copies of fire service training records and certificates

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Catoosa County Sheriff's Department to conduct an  
Criminal Justice Agency  
 inquiry and receive any Georgia criminal history record information pertaining to me which may be  
 contained in the files of any state or local criminal justice agency in Georgia.

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

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform  
 periodic criminal history background checks for the duration of my employment with this company.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only

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

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

\_\_\_\_\_  
 Agency Designee Signature and Title

\_\_\_\_\_  
 Date

**CATOOSA COUNTY GOVERNMENT**  
800 LaFayette Street  
Ringgold, GA 30736  
706-965-2500

**Authorization to Release Information on Driving History**

I hereby authorize the Catoosa County Government Human Resources Department or other authorized representative of Catoosa County bearing this release or copy thereof, 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 Catoosa County Human Resources Department.

Consent is granted for Catoosa County to furnish such information as described above, to third parties in the course of fulfilling its official responsibilities. This form shall be valid over the course of my **employment or volunteer services while authorized to drive county vehicles owned by Catoosa County.**

**Print Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State where issued:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Full Name/Signature** \_\_\_\_\_

**NOTARY NAME** \_\_\_\_\_

**NOTARY SEAL**

**COMMISSION EXPIRES** \_\_\_\_\_

\*\*\*\*If signed in the presence of a Catoosa County Administration employee or department head notary signature is not required.

Name of Catoosa County Administration/Department Head witness

\_\_\_\_\_

## CATOOSA COUNTY GOVERNMENT

### PRE-EMPLOYMENT POST-OFFER DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Catoosa County Government in the selection process of applicants for employment, for the purpose of determining the drug content thereof. I agree that the designated collection site(s) may collect these specimens for these tests and forward them to a testing laboratory designated by Catoosa County Government for analysis. I further agree to and hereby authorize the release of the test results to Catoosa County Government Human Resources Department. I understand that it is the use of illegal drugs or misuse of prescription drugs that would prohibit me from being employed at Catoosa County. I further agree to hold harmless Catoosa County and its agents (including any designated collection site) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Catoosa County's consideration of my application for employment. I further agree that a reproduced copy of this Pre-employment Post-offer Drug Testing Consent and Release Form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and I have not been coerced into signing this document by anyone. A copy of Catoosa County's Pre-employment Post offer Drug Testing Policy, which more fully sets forth the terms of this program, is available to me upon request.

APPLICANT: Print Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Witness Signature \_\_\_\_\_

Guardian Signature (if applicant/employee under 18) \_\_\_\_\_

**EEO-4 SELF-IDENTIFICATION FORM  
PLEASE COMPLETE AND RETURN**

**KEEP THIS SEPARATE FROM YOUR EMPLOYMENT APPLICATION**

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**Please Print**

**Position Applying For:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please indicate your gender and choose from one of the seven racial/ethnic categories below.**

**Circle One:**  Male       Female

**Race/Ethnicity Categories: (Please self-identify as defined below)**

- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race, such as Moroccan or Belizean.
- White (not of Hispanic Origin)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa which includes people who identify as White, Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
- Black or African American (not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa which includes people who identify as Black, African American, Nigerian, or Haitian..
- Asian** –(not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands which includes people who identify as Native Hawaiian, Guamanian or Chamorro, Samoan, Tahitian, Mariana Islander, or Chuukese.
- Two or More Races (not Hispanic or Latino)** – A person who identified with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.