



## APPLICATION FOR EMPLOYMENT

Putnam County Fire Department

117 Putnam Drive, Suite A

Eatonton, Georgia 31024

(706) 485-0469

### PLEASE PRINT OR TYPE ALL INFORMATION

Position applied for : Full-time Firefighter \_\_\_\_ Part-time Firefighter \_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
How did you learn about the position?                      Advertisement                      Friend                      Walk-In

Employment Agency                      Relative                      Other: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
Last Name                                              First Name                                              Middle Name

\_\_\_\_\_  
Address, Street, P.O. Box                                              City                                              State                                              Zip Code

\_\_\_\_\_  
Telephone Number(s)                                              Email Address

\*\*\*\*\*

If you are under 18 years of age, can you provide required  
proof of your eligibility to work?    YES    NO

Describe any specialized training, apprenticeship, skills and  
job qualifications:

Have you ever filed an application with us before?  
YES                      NO

If YES, give date. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

May we contact your present employer?  
YES                      NO

Please list any equipment you can operate:

Are you prevented from lawfully becoming employed in this  
country because of Visa or Immigration Status?

YES                      NO

(Proof of citizenship or immigration status will be required  
upon employment.)

\_\_\_\_\_  
\_\_\_\_\_

On what date would you be available for work?  
\_\_\_\_\_

List professional, trade, business or civic activities and offices  
held. (You may exclude membership which would reveal  
gender, race, religion, national origin, age, ancestry, disability  
or other protected status.)

Are you available to work: *(check all that apply)*

Full-Time                      Part-Time                      Temporary

Are you currently on "Lay-Off" status and subject to recall?  
YES                      NO

State any additional information you feel may be helpful to us  
in considering your application:

Have you been convicted of a felony within the last 7 years?  
YES                      NO

If YES, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

High School: \_\_\_\_\_

Years completed \_\_\_\_\_ Degree/Diploma \_\_\_\_\_  
\*\*\*\*\*

Undergraduate  
College: \_\_\_\_\_

Years completed \_\_\_\_\_ Degree/Diploma \_\_\_\_\_  
\*\*\*\*\*

Graduate Professional: \_\_\_\_\_

Years completed \_\_\_\_\_ Degree/Diploma \_\_\_\_\_  
\*\*\*\*\*

EMPLOYMENT EXPERIENCE

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Dates: From To Salary: From To

\_\_\_\_\_  
Reason for leaving

\*\*\*\*\*

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Dates: From To Salary: From To

\_\_\_\_\_  
Reason for leaving

\*\*\*\*\*

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Dates: From To Salary: From To

\_\_\_\_\_  
Reason for leaving

\*\*\*\*\*

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title Supervisor

\_\_\_\_\_  
Dates: From To Salary: From To

\_\_\_\_\_  
Reason for leaving

REFERENCES

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Address  
\*\*\*\*\*

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Address  
\*\*\*\*\*

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Address  
\*\*\*\*\*

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that Putnam County maintains a drug free workplace policy and that Putnam County requires that every newly hired employee be free of alcohol and other drug abuse. Each offer of employment shall be conditioned upon the passing of a breath, saliva, blood and/or urine test for alcohol and other drugs. I understand that the County will not hire any applicant who fails to pass the pre-employment alcohol and other drug tests. I understand that this employer participates in the E-Verify Program and that I must provide proper documentation that I am legally allowed to work in the United States.

\_\_\_\_\_  
Signature of Applicant Date  
\*\*\*\*\*

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: YES NO  
Remarks: \_\_\_\_\_

Employed: YES NO

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

BY: \_\_\_\_\_  
Name and Title Date