

Walker County Emergency Services Application Packet

All of your signatures must be witnessed and notarized. If you do not know a Notary Public, we will provide the service for free. Please do not pre-sign without a Notary Public present.

If applying for a **Career position**, please include copies of the following information:

- Driver's License
- Birth Certificate
- Social Security Card
- High School Diploma or College Transcripts
- Current Firefighter/EMS Certifications
- Optional: Resume, not to exceed two pages

If applying for a **Volunteer position**, please include copies of the following information:

- Driver's License with your current address printed on it
- High School Diploma, GED or College Transcripts

Applications should be sent to the attention of Sharleen Robinson, Human Resources Director. They may be mailed or dropped off.

Mailing address:

P.O. Box 445
LaFayette, GA 30728

Physical address:

101 S. Duke Street
LaFayette, GA 30728

Incomplete applications will not be process. Thank you for showing interest in joining our Department. We look forward to receiving your applications.

If you have any questions, feel free to call Fire Headquarters at 706-539-1255 and select Option 1.

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Date _____

Last

Middle

Street

State

Zip

Street

State

Zip

Are you 18 years or older?

☐ Yes☐ No☐ Yes☐ No

Position / Station

Date you can start

☐ Career

☐ Volunteer

If so, may we inquire of your present employer?

Where?

When?

EDUCATION

Name / Location of School

years attended

Did you graduate?

Subjects Studied

High School

College

Trade or
Business School

Previous Firefighting/Rescue/EMT experience:

Special Skills / Certifications Held:

Activities (Civic, Athletic, etc.):

(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members)

US Military or
Naval Service

Rank

Present Membership in
National Guard or Reserves

FORMER EMPLOYERS (List below last three employers, starting with current)

Date Month and Year	Name and Address of Employer	Salary (Career App. Only)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Contact Number	Years Acquainted
1			
2			
3			

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment/volunteer status may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment/volunteer status and compensation can be terminated, with or without cause, and with or without notice, at any time by Walker County Emergency Services. I agree to conform to all WCES and Walker County Government rules and regulations."

Date

Signature

**** This section to be completed by Walker County Emergency Services ****

Interviewed by

Date

Remarks

Neatness

Ability

Hired: ☐ Yes ☐ No ☐ Career ☐ Volunteer

Position

Station

If Career: Salary / Wage

Date Reporting to Work

Approved / Rank

Fire Chief

Chief of Training

Fire Marshal

FAMILY MEMBERS WORKING AT WALKER COUNTY

Name: _____

Relationship: _____

Department: _____

Position: _____

Cellular: _____

Name: _____

Relationship: _____

Department: _____

Position: _____

Cellular: _____

Name: _____

Relationship: _____

Department: _____

Position: _____

Cellular: _____

Name: _____

Relationship: _____

Department: _____

Position: _____

Cellular: _____

Name: _____

Relationship: _____

Department: _____

Position: _____

Cellular: _____

Walker County Emergency Services
Criminal / Drivers History Consent Form

I, _____
Last Name First Name Middle Name

Race: _____ Height: _____

Sex: _____ Weight: _____

DOB: _____ Eye Color: _____

SSN: _____ Hair Color: _____

DL # _____ (If different from SSN)

Do Hereby Authorize:

Walker County Emergency Services
Name of Agency / Individual

Assistant Chief Waymond Westbrook
Name of Person to Pick-up Record

107 Alex Drive
Street Address

Chickamauga Georgia 30707
City State Zip Code

**To receive my criminal history record from the Georgia Crime Information Center.
To receive my driver's history record from the Georgia Department of Driver's
Services.**

Signature of Person

Notarized:

Seal Required

**Unless all blanks on this form are completed and form is notarized, no information
will be furnished.**

WCES CASE # _____

Standard Operating Guidelines (SOGs) Agreement

I hereby agree to abide by all policies, guidelines and procedures of Walker County Emergency Services during my affiliation with this department. I also agree to all disciplinary procedures of Walker County Emergency Services should I fail to abide by such policies, guidelines and procedures.

By signing this agreement, I hereby state that I will read and understand the following SOGs prior to membership:

#96-17 Uniform Dress and Grooming Code

#02-01 Member Misconduct and Disciplinary Action

#03-01 Sexual Harassment

#03-06 Drug/Alcohol Testing

Signature

Witness

Consent for Drug Testing

The undersigned applicant for a position with the Walker County Emergency Services understands and agrees to voluntarily submit to the collection of blood and/or drugs, if any prior to being accepted for employment.

The undersigned person also understands and agrees to voluntarily submit to the collection of blood and/or urine samples for the purpose of determining the presence of alcohol and/or drugs, if any, on a random testing basis, if instituted by the Chief and/or pursuant to an administrative investigation at any time during employment with the Walker County Emergency Services.

The undersigned also understands and agrees to the release of any and all information obtained relevant to the alcohol and/or drug testing and understands that refusal to participate and/or positive test results may be grounds for termination.

Signature of Applicant

Witness

AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize a review of and a full disclosure of all records concerning myself to the Walker County Emergency Services.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial statements and records wherever filed; and the U.S. Veteran's Administration; employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me whether representing me or another person in any case either criminal or civil, in which I presently have or have not had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Walker County Emergency Services office. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant

Social Security Number

Witness

DRIVER'S HISTORY AUDIT

The undersigned applicant for a position with the Walker County Emergency Services understands and agrees to voluntarily submit to annual driver's history audits for members. Walker County Emergency Services may periodically request a driving history report (MVR) for all members to confirm the continued good standing of any member. The applicant is further notified that if membership is declined for any reason no additional reports will be authorized by Walker County Emergency Services. The initial MVR is used to determine membership eligibility. Any subsequent MVR will be used for insurance underwriting purposed to determine driver eligibility.

Signature of Applicant

Witness

Walker County Emergency Services

Informed Consent for Hepatitis B Vaccine (Recombinant)

Name: _____

Station Number _____

Instructions: Initial the following statements that apply. Sign and date this form at the bottom and include any allergies that you may have.

I _____ (initials) have been informed by Walker County Emergency Services that I am employed in a position designated as high risk for exposure to Hepatitis B. Since I am at an increased risk of acquiring Hepatitis B, I have been offered the vaccine to immunize me against this disease, free of charge.

I _____ (initials) have been advised that I could have a minor reaction to this vaccine. The most common reactions are injection site soreness or fatigue. Less common reactions include induration, redness, swelling at injection site, fever, headache and/or dizziness. I have also been advised that the immunogenicity of this vaccine at seven (7) months following the series of three (3) injections described below is ninety-six percent (96%).

I _____ (initials) understand that immunity should be provided by three (3) injections consisting of an initial injection of the Hepatitis B vaccine followed by another in one (1) month and the last in six (6) months. I understand it is my responsibility to follow through with the series as recommended.

I _____ (initials) request to be immunized with the Hepatitis B vaccine.

Signature

Date

Witness Signature

Date

Allergies: _____

****We must have on file a copy of the card you receive when you complete the series.**

Walker County Emergency Services
Vaccination Declination for Hepatitis B Vaccine
(Recombinant)

I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signature

Date

Witness Signature

Date

Applicant Affirmative Action Program

Self Identification Form

Required Information

Name _____ Date _____

Position for which you are applying _____

Voluntary Information

To comply with the regulations for Equal Employment Opportunity and Affirmative Action (EEO/AA), Walker County Government (WCG) must track all our applicants by gender, race/ethnicity, veteran status, and the position for which they applied. We are an organization that values diversity and encourages women, minorities, and veterans to apply. For this reason, we invite you to indicate your gender, race/ethnicity, and veteran status below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department and will be used only for the necessary statistical information to include in our Affirmative Action Program and reporting to the government. When reported, data will not identify any specific individuals.

Gender

☐ Male ☐ Female

Race/Ethnic Identification Please check one box only.

☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White** (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American** (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or other Pacific Islander** (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **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, including, for example, 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.

☐ **Two or More Races** (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

☐ I choose not to self-identify.

Veteran Status

This company is also subject to the **Vietnam Era Veterans' Readjustment Assistance Act of 1974**, as amended by the **Jobs for Veterans Act of 2002**, 38 U.S.C. 4212 (VEVRAA), which requires organizations receiving Federal funds to take affirmative action to employ and advance in employment veterans in the following classifications:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As an organization subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I identify as one or more of the classifications of protected veteran listed above.

☐ I am not a protected veteran.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.