



# Walton County Fire Rescue Background Questionnaire

# Walton County Fire Rescue

## Walton County Civil Service Personnel Rules and Regulations Recruitment and Selection

1. **Objective** - The policy of Walton County is to hire individuals based on merit and fitness, free of personal and political consideration as determined by standards of education, experience, aptitude, and character. All decisions regarding the recruitment, selection, and placement of employees are made on the basis of job related criteria, and the needs of the County.
2. **Equal Employment Opportunity** - Equal opportunities for employment, promotion, and other personnel transactions shall be offered on a non-discriminatory basis without regard to race, color, religion, national origin, gender, age, or disability. It is the policy of Walton County to select, develop, and promote employees based on individual ability and job performance.

# Walton County Fire Rescue

## Applicant's Questionnaire

*(Please print or type all responses. All questions should be answered completely)*

Position Applied For: \_\_\_\_\_

Fulltime: \_\_\_\_\_ Yes \_\_\_\_\_ No

Temporary: \_\_\_\_\_ Yes \_\_\_\_\_ No

Volunteer: \_\_\_\_\_ Yes \_\_\_\_\_ No

### A. Personal Information

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Date of Birth: \_\_\_\_\_

3. Place of Birth: \_\_\_\_\_  
City State Country

4. Are you a legal US citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Social Security Number: \_\_\_\_\_

6. Height: \_\_\_\_\_ Weight: \_\_\_\_\_

7. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

8. Address: \_\_\_\_\_  
(Number) (Street) (Apartment #)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Home Phone) (Cell Phone) (Business Phone)

9. Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married  
\_\_\_\_\_ Separated \_\_\_\_\_ Divorced

10. If Married, the Address of your Spouse, if different from yours:

\_\_\_\_\_  
(Number) (Street) (Apartment #)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Home Phone) (Cell Phone) (Business Phone)

11. Emergency Contact (someone not in your immediate household):

(Number)	(Street)	(Apartment #)
(City)	(State)	(Zip Code)
(Home Phone)	(Cell Phone)	(Business Phone)

12. Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No. If Yes Explain

<u>Date Charged</u>	<u>Disposition of Case</u>	<u>Arresting Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Education:

13. Circle the Highest Year Completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

High School Equivalency? \_\_\_\_ Yes \_\_\_\_ No

High School Graduate? \_\_\_\_ Yes \_\_\_\_ No

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

Address: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

College Graduate? \_\_\_\_ Yes \_\_\_\_ No

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Degree/Course of Study: \_\_\_\_\_

Vocational/Technical School Graduate? \_\_\_\_ Yes \_\_\_\_ No

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Degree/Course of Study: \_\_\_\_\_

C. Employment

14. What is your present occupation or calling?

---

15. Do you have any relatives who work with this department?  Yes  No

*If yes, list their name(s) and your relationship:*

---

16. Are you leaving your current job for this position?  Yes  No

*If yes, explain why you are leaving:*

---

17. Have you ever been reprimanded for being late or absent?  Yes  No

*If yes, explain:*

---

---

18. Have you ever been reprimanded for misconduct or not doing your job?

Yes  No *If yes, explain:*

---

---

19. Have you ever had arguments concerning job duties or working conditions?

Yes  No *If yes, explain:*

---

---

20. Have you ever experienced shift work?  Yes  No

*If yes, explain:*

---

D. Work Safety

21. Have you ever been disciplined for unsafe work practices, or unsafe operations of tools, vehicles, or other equipment?  Yes  No

*If yes, explain:*

---

22. Have you ever injured yourself or another person on the job due to improper or unsafe work practices or unsafe operation of equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, explain:*

---

---

E. Military

23. Have you ever served in the military or naval organization of the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Branch	Dates	Highest Rank	Service Number
--------	-------	--------------	----------------

24. What type of discharge did you receive? \_\_\_\_\_

25. Are you, or have you, been a member of the National Guard or Reserves?  
\_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, give details:*

---

26. Has any disciplinary action been taken against you while a member of any military organization? \_\_\_\_\_ Yes \_\_\_\_\_ No *If Yes, give details:*

---

---

27. Are you still on active status in the National Guard or Reserve?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Branch	Rank	Location
--------	------	----------

H. Driving Record

28. Do you have a current driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

License Number	Class	State	Expiration Date
----------------	-------	-------	-----------------

29. Have you ever received any traffic citations? \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If Yes, give details:*

---

---

---

---

30. Have you ever been involved in a vehicle accident? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If Yes, give details:*

---

---

31. Has your license ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If Yes, give details:*

---

---

I. Training

32. Are you currently a certified firefighter in the State of Georgia? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your certification number? \_\_\_\_\_

33. Do you currently possess any of the following certifications? (*check all that apply*)

- \_\_\_\_\_ N.P.Q. FF 1
- \_\_\_\_\_ N.P.Q. FF 2
- \_\_\_\_\_ Hazmat Awareness
- \_\_\_\_\_ Hazmat Operations
- \_\_\_\_\_ Hazmat Technician
- \_\_\_\_\_ Fire Instructor 1
- \_\_\_\_\_ Emergency Medical Technician
- \_\_\_\_\_ Paramedic

34. List any certifications, special classes attended, seminars, etc. that you have attended or achieved. **PLEASE DO NOT ATTACH COPIES**

---

---

---

---

## J. Attachments

**Please include photocopies of the following documents to attach to this questionnaire:**

1. A copy of your High School Diploma or GED Certificate
2. A copy of your Birth Certificate
3. A copy of your Citizenship Papers (*if applicable*)
4. A copy of your Social Security Card
5. A copy of form DD-214 (*current and former Military Personnel only*)
6. A color copy of your current drivers license
7. A **Certified** Copy of your Driving history (MVR): obtained through the Department of Driver Services
8. Copy of your current EMT or Paramedic License and CPR card
9. Copy of completed Medical Affidavit (Attached)



# MEDICAL AFFIDAVIT

## MUST USE THIS FORM

**O.C.G.A. 25-4-8(a)(5)** requires that any person certified as a firefighter be in good physical condition as determined by a medical exam. The examining physician, physician assistant, or nurse operating under a physician's authority should complete this form.

**O.C.G.A. 25-4-31(a)** requires that any person assigned as an airport firefighter at any airport shall, as a minimum, meet the minimum physical fitness requirements as approved by the Georgia Firefighter Standards and Training Council.

**Note to medical personnel:**

This applicant, if certified, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not limited to the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non-emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

\_\_\_\_\_ is applying to become a certified firefighter. I have examined \_\_\_\_\_ and to the best of my knowledge this person is in good physical condition.

---

Facility/Office Address

City

State

Zip

---

Print Name: Physician, PA or Nurse (operating under a physician's authority)

---

Signature

Date

WALTON COUNTY FIRE RESCUE

REFERENCE RELEASE STATEMENT

I authorize the addressed individual, company or institution to furnish Walton County Fire Rescue with any information they may have concerning me, which they have on record or otherwise. I also release such individual, company, or institution and Walton County Fire Rescue from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

***Applicant—do not write below this line***

---

**To:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**From:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Att: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

The job applicant named above has applied for employment with Walton County Fire Rescue and lists your organization as a present or previous employer. We would very much appreciate your help and cooperation by candidly evaluating this applicant's performance while employed by your organization. You may return this form to us by mail (address above), by fax, or call our representative named above.

<b>Please rate the following</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Responsiveness to Supervision				
Cooperation				
Quality				
Quantity of Work				
Timeliness of Work				
Attendance/Punctuality				

Dates of employment: from: \_\_\_\_\_ to: \_\_\_\_\_ Position: \_\_\_\_\_

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

Would you reemploy? \_\_\_\_\_ If not, why not? \_\_\_\_\_

Other pertinent comments: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Thank you for your time and cooperation\*\*\*\*\*

**AUTHORITY TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby authorize Walton County Fire Rescue, or other authorized representative of Walton County Fire Rescue bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment and/or educational records; including, but not limited to, academic achievement, attendance, athletic, and disciplinary records.

I hereby direct you to release such information upon request of bearer. This release is executed with full knowledge and understanding the information is for the official use of Walton County Fire Rescue. Consent is granted for Walton County Fire Rescue to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or their education institution, or other consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually or collectively, from any and all liability for damages of whatever kind; which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of this release, you may contact me at the address indicated below.

I understand my application will be subject to verification through a comprehensive background investigation.

Falsification and/or misrepresentation of facts during any phase of the employment process will be grounds for termination of applicant's employment process and/or dismissal.

\*\*\*\*\*

FULL NAME: \_\_\_\_\_  
*Please Print or Type*

FULL NAME: \_\_\_\_\_  
*Signature*

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_  
*Must Have Signature, Date, and Seal*

**Applicant's Certification and Agreement  
Authorization to Release Information  
Conditions of Employment**

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsifications of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I also release all such parties from all liability for any damage, which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by Walton County Fire Rescue, I agree to conform to the policies, rules, and regulations of the government set forth in Walton County Fire Rescue SOG, Walton County employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employers at any time, at the employer's sole option.

I further acknowledge that if I become employed with Walton County Fire Rescue, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer until I become a non-probationary, regular employee.

If required by Walton County Fire Rescue for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR 180 DAYS ONLY, UNLESS RENEWED PERSONALLY BY ME IN WRITING.

.....

Before an applicant can be selected for employment with Walton County Fire Rescue, he/she must submit to a drug test. Should you be offered a job with Walton County Fire Rescue, your position may require random drug testing.

May we contact your present employer?  No  Yes  N/A

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

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

## Walton County Fire Rescue Consent Form

I hereby authorize Walton County Fire Rescue to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

---

Full Name Printed

---

Street Address

---

City

State

Zip

---

Sex

Race

Date of Birth

Social Security Number

---

Signature

---

Notary Signature

---

Date