



City of Hahira Fire Department
102 N. Owens Street
Hahira, Georgia 31632
(229) 794-2830



Application for Employment

Name: _____ DOB: _____

Address: _____

Contact phone #1: _____ Contact phone #2: _____

Do you have a valid Driver's License? _____ Class: ___ License #: _____

Have you been convicted of a felony in the past 10 years? _____ If yes, explain the offense: _____

Emergency contact: _____ Phone #: _____

Education

High school: _____ Diploma: Yes () No () GED Yes () No ()

College/Technical School: _____

Certifications you hold: _____

GFSTC#: _____

List any technical education you have that may help you in the duties you have applied for: _____

Job History

Current/Previous employer: _____

How long: _____ Position: _____

Current/Previous employer: _____

How long: _____ Position: _____

Current/Previous employer: _____

How long: _____ Position: _____

List any other positions that give you experience in the position you are applying for: _____

Medical

List any allergies you have: _____

Do you have any health issues associated with any of the following: Heart condition, back injury, asthma, hypertension: _____ If yes, please explain: _____

Do you have any medical problems that may prevent you from successfully completing your duties?

_____ If yes, please explain: _____

References

List the names and phone numbers of three people not related to you and have known you for at least three years:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

I, _____, do vow that all information given is true. In addition, I authorize the Hahira Fire Department to access any criminal history information pertaining to me contained in any local, State or Federal criminal history files. I further authorize the Hahira Fire Department to access my motor vehicle records to review my driving history. I also agree to meet all requirements and follow all standard operating procedures of the Hahira Fire Department.

Signed: _____ Date: _____