

TAYLOR COUNTY FIRE DEPARTMENT APPLICATION



NAME: _____ DATE: _____

Date of Birth: _____ Social Security #: _____

Address: _____ City: _____ State: ____ Zip: _____

Cell Phone #: _____ Carrier: _____ Email Address _____

Driver's License #: _____; (Class) _____ (State) _____

Are you currently under doctor's care for any of the following medical conditions which could affect your ability to perform the duties of a firefighter?

___ Heart Condition; ___ Hypertension; ___ Back Injury; ___ Chronic ailment;
___ Asthma; ___ Other _____

Will you be able to file an annual medical report from a qualified physician? _____

List any medications, materials, insects, etc. To which you may be allergic: _____

List any previous firefighting, support, or rescue work, department with, and supervisor: _____

Have you ever been convicted of a felony? _____; If yes, please explain _____

1st. Emergency Contact: (Name) _____

(Relationship) _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone #: _____

2nd. Emergency Contact: (Name) _____

(Relationship) _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone #: _____

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I, _____, do avow that all the information given is true. In addition, I authorize the Taylor County Fire Department Fire Chief, Assistant Fire Chief, and /or the County manager of Taylor County, Ga., to access any criminal history information pertaining to me, contained in any local, state, or federal criminal history files. I further authorize the Taylor County Fire Department to access my motor vehicle drivers records to review my drivers history. I understand that this authorization allows the review of my criminal and drivers records at any time during my association with Taylor County Fire Department.

I also agree to meet all the requirements and follow the standard operating procedures of the Taylor County Fire Department.

Signed: _____ Date: _____

Printed Name; (applicant) _____

Witness Signature: _____ Date: _____

Printed Name; (witness) _____

List the names, address, and phone number of three persons (professional references) who are not related to you and have known you for at least three years:

Name: _____; Telephone# _____

Address: _____

Name: _____; Telephone# _____

Address: _____

Name: _____; Telephone# _____

Address: _____

-----Departmental use only below this line-----

Accepted (yes) ____ (no) ____ Date: _____

Comments:

County Fire Chief Signed: _____

Date: _____

Printed: Jamason F. Byrd