## CITY OF ELLIJAY 197 NORTH MAIN STREET ELLIJAY, GA 30540 FIRE DEPARTMENT

## APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire – An equal opportunity employer (Please print clearly)

Date of Birth:				
Name:				
Last	First		Middle	
Address:				
Street		City	State	Zip
Phone: Home:	Cell:		_ Other:	
Marital Status:	Spouse Names	<b>.</b>		
State Certified: Yes No	Date Certified:_		State #:	
High School Graduate: Yes_	No GED: Y	es No	_	
Do you have any relatives er If yes, give name and relatio	1 , , ,	• • –		
Have you ever been convicted If yes, explain:	•		<del></del>	
Are you employed now: Yes Name and phone of employe	= '	-		
Have you ever been fired or	forced to resign by an	employer: Ye	es If yes, please ex	xplain:
Signature:				

Print, complete, and hand deliver to the City of Ellijay at the above address. Or, print, complete, scan to PDF and email to: PMDempsey@etcmail.com