

**City of Ellijay Fire Department
Volunteer Firefighter Application**

"The Mission of the City of Ellijay Fire Department is to reduce the loss of life, property and pain and suffering, in the safest and most economical way, through fire prevention, public education, rescue and fire control."

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home- _____ Work- _____ Cell- _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ Class: _____ Exp. Date: _____

Marital Status: _____ Spouse's Name: _____

Employer: _____ Occupation: _____

Number of Years With Employer: _____

Have you ever been convicted of a felony in the previous ten (10) years? Yes _____ No _____.

If yes, when and for what charges? _____

Do you have any previous firefighting experience? Yes _____ No _____.

If yes, please tell us where? _____

Are you under a doctor's care for any ailment or condition which would affect your abilities to perform the duties of a firefighter? Yes _____ No _____ If yes, please explain? _____

List any medications, food substances, insect bites, or other materials to which you are known to be hypersensitive: _____

I, _____, affirm that all information contained herein is true and correct to the best of my knowledge. Additionally, I authorize the City of Ellijay Fire Department or any of its agents to access any criminal or motor vehicle history which may be contained in local, state or federal computerized records or files, now and at any time during the length of my service with the City of Ellijay Fire Department for the purpose of maintaining my status as a member. I also understand that I must complete and pass a physical agility test and basic firefighter training within twelve months of membership unless such course is unavailable through the department. Further, I understand that it is my responsibility to read, understand, and meet all Standard Operating Procedures and rules and regulations of the City of Ellijay Fire Department.

Signed: _____ Date: _____