



SHIRLEY FRANKLIN
MAYOR

KELVIN J. COCHRAN
FIRE CHIEF

Firefighter-Emergency Medical Technician Employment Application Questionnaire

Acquired Certification Identification:

(Check the box next to any below listed certification you currently hold)

Currently Certified: **National Registry EMT-Intermediate** **or Paramedic**

State of Georgia EMT-Intermediate **or Paramedic**

Currently Certified: **State of Georgia Firefighter**

Currently Certified: **NPQ Firefighter II or Equivalent**

Currently Certified: **ARFF Firefighter**

Your application is valid for a period of 12 months only (from date application was stamped received). You must re-apply after your application has expired in order to continue to be re-considered for employment.

PLEASE FOLLOW ALL INSTRUCTIONS - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Applicant's Signature _____ **Date** _____

ATLANTA FIRE RESCUE

Minimum Qualifications

1. Applicants must be a legal resident of the United States of America.
2. Applicants must be 18 years of age or older.
3. Applicants must possess a High School Diploma or equivalent recognized by the Georgia Department of Education
4. Applicants must possess a valid driver's license.
5. Applicants with military experience must have been honorably discharged.
(Uncharacterized Discharges and Entry Level Discharges will be considered on a case by case basis)
6. Applicants must not have a felony conviction.
7. Applicants must have an acceptable driving history, criminal, financial and character background.
8. Applicants must successfully complete the candidate physical ability test, oral interview, medical evaluation, psychometric exam, psychological interview and polygraph test.

EMPLOYMENT QUESTIONNAIRE INSTRUCTIONS

All spaces on the attached forms must be filled out accurately and completely if they apply to you. ***Print answers to questions legibly with a black ballpoint pen or use a typewriter.*** It is to your advantage to be absolutely truthful in answering all questions on your application and in your interviews. A misstatement of fact or omission of requested information is grounds for automatic rejection before appointment or termination after employment. Any information intentionally misstated, omitted, or concealed may be reason to justify rejection. Again, we encourage you to be absolutely truthful. If space is insufficient to complete answers, attach supplementary pages.

Completed forms **MUST** be returned to the Atlanta Workforce Development Agency (AWDA) at the following address Monday thru Friday from 8:30 a.m. to 4:00 p.m.

Atlanta Workforce Development Agency
818 Pollard Boulevard, SE
Atlanta, GA 30315 (404) 658-9675
www.atlantaworkforce.org
(Located next to Turner Field)

The following documents must be included with the application package before being submitted for employment consideration.

1. **Completed** application package including Atlanta Workforce Development Agency's One-Stop online pre-application and **all** required documentation must be submitted to Atlanta Workforce Development Agency during the application period.
2. **Incomplete applications or missing documentation disqualifies the application from further consideration or processing.**

- **COPY OF HIGH SCHOOL DIPLOMA or HIGH SCHOOL TRANSCRIPT Or GED CERTIFICATE (4 Copies)**
- **COPY OF A.C.T., S.A.T, COMPASS, or ASSET SCORES & COLLEGE TRANSCRIPTS (2 Certified Copies)**
- **PHOTOCOPY OF VALID DRIVER'S LICENSE (4 Color Copies)**
- **COPY OF MOST RECENT DRIVER HISTORY REPORT (7 years)**
- **DD - 214 FORM MEMBER 4 (Veterans only)**
- **COPY OF BIRTH CERTIFICATE, not birth registration (4 Copies)**
- **COPY OF SOCIAL SECURITY CARD (4 Copies)**
- **NAME CHANGE DOCUMENTS (marriage license, court order, etc.)**
- **CITIZENSHIP PAPERS (if applicable)**
- **DOCUMENTATION RELATED TO ANY FINANCIAL HISTORY INVOLVING DELINQUENT CHILD SUPPORT INDICATING DISMISSAL OR AN APPROVED AND CURRENT PAYMENT PLAN.**
- **DOCUMENTATION RELATED TO ANY BANKRUPCY FILED INDICATING DISMISSAL.**
- **COPY OF CURRENT EMT-I OR PARAMEDIC CARD (if applicable).**
- **COPY OF GEORGIA FIREFIGHTER CERTIFICATION OR NPQ-2 / NPQ 2 EQUIVALENCY CERTIFICATION (if applicable).**

IMPORTANT NOTICE

Due to the large number of applications received, once you have been scheduled to participate in any testing phase of the selection process, it is imperative that you report as scheduled and on time. Rescheduling will not be considered, except for extreme emergencies (written proof shall be required). Conflicts with Department scheduling will be considered on a case-by-case basis. The Department reserves the right to refuse to test or reschedule any applicant who: fails to report for testing, reports after the designated time; or fails to notify the AWDA or AFR of the need to be rescheduled at least two (2) working days prior to the initial test date.

The City of Atlanta is an equal opportunity employer and does not discriminate on the basis of race, sex, age, religion or sexual orientation. Once appointed, all personnel must maintain continuous certifications as a Georgia Firefighter and Intermediate Emergency Medical Technician. While all qualified applicants are encouraged to apply, there is no appeal process for those applicants not selected.

Hiring Process for Firefighter-EMT Applicants

1. **Completed/notarized** application and **all** required documentation must be submitted to the Atlanta Workforce Development Agency during the period of application in January and July. **(Incomplete applications or missing documentation may disqualify the application from further consideration or processing).**
2. Attendance at the candidate physical ability test orientation.
3. Attendance at the candidate physical ability mentoring (optional)
4. Successful completion of the candidate physical ability test within 10 minutes and 20 seconds.
5. Acceptable criminal background investigation.
6. Acceptable character background investigation.
7. Acceptable financial background investigation.
8. Passing Compass / Asset test scores **or** acceptable SAT or ACT scores **or** transferable college Math and English grades of "C" or better.
9. Presentation of conditional job offer.
10. Acceptable psychometric examination score.
11. Polygraph test with no deception noted.
12. Acceptable psychological examination recommendation.
13. Acceptable medical examination.
14. Oral interview.

If you have any questions concerning the application process, you may call the AWDA at (404) 658-9675.

Affidavit

I have read the instructions for completion of the Atlanta Fire Rescue Department Firefighter-EMT application and I fully understand and will comply with all requirements of the hiring process.

Signature

Date

Witness

Date

If no, do you possess a GED certificate? Yes No
If yes, indicate name of institution: _____
Date received: _____

If high school diploma is awarded through a Correspondence Program, indicate the name of the Correspondence School and Accreditation.

School: _____

Accreditation: _____

5. Do you have any college experience? Yes No
If yes, indicate name of college: _____

Undergraduate degree earned? Yes No
If yes, indicate degree earned: _____ Date graduated: _____

Graduate degree earned? Yes No
If yes, indicate name of college: _____
If yes, indicate degree earned: _____ Date graduated: _____

GENERAL QUESTIONS

(Circle the appropriate answer)

1. As part of the selection process for firefighter applicants you will be required to a participate in a challenging physical ability test, a thorough medical examination by a physician (including a drug test), a thorough background investigation of your character, financial history and criminal background, a polygraph examination, a psychological evaluation by a psychologist and a written exam.

Do you have any objection to participating in any phase of the firefighter selection process? Yes No

2. Do you have any objection to wearing a uniform? Yes No

3. Is there any reason why you would be unable to work any assignment, shift, or day, including airport stations due to religious beliefs, childcare considerations, etc.?
Yes No

EMPLOYMENT HISTORY INSTRUCTIONS

In the spaces provided, list your complete work history in chronological order. Include in sequence: all part-time jobs which lasted only a very brief period of time; periods of self-employment; periods of unemployment; military service; and work in your family business. Start with your present position and work backwards. If you run out of space, use additional sheets of paper and attach.

ACCOUNT FOR ALL PERIODS OF EMPLOYMENT FROM THE TIME OF YOUR HIGH SCHOOL GRADUATION TO THE PRESENT. BE ADVISED TO WORK VERY CAREFULLY ON THE COMPLETION OF THIS SECTION, AS YOUR APPLICATION MAY BE SUSPENDED FOR THE FOLLOWING REASONS:

- FAILURE TO LIST JOBS IN THE PROPER ORDER
- FAILURE TO LIST ALL POSITIONS HELD
- FAILURE TO ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT
- LACK OF FULL DISCLOSURE OR UNTRUTHFULNESS

EMPLOYMENT HISTORY

From: _____ To: _____ Job Title _____
Name of Employer: _____
Street Address: _____ City: _____ ST: _____
Zip Code: _____ Telephone: () _____ - _____ Fax: () _____ - _____
Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____
Name of Employer: _____
Street Address: _____
Zip Code: _____ Telephone: () _____ - _____ Fax: () _____ - _____
Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

Zip Code: _____ Telephone: () _____ - _____ Fax: () _____ - _____

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

Zip Code: _____ Telephone: () _____ - _____ Fax: () _____ - _____

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

Zip Code: _____ Telephone: () _____ - _____ Fax: () _____ - _____

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

MILITARY

1. Have you ever served in a military or naval organization of the United States?

Yes No

If you answered no, continue on to the next section "Abuse of Legal Substances".

If you answered yes, **attach a copy of your DD-214** and ensure that it indicates your exact type of discharge received.

Give period or periods of active military service:

From: _____ To: _____ Rank Held: _____

From: _____ To: _____ Rank Held: _____

Were you ever convicted of a court martial, tried on charges or subject of a summary court martial, deck court, captain's mast, article 15, company punishment, or any other disciplinary action while a member of the armed services? Yes No

(If yes, explain on a continuation sheet)

Are you registered with the selective service?

Yes

No

ABUSE OF LEGAL SUBSTANCES

This section refers to legal substances such as: prescription medications; alcohol; inhalants; and over-the-counter drugs. Answer each question carefully and truthfully. **If you previously had a substance abuse problem, but the problem no longer exists, you should not be unduly concerned.**

1. Have you ever lost a job because of a substance abuse problem? Yes No
If yes, indicate which job and describe the circumstances: _____

2. During the last ten (10) years, approximately how many times have you used alcohol or other substances during work hours? (This would include during lunch or coffee breaks as well as while working). Circle the approximate number: **0-5 times** **5-10 times**
greater than 10 times

USE OF ILLEGAL SUBSTANCES

1. Have you ever sold or delivered illegal drugs? Yes No

2. Have you ever used marijuana? Yes No

If yes, when and what were the circumstances? _____

3. Have you ever used any other illegal drugs? Yes No

If yes, when and what were the circumstances? _____

4. Since the age of 13 years old, list below approximately how many times you have used illegal drugs.

DATE FIRST USED **DATE LAST USED** **NUMBER TIMES USED**

- Marijuana _____
- Hashish _____
- PCP _____
- Angel Dust _____

- THC _____
- LSD _____
- Mescaline _____
- Magic _____
- Mushrooms _____
- Psilocybin _____
- Heroin _____
- Cocaine _____
- Quaaludes _____
- Speed _____
- Uppers _____
- Downers _____
- Methamphetamine _____

CRIMINAL HISTORY

1. Have you ever been convicted of a crime? Yes No
 If yes, indicate offense, date and whether a misdemeanor or felony:

2. Have you ever committed any of the following criminal acts (whether arrested or not)?

- | | | | |
|---|-----|----|----------|
| • Breaking and Entering: | Yes | No | Your Age |
| • Drug Pushing:(Sales): | Yes | No | Your Age |
| • Possession of Narcotics: | Yes | No | Your Age |
| • Possession of Marijuana: | Yes | No | Your Age |
| • DWI or DUI: | Yes | No | Your Age |
| • Passing Bad Checks: | Yes | No | Your Age |
| • Burglary: | Yes | No | Your Age |
| • Armed Robbery: | Yes | No | Your Age |
| • Grand Theft Auto: | Yes | No | Your Age |
| • Shoplifting: | Yes | No | Your Age |
| • Assault: | Yes | No | Your Age |
| • Murder: | Yes | No | Your Age |
| • Theft From An Employer: | Yes | No | Your Age |
| • Extortion: | Yes | No | Your Age |
| • Illegal Possession of Controlled
Substance: | Yes | No | Your Age |
| • Sex Crimes
(Rape, Child Molestation, Incest) | Yes | No | Your Age |

- Aggravated Sodomy, etc.): Yes No Your Age
- Steal Anything: Yes No Your Age

- Domestic Violence: Yes No Your Age

FINGERPRINTED

Have you ever been fingerprinted?
If so, indicate below:

Agency: _____ Date: _____ Purpose: _____
 Agency: _____ Date: _____ Purpose: _____
 Agency: _____ Date: _____ Purpose: _____

DRIVING HISTORY

1. Did you ever possess an operator's license issued by any State other than Georgia? Yes No
 If yes, give State and license number: _____

2. Was your license ever suspended or revoked? Yes No
 If yes, give details: _____

3. Have you ever been convicted of driving under the influence of drugs or alcohol? Yes No
 If yes, give details: _____

FINANCIAL BACKGROUND

1. Do you currently have past due child support obligations? Yes No
 If you answered yes to the above question and you are working within a payment plan, attach documentation of the payment plan with your application.

2. Do you currently have civil actions against you (garnishments, liens, etc)? Yes No
 If you answered yes to the above question, please explain the circumstances below:

3. Have you ever filed for bankruptcy?

Yes

No

If you answered “yes” to the above question and it has been dismissed, attach your dismissal documentation with your application.

AFFIDAVIT

STATE OF GEORGIA

FULTON COUNTY

Now comes, first being duly sworn, who states: I do hereby certify that all answers and subsequent statements made in this questionnaire by me are true, accurate and complete. I further understand that any misstatements or misrepresentation of material facts may subject me to disqualification for consideration and/or dismissal from employment from the City of Atlanta Fire Rescue Department. Additionally, I am aware that any false statements in this document made by me for employment purposes may constitute a violation of the code of ordinance of the City of Atlanta and a violation of State law. Finally, I will affirm and agree to hold harmless the Atlanta Fire Rescue Department from any liability of damage or injury as a result of any physical testing in the recruitment-hiring process.

Further, affiant sayeth naught.

Print Full Name

Signature

Social Security Number

Sworn to and subscribed before me,

A Notary Public, this _____ of _____, 20 _____

Notary Public

ATLANTA FIRE RESCUE
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Atlanta Fire Rescue Department, or to any authorized agent of a criminal justice agency or private agency upon request of the City of Atlanta Fire Rescue Department, whether the said record(s) be public, private or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure of the following records:

- Educational institutions
- Medical, psychological, and psychiatric reports of a treatment, consultation or evaluation at any hospital, clinic, or private practitioner and the U.S. Veteran's Administration
- Employment and pre-employment records, including: salary records; background reports; polygraph examination reports and polygraph examination questions; pre-employment and promotional examination results; efficiency ratings; actions, complaints or grievances filed by or against me; and internal investigation reports
- Records of civil complaints made by or against me, wherever located, to include the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I have ever been a party or have had an interest
- Records of complaints, arrests, trials and convictions for alleged or actual law violations, including criminal or traffic records
- Credit history
- Military service records
- Verification of arrest/conviction records
- Character/social references and neighborhood checks

I understand that any information obtained by a personal background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Atlanta Fire Rescue Department. I also certify that I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or her agents and employees from all claims, damages, losses and expenses. Also included, are reasonable attorney's fees arising out of or by reason of complying with this request. I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature and should be honored for a period of one year from the date of my signature.

Signature (Including Maiden Name) Social Security Number Date of Birth

Home Address City/State Zip

Sworn to and subscribed before me, a Notary Public, this _____ day of _____, 20_____

Notary Public _____



**ATLANTA FIRE RESCUE DEPARTMENT
GCIC/NCIC**

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____

(CITY) (STATE) (ZIP CODE)

TELEPHONE NO: () _____ () _____
Home Work or Cell

AGE: _____ **DOB:** _____ **SEX:** _____

RACE: _____ **EYE COLOR:** _____ **HAIR COLOR:** _____

HEIGHT: _____ **WEIGHT:** _____ **SSN:** _____

PLACE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

POSITION APPLIED FOR: _____