

Thank you for your interest in employment at Union County Fire Department.

The following are the instructions for completing an application for part-time or full-time:

1. Print and legibly complete the following documents:
 - a. Employment Application
 - b. Employee Information Sheet
 - c. Consent Form for Criminal History
 - d. Consent Form for Driver's History
 - e. Acknowledgment of Drug and Alcohol Free Workplace
 - f. Acknowledgement of Applicant Privacy Rights
2. Provide certified or notarized copies of the following:
 - a. Birth Certificate or acceptable proof of age. Acceptable proof includes valid driver's license or government issued ID with DOB along with one of the following:
 - i. Passport
 - ii. Citizenship Papers
 - iii. DD214
 - iv. Baptismal record
 - v. Draft card
 - vi. Court records with DOB
 - b. Driver's License
 - c. Auto Insurance
 - d. High School Diploma/College Diploma
 - e. Applicants are encouraged to provide a resume or other pertinent documentation such as certifications or education certificates

Applications may be dropped off at the Headquarters station at the address below during normal business hours of Monday-Friday, 08:00 to 16:00.

Applications may also be mailed or emailed to Union County Fire Department.

Please mail to: **Union County Fire Department**
507 Shoe Factory Road
Blairsville, GA 30512

~OR~

Please scan all documents and email to ucfdclerk@uniongov.com

For questions about the application process, please call 706-439-6091.

Union County Fire Department

Job Description

POSITION TITLE: Career Firefighter

REPORTS TO: Directly reports to Shift Supervisor/Lieutenant/Captain. The career firefighter may report to the various level of the Fire Department Chain of Command including but not limited to officers at the rank of Sergeant, Lieutenant, Captain, Battalion Chief, Deputy Chief, Fire Chief, and EMA Director.

SUMMARY OF POSITION: The career firefighter is responsible for rapidly, efficiently, and safely performing various duties under emergency conditions frequently involving considerable hazards. The career firefighter is responsible for providing comprehensive emergency services within Union County to prevent or minimize loss of life and property as a result of fire or other emergencies.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Follow the policies, procedures, and guidelines of Union County Fire Department, Union County Emergency Management Agency, and Union County Government that apply to the career firefighter, fire department, and emergency management.
- Follow the Chain of Command and work within the Incident Command System
- Follow orders of superiors
- Function as a member of a shift
- Maintain uniform and personal appearance in accordance with policy, professional standards, and public expectations
- Maintain physical fitness necessary to perform job functions
- Complete training required by the department to be certified as a career firefighter or assigned position.
- Complete required recertification, training, and continued education to maintain certifications and skill levels
- Report on time; in proper uniform; and be physically and mentally prepared for work
- Respond to and mitigate emergency situations for which they are requested or dispatched
- Respond to and mitigate non-emergency situations for which they are requested or dispatched
- Provide emergency medical care to patients
- Determine that all apparatus/fire vehicles are in proper mechanical condition
- Determine that the required equipment and supplies are on the apparatus/fire vehicles and that all equipment is in working order
- Report any mechanical failures or potential equipment failure
- Ensure that the apparatus/fire vehicles are clean and kept in an orderly condition
- Drive the apparatus/fire vehicles in emergency and non-emergency mode in a safe and efficient manner using due regard
- Observe traffic ordinances and regulations concerning emergency vehicles
- Park the apparatus/fire vehicles in a safe location in emergency and non-emergency situations.
- Ensure that personal protective equipment is clean and in working order
- Utilize personal protective equipment properly and when required

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- Complete required documentation utilizing various types of written and electronic media
- Restock and replace all used supplies
- Clean apparatus/fire vehicles and equipment according to appropriate guidelines
- Clean and maintain fire station, bays, grounds, and living quarters
- Liaise with the law enforcement, ambulance service, and other personnel who respond to emergency situations
- Perform other related duties as required

EDUCATION AND CERTIFICATIONS: The following is the minimal requirements. Employees, full time and part time, must complete the minimum training within 12 months of employment.

- High school diploma or equivalent
- Current Georgia EMT- Basic license or higher
- Current Georgia Class F non-commercial driver's license or equivalent driver's license of neighboring state
- NPQ Career firefighter I
- Georgia State Certified Career firefighter
- Structure Fire Control
- Basic Driver Training Course
- Infection Control
- Hazardous Materials Operations
- Auto Extrication
- NIMS IS 100, 200, 700, 800B

PUBLIC RELATIONS: The career firefighter has daily contact with other firefighters, patients, families, bystanders, visitors, law enforcement, other public safety personnel and the general public. The career firefighter must be able to communicate in an effective, intelligent, and professional manner and must have good interpersonal skills to interact in an appropriate, non-judgmental manner with various personalities. The career firefighter must also be able to communicate clearly and effectively, both orally and in writing.

MACHINES, TOOLS, EQUIPMENT, AND WORK AIDS: The career firefighter must know the function and operation of firefighting, medical, and rescue equipment utilized by Union County Fire Department. The career firefighter must know the safe operation of the apparatus, other fire vehicles, supplies, and equipment utilized by the department. The career firefighter must have the manual dexterity to handle and manipulate all apparatus, fire vehicles, supplies, and equipment.

WORK CONDITIONS AND ENVIRONMENT: The career firefighter functions in uncommon situations often within a stressful, chaotic environment. The career firefighter must have a basic understanding of stress response and must demonstrate emotional stability and organizational skills necessary to meet the demands of a stressful environment.

The career firefighter may be exposed to hazardous conditions; extreme temperatures; combative patients; communicable and infectious diseases; chemical, biological, or radiological agents. The career firefighter may be subject to cuts, punctures, electrical shock, muscle strains,

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fractures, burns and other possible injuries. The career firefighter must be able to work in low light areas; confined spaces; on uneven terrain; various Immediately Dangerous to Life or Health (IDLH) environments; high traffic highways and roads; and wilderness.

PHYSICAL DEMANDS: The career firefighter will be utilizing personal protective equipment that adds additional weight and restrictions. The career firefighter must be in good general physical condition. The career firefighter must be able to:

- sit, stand, walk, crawl, run, stoop, jump, climb, lift, bend, extend, and flex.
- lift, operate, and move fire equipment.
- perform rescue skills and tasks including lifting and moving victims both conscious and unconscious.
- don, doff, and perform essential tasks in personal protective equipment such as turnout coat, turnout pants, boots, gloves, helmet, hood, goggles, self-contained breathing apparatus, mask, personal floatation device, wildland pants, wildland shirt, wildland helmet, safety vest, medical gloves, medical gown, medical masks, medical goggles, and other personal protective equipment deemed necessary for operations.

The career firefighter must complete a physical agility test annually as set forth by Union County Fire Department policy and approved by The Georgia Firefighter Standards and Training Council.

PROFESSIONAL ATTRIBUTES: The career firefighter must have the following attributes:

- Problem solving skills
- Adaptability
- Good work ethic
- Good attitude
- Dependable
- Accountable
- Knowledgeable
- Loyal
- Respectful
- Efficient
- Trustworthy
- Courteous

Employee's Signature

Supervisor's Signature

Date

Date



UNION COUNTY FIRE DEPARTMENT

507 SHOE FACTORY RD

BLAIRSVILLE, GEORGIA 30512

OFFICE: (706) 706-439-6091 FAX: (706) 439-6087

ucfdclerk@uniongov.com

PRE-EMPLOYMENT INQUIRY

I understand that this inquiry will be reviewed, and my qualifications considered for possible job openings in the near future. If the County finds that my qualifications and employment background match a current opening, I will be contacted for further information.

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Position Desired: Full Time ____ Part Time ____

Wage Desired: _____

EMPLOYMENT EXPERIENCE

Present or most recent Employer:

Organization	Supervisor	Contact Number
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Dates Employed: From _____ to _____ Wages _____

Describe your position and primary Duties: _____

Reason For Leaving: _____

Prior Employer:

Organization	Supervisor	Contact Number
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Dates Employed: From _____ to _____ Wages _____

Reason for leaving _____

Prior Employer:

Organization	Supervisor	Contact Number
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Dates Employed: From _____ to _____ Wages _____

Reason for leaving _____

Prior Employer:

Organization	Supervisor	Contact Number
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Dates Employed: From _____ to _____ Wages _____

Reason for leaving _____

EDUCATION

Circle the number of years completed for each of the following:

High School 1 2 3 4 Technical College 1 2 3 4 College 1 2 3 4 Post Graduation 1 2 3 4

List your Major or Primary area of study:

List any professional, vocational, or other training/skills relevant to the type of employment sought:

CRIMINAL HISTORY

Have you ever been arrested for a: Misdemeanor _____ Felony _____ N/A _____

Have you ever been convicted of a: Misdemeanor _____ Felony _____ N/A _____

Have you ever been arrested, convicted, or plead NOLO to DUI? _____ N/A _____

If you answered yes to one of the above questions, explain the charges and circumstances below including dates:

REFERENCES

Please list five references below:

Name: _____

Address: _____

Phone #s: _____ / _____

Relationship: _____

Name: _____

Address: _____

Phone #s: _____ / _____

Relationship: _____

Name: _____

Address: _____

Phone #s: _____ / _____

Relationship: _____

Name: _____

Address: _____

Phone #s: _____ / _____

Relationship: _____

Name: _____

Address: _____

Phone #s: _____ / _____

Relationship: _____

ACKNOWLEDGEMENT

I agree to participate in any testing administered by the Union County Fire Department that relates to my application. _____
(Initials)

I agree to take a pre-employment drug screen test at the direction of Union County Human Resources. _____
(Initials)

The Union County Fire Department is an Equal Opportunity Organization. It does not discriminate on the basis of race, national origin, sex, religion, age or disability status in employment, promotion, demotion, or dismissal.

I hereby certify that this application is a complete record and that all entries and all attachments are true and accurate to the best of my knowledge. I understand that all information on this application is subject to verification, and I consent to references and former employers being contacted in reference to being considered for employment.

Signature: _____

Date: _____

Notary: _____

Date: _____

Union County Fire Department

Employee Information Sheet

Employee Name: _____

Address: _____

GFSTC ID#: _____ DOB: _____

Cell: _____ Email: _____

Level of Medical training: EMR: _____ EMT-B: _____ EMT-A: _____ Paramedic: _____

State EMS Numbers: _____ National Registry Numbers: _____

State Certified Firefighter: Yes / No State Certified FF Numbers: _____

Uniform Size: Shirt: _____ Pants: _____ Shoes: _____

Certifications: _____

Instructor Certifications: _____

Emergency Contact Person: _____

Phone Number: _____

Union County Fire Department
Employment Application
Required Documents

Originals or certified copies of the following must be brought in with the application. Copies will be made, and originals will be returned to applicant.

- ☐ Birth Certificate or acceptable proof of age
Acceptable proof includes valid driver's license or government issued ID with DOB along with one of the following:
- Baptismal record
 - Draft card
 - Court records with DOB
 - Passport
 - Citizenship papers
 - Armed Forces discharge papers (DD214)
 - Certified Copies of School records
- ☐ Valid Georgia Driver's license
- ☐ Any other documents used for Employment Eligibility Verification. List of acceptable documents is provided on page 9 of the Employment Eligibility Verification section of the application

Please provide a legible and readable copy of the following:

- ☐ Current Auto Insurance Card
- ☐ High School diploma or GED
Acceptable documents include:
- High school diploma
 - College diploma
 - Certified high school transcript showing high school graduation
 - Certified college transcript showing high school graduation
 - General education development diploma awarded by a state
- ☐ Shot records
- ☐ Any certifications from other departments

DRUG AND ALCOHOL FREE WORKPLACE POLICY

I. Policy Statement

It is the position of Union County that alcohol and controlled substance abuse is a significant health problem in the United States today. The costs involved with this problem include human costs, such as lost jobs, morale problems, injuries, illnesses, and deaths, as well as economic costs, such as property damage, absenteeism, tardiness, lost productivity, increased health insurance costs, and the costs involved in replacing and retraining new employees. Further, in professions that serve the public, alcohol and substance abuse represents a real danger to the health and safety not only of the employees themselves, but also of the constituents served by those employees.

It is the objective of Union County to provide safe and effective public service. To meet this objective, the problem of alcohol and controlled substance abuse must be identified, confirmed, and defeated. In order to achieve this, Union County has developed a comprehensive alcohol and controlled substance abuse policy.

II. Definitions

Within this Substance Abuse Policy, and on any accompanying forms, the following terms shall have the meanings associated therewith:

- 1) **Controlled Substance** shall have the meaning and include the substances defined as "controlled substances" in the Georgia Controlled Substances Act, O.C.G.A. § 816-13-20 and 16-12-21(4) as said Act shall appear from time to time.
- 2) **Safety Sensitive Position** shall be those positions where inattention to duty or errors in judgment by the employee or applicant while on duty will have the potential for significant risk of physical harm to the employee, other employees, or the general public.
- 3) **Confirmed Positive Result.** Whenever an initial test for drugs or alcohol is found to be positive, the laboratory will carry out additional tests pursuant to laboratory testing guidelines to confirm that the initial positive indication was correct. If the second procedure also indicates the presence of drugs or alcohol, the test result will be considered a confirmed positive result.
- 4) **Medical Review Offer** shall mean a properly licensed physician who reviews and interprets the results of drug tests and evaluates those results together with medical history and any other relevant biomedical information to confirm positive results.

III. Drug and alcohol use prohibited.

Alcohol and controlled substance use by employees during assigned working hours, in Union County buildings or on Union County grounds, or otherwise while on official business shall be prohibited. This shall include the use or possession of controlled substances, the abuse of prescription medications, the possession of prescription medications by anyone other than the person for whom the medication was prescribed (except as required by official duty), and the use or abuse of alcohol. This prohibition (and the procedures set forth below) is in addition to any other drug and alcohol policy, including any policies or programs required by federal or state law.

IV. Types of testing to be implemented

1) Random and periodic drug testing:

Employees in all positions designated as safety sensitive (including CDL drivers), involved in drug interdiction, or having unsupervised access to prisoners or contraband shall be required to submit to a drug and alcohol screening test at random or on a periodic basis from time to time as determined by the department head and the County Clerk.

2) Drug and/or alcohol screening test based on reasonable suspicion:

- a) Any employee shall be required to submit to drug and/or alcohol testing when there is reasonable suspicion to believe that such employee is under the influence or effects of drugs and/or alcohol immediately before, during or immediately after assigned working hours or while otherwise on duty or in control of government property.
- b) Reasonable suspicion means a reasonable belief based on specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. Situations that may give rise to a conclusion that an employee is under the influence of drugs and/or alcohol include, but are not limited to, the following:
 - i. An employee is involved in a physical or verbal altercation on the job.
 - ii. An employee has an excessive number of incidents or accidents on the job.
 - iii. An employee exhibits unusual behavior such as slurred speech or unsteady walking or movement on the job.
 - iv. An employee has an odor of alcohol or marijuana on their person on the job.
 - v. An employee is in possession of alcohol, drugs, or drug paraphernalia on the job.
 - vi. An employee is observed using illegal drugs or alcohol or has exhibited the symptoms of being impaired due to alcohol or drug use.
 - vii. An employee has caused or contributed to an accident while on the job.
 - viii. An employee purposefully skips a drug test.
- c) In the event a supervisor determines that reasonable suspicion exists that an employee is under the influence of drugs and/or alcohol, the supervisor shall immediately report the incident to his/her immediate supervisor or department head.
- d) The determination of whether reasonable suspicion exists shall be made by the department head or, in his/her absence, by the highest-ranking supervisory staff on-duty at the time.
- e) Following the determination that reasonable suspicion exists, the facts underlying the determination of reasonable suspicion shall be disclosed to the employee at the time the demand to submit to testing is made. The employee shall be transported to and from the testing site by the employee's supervisor or a designee. Following the testing procedure, the person transporting the employee shall make appropriate arrangements to transport the employee home.
- f) Supervisors shall be required to document in writing, within 3 to 5 days, the specific facts, symptoms, or observations that formed the basis for their determination that reasonable suspicion existed to warrant the testing of an employee. All documents created in connection with the determination of reasonable suspicion shall be forwarded to the County Clerk.

3) Testing after accidents or injury:

An employee shall be subject to a drug and alcohol test conducted immediately when, while on duty or just prior to going on duty:

- a) The employee is operating a vehicle and/or equipment causing damage or bodily injury; or
- b) The employee is involved in a fatality; or
- c) The employee is cited with a traffic violation; or
- d) The employee sustains a work-related injury requiring medical treatment beyond first aid.

V. Prescription drug use

- 1) Any employees using prescription medication while on the job shall do so in strict accordance with medical directions. It is the employee's responsibility to notify the prescribing physician of the duties required by the employee's position and to ensure the physician approves the use of the prescription medication while the employee is performing his/her duties. Even if an employee is using prescription drugs in a manner consistent with the prescription, the employee will be subject to discipline if he/she is not able to perform his/her job in a safe manner due to side effects from the prescription.

VI. Drug and alcohol convictions

Consistent with the Federal Drug-Free Workplace Act of 1988, employees shall report to his or her department head within five (5) working days of any arrest or conviction made under a criminal drug or alcohol law and any charge made under a drug or alcohol law for which conviction could cause the loss of driving privileges. The department head shall then investigate and make appropriate recommendations to Human Resources.

DRUG AND ALCOHOL FREE WORKPLACE POLICY ACKNOWLEDGEMENT FORM

I hereby acknowledge and agree:

1. That I have received and read a copy of Union County's Drug and Alcohol Free Workplace Policy included in Union County's Employee Policies & Procedure Manual effective on January 1, 2021.
2. That I will comply with the rules and regulations outlined in this policy.
3. That this original acknowledgement will be placed in my personnel file and maintained by Union County EMA/Fire Department.

Name of Member (printed)

Member Signature

Date

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date

UNION COUNTY EMA/FIRE DEPARTMENT
CONSENT FORM
CRIMINAL HISTORY RECORD

Full Name (printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Race: _____ Sex: M / F

Date of Birth: _____ Social Security #: _____

I, _____, hereby authorize Union County EMA/Fire Department to conduct an inquiry and obtain any Georgia and/or National Criminal History Record as part of my application for employment, volunteer, or for use relative to the performance of my official duties with the agency.

I understand that the criminal history information is gathered for the purpose of a background investigation and that only authorized personnel shall view or have knowledge of my criminal history. I also understand that all criminal history records shall be disposed of or stored according to Union County Fire Department policy and Georgia State law.

☐ This authorization is valid for _____ days from date of signature.
(Minimum 90 days)

☐ I, _____, give consent to Union County EMA/Fire Department to perform periodic criminal history background checks for the duration of my association with the department.

I do avow that all information given is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Notary Signature: _____ Date: _____

Requestor Information:

Name: R. David Dyer, Fire Chief

Facility: Union County EMA/Fire Department

Address: 507 Shoe Factory Rd.

City: Blairsville State: Georgia Zip: 30512

Phone: (706)-439-6095 Fax: (706)-439-6087

DD 09/2022

UNION COUNTY EMA/FIRE DEPARTMENT

CONSENT FORM

DRIVER'S HISTORY RECORD

O. C. G. A. § 40-5-2(f)(4) authorizes local fire departments and law enforcement agencies access to Georgia driver's history records as part of an application for employment or any current employee for use relative to the performance of official duties with the local fire or law enforcement agency.

Full Name (printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Race: _____ Sex: M / F

License #: _____ Social Security #: _____

I understand that the driver history information is gathered for the purpose of a background investigation and that only authorized personnel shall view or have knowledge of my driver's history. I also understand that all driver's history records shall be disposed of or stored according to Union County Fire Department policy and Georgia State law.

I do avow that all information given is accurate and true to the best of my knowledge.

I hereby authorize Union County EMA/Fire Department to receive a copy of my Driver's History Record as part of my application for employment, volunteer, or for use relative to the performance of my official duties with the agency. I further give consent to Union County EMA/Fire Department to perform periodic driver's history checks at any time during my association with the department.

Signature: _____ Date: _____

Notary Signature: _____ Date: _____

Requestor Information:

Name: R. David Dyer, Fire Chief

Facility: Union County EMA/Fire Department

Address: 507 Shoe Factory Rd.

City: Blairsville State: Georgia Zip: 30512

Phone: (706)-439-6095 Fax: (706)-439-6087