

Union County Fire Department Application Instructions Stage I

Welcome to Union County Fire Department. Stage I of the application process involves completing the application paperwork and a background investigation which is required by Union County Fire Department, Georgia Firefighter Standards and Training Council (GFSTC) Rules and Regulations as well as Georgia State Law.

The following instructions shall assist with completing the application. Once completed and turned into the Headquarters station, the application will be reviewed, and a background investigation shall be performed. The application shall either be approved or denied. If approved, it shall move to Stage II. Union County Fire Department shall contact you during various steps and stages of the process.

Note: Forms can be notarized at Station 1. If you wish to have the forms notarized at Station 1, please do not sign the forms that require signatures until the notary can witness the signature.

Please review the application forms and follow the directions provided:

1. Please review the Expectations and Job Descriptions to understand the expectations, conditions, and requirements of the volunteer firefighter. The minimum level is Support Volunteer Firefighter however, firefighters may take more training to advance to the Suppression Volunteer Firefighter level.
2. Complete the Volunteer Firefighter Application and References in its entirety. All information is used for identification and contact purposes or cases of emergency and shall remain confidential. The Volunteer Firefighter Application and References must be notarized.
3. Complete the Acknowledgement of the Receipt of Copy of Union County Policy on Drug and Alcohol Free Workplace. You may retain the copy of the policy.
4. Complete the Acknowledgement of the Applicant Privacy Rights Notification Signature Form. You may retain the copy of the Applicant Privacy Rights and Privacy Act Statement.
5. Complete the Consent for Criminal History Record form. Applicants may select to authorize the consent for a period of days (minimum 90) or agree to the initial background check and periodic checks for the duration of their association with the department. All information is used for identification purposes in order to conduct a search for criminal history to be used in the background investigation. All information shall remain confidential and shall only be viewed by authorized personnel. The Consent for Criminal History Record form must be notarized.
6. Complete the Consent for Driver's History Record form. All information is used for identification purposes in order to conduct a search for driver's history to be used in the background investigation. All information shall remain confidential and shall only be viewed by authorized personnel. The Consent for Driver's History Record form must be notarized.

7. Complete the Consent for Personal History Release form. This form is giving consent to release information to Georgia Firefighter Standards and Training Council. All information shall remain confidential and shall only be viewed by authorized personnel. The Personal History Release form must be notarized.
8. Complete the Employment Eligibility Verification form. All information is used for identification purposes only and shall remain confidential. The instructions for this form are provided if needed.
9. Please provide the copies required. We must verify your age, driver's license; you are covered under auto insurance, your education status, and shot records. (See List)
10. References will be contacted to complete the background check. Three references are requested. Please provide references who will be able to provide information. There shall be two attempts per reference to gain information. After two attempts, the reference will be dropped and the applicant may be asked to provide more references. If further references are difficult to contact, the application may be dropped due to unable to complete the background investigation.

Stage II

Stage II of the application process involves an interview and physical.

An interview will then be scheduled at the applicant's convenience. The interview will be conducted at the Headquarters station and shouldn't take no more than an hour.

Applicants will be required to have a physical by the department physician. The physical is to determine if the applicant is in good physical condition and able to perform recruit training as well as the duties of a firefighter. There is no cost to the applicant.

If you have any questions, please contact Station 1 at 706-439-6091

Union County Fire Department

Union County Fire Department is a group of career and volunteer men and women who have dedicated their time to train together and respond to our neighbors in need. The department responds to multiple types of emergencies including fires, medical calls, motor vehicle accidents, lost or injured hikers, and many other emergency situations. There are also many other operations performed by the department including hose testing, hydrant testing, and truck and equipment maintenance. In addition to emergencies, the department provides public safety education programs, smoke detector installations, and other non-emergency services to our community.

Expectations

The UCFD is looking for motivated people who can meet the following expectations:

- Have a desire to learn.
- Attend meetings and trainings at the various volunteer stations which are usually on the first and third Tuesday night of each month.
- Complete initial training as Support firefighter (minimum 48-hour course)
- Complete further training
- Complete 60 hours of annual training per year
- Respond to emergency calls.
- Keep up with all documentation of training and calls.
- Participate in various other fire department activities
- Follow the chain of command both on and off incident scenes.
- Maintain a professional and positive attitude about the UCFD.
- Represent the UCFD in a positive manner at all fire and public events.

Union County Fire Department

Volunteer Firefighter Application

Date of application: _____ Fire District/Station: _____

Full Name: _____ Date of Birth: _____

Physical Address: _____

How long have you been a residence of Union County? _____

SS # _____ Home # _____ Cell # _____

Email: _____

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

Georgia Driver's License: Class _____ License # _____

High School graduate? _____ GED? _____

Have you ever been convicted of a crime? _____ Felony? _____ If yes, please explain:

Emergency Contact

Primary Contact

Name: _____ Relationship: _____

Primary number _____ Secondary _____

Secondary Contact

Name: _____ Relationship: _____

Primary number _____ Secondary _____

Union County Fire Department Application References

Provide the following information on at least three references who are not related to you and that you have known for at least three years.

1. Name: _____ Phone: (____)-____-_____

Address: _____

Best time to contact: _____

Relationship: _____

2. Name: _____ Phone: (____)-____-_____

Address: _____

Best time to contact: _____

Relationship: _____

3. Name: _____ Phone: (____)-____-_____

Address: _____

Best time to contact: _____

Relationship: _____

I, _____, do avow that all information given and all attachments are true and accurate to the best of my knowledge and that the information on this application is subject to verification. In addition, I understand that a background investigation shall be performed including references, fingerprint-based criminal history and driver's history. I hereby give consent for the stated references to be contacted as part of the background investigation.

Applicant: _____

Date: _____

Notary: _____

Date: _____

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

PERSONAL HISTORY RELEASE

I do hereby authorize the review of and full disclosure of all records concerning myself to the duly authorized agent of the Georgia Firefighter Standards and Training Council.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, medical treatment and/or consultation including hospitals, clinics, private practitioners, and the US Veterans Administration, employment and pre-employment records including background reports.

I understand that any information obtained by a personal history background investigation, which is developed directly and indirectly, in whole or in part, upon this release authorization will be considered in compiling any report for the Georgia Firefighter Standards and Training Council. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

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.

Signature

Date

Address

City, State, Zip

Last 4 of Social Security Number

Date of Birth

Phone Number

Notary Public

Date

I understand that this information may be obtained through the use of this waiver at any time during which my registration or certification is maintained through the Georgia Firefighter Standards and Training Council.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**Union County Fire Department
Volunteer Firefighter 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