

# ATLANTA FIRE RESCUE

## Firefighter EMT –A

### 2016 EMPLOYMENT APPLICATION QUESTIONNAIRE

*KASIM REED*  
*MAYOR*

*JOEL G. BAKER*  
*FIRE CHIEF*



ATLANTA FIRE RESCUE DEPARTMENT  
BACKGROUND AND RECRUITMENT  
PUBLIC SAFETY HEADQUARTERS  
226 PEACHTREE STREET, S.W.  
ATLANTA, GA. 30303

## Minimum Qualifications

All individuals applying for employment with the Atlanta Fire Rescue Department (AFRD) must meet the following conditions:

- **Must be a U.S. Citizen**
- **Must be 18 years of age or older**
- **Possess a valid U.S. driver's license**
- **High School Diploma, GED or equivalent recognized by the U.S. Department of Education**
- **Must have an acceptable 3 year driving record**
- **Successfully complete the Candidate Physical Ability Test (CPAT), oral panel interview, ASSET examination, background investigation, Captain's Interview, psychometric examination, Certified Voice Stress Analysis (CVSA) examination, psychological evaluation, and a medical examination.**

## Special Requirements

- **Candidates are required to successfully complete the Atlanta Fire Rescue Training Academy. The 11 month program consists of intense physical fitness training that involves both Emergency Medical Technician (EMT) and Fire curriculums.**
- **Six (6) months of training are to become a certified EMT. Recruits must pass the EMT – Advanced examination and pass the National Registry of EMT's written and practical test. The other 5- months are to become a certified Georgia Firefighter and a NPQ Firefighter II, which is a national certification.**

## Other Requirements

- **Once appointed to the sworn position of Firefighter, candidates must obtain a Georgia Class E Driver's License within 18 months of employment.**
- **Must also maintain continuous certification as a Georgia Firefighter and EMT-A.**

*I have read and understand the position requirements and minimum qualifications, and if hired, am willing to comply with all requirements listed therein.*

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

## Employment Disqualifiers

All applicants for employment with AFRD are subject to a thorough background investigation to verify the accuracy of statements provided within the application. While the AFRD reviews much information and considers the circumstances in many areas regarding an applicant's background, the following factors are some of those that will disqualify applicants from consideration:

- Intentionally falsifying, misrepresenting, or omitting information from the employment application, questionnaires, CVSA examinations or any other pre-employment document (s).
- Any tattoos or branding on the following body areas are prohibited head, neck, face, scalp, ears, or hand.
- Must not have received a dishonorable or undesirable discharge from any of the Armed Forces of the United States. An other than honorable discharge will be considered on a case by case basis per the Fire Chief.
- Any felony conviction.
- Any outstanding criminal charge pending adjudication.
- Conviction of (2) or more misdemeanors within 3 years prior to application.
- Use of illegal drugs in violation of AFRD Pre-employment Drug Policy
- A driver's license that is currently suspended, revoked or expired.
- One (1) or more DUI convictions within 3 years prior to application.
- No more than (6) points accumulation against current driving record.
- Three (3) or more moving violations within 3 years prior to application.
- Current probation or parole status.

### ***EMPLOYMENT QUESTIONNAIRE INSTRUCTIONS***

All spaces on the attached forms must be filled out accurately, legibly, and completely. Type or handprint an answer to every question (in black ink). Do not leave any blank spaces. If a question does not apply to you, mark N/A in the space provided. If the space on pages 9-14 is insufficient to complete your answers, please attach supplementary pages. Pages 15-18 must be notarized.

It is to your advantage to be absolutely truthful in answering all questions on your application and during all interviews. All information will be subject to verification through a polygraph examination and administrative investigation. A false statement or the omission of requested information is grounds for automatic rejection before appointment or termination after employment. Often, an applicant is suspended from the hiring process due to falsification or omission of information that would not disqualified them otherwise.

**EMPLOYMENT QUESTIONNAIRE INSTRUCTIONS (Continued)**

All completed application packages must be returned to the AFRD at the following address Monday thru Friday from 8:30 a.m. to 4:00 p.m. Mailed applications must be postmarked on or before the closing date. If you have any questions regarding the application process, please contact the AFRD, Background and Recruitment Section by email: [afr-firerecruitment@atlantaga.gov](mailto:afr-firerecruitment@atlantaga.gov) or by phone (404) 546-7020.

*I have read the instructions for the Atlanta Fire Rescue Department, Firefighter-EMT-A application questionnaire and fully understand them. I further understand that if I do not wish to answer a question in this questionnaire, I may choose not to do so and my application will be terminated.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

**Atlanta Fire Rescue Department  
Public Safety Headquarters  
Attention: Background and Recruitment  
226 Peachtree Street, SW Atlanta, GA 30303**

The following documents must be included with the application package. **Application packages with incomplete or missing documents will not be processed.**

- **5 COPIES OF HIGH SCHOOL DIPLOMA or CERTIFIED HIGH SCHOOL TRANSCRIPTS or GED CERTIFICATE (GED test scores must also be provided)**
- **A COPY OF CERTIFIED COLLEGE TRANSCRIPTS**
- **4 COLOR COPIES OF U.S. DRIVER'S LICENSE**
- **A CURRENT COPY OF YOUR 3 YEAR DRIVER'S RECORD - (Not over 60 days old)**
- **4 COPIES OF MILITARY DISCHARGE (Form DD-214, Member 4) – (Veterans only)**
- **5 COPIES OF YOUR BIRTH CERTIFICATE (From the Bureau of Vital Statistics)**
- **5 COPIES OF NATURALIZATION CERTIFICATE (If you are a naturalized U.S. Citizen)**
- **4 COPIES OF YOUR SOCIAL SECURITY CARD – (Must be signed)**
- **NAME CHANGE DOCUMENTS (i.e. Marriage license, court order, etc.)**
- **DOCUMENTATION RELATED TO ANY FINANCIAL HISTORY INVOLVING DELINQUENT CHILD SUPPORT INDICATING DISMISSAL OR AN APPROVED AND CURRENT PAYMENT PLAN.**

*The Atlanta Fire Rescue Department is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, age, disability, sex, sexual orientation, gender identity, marital status, veteran's status or national origin, or any other basis prohibited by federal, state or local law. We value and encourage diversity in our workforce.*

## **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 AFRD scheduling will be considered on a case-by-case basis. The AFRD 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 AFRD of the need to be rescheduled at least two (2) working days prior to the initial test date.

## **EMPLOYMENT SELECTION PROCESS**

1. Submission of Complete Application Package
2. CPAT Orientation
3. CPAT Mentoring Program - (Optional)
4. CPAT Official Test
5. Oral Panel Interview
6. ASSET Examination
7. Background Investigation
8. Captain's Interview - (Background and Recruitment Commander)
9. CVSA Examination
10. Conditional Job Offer
11. Psychometric Examination
12. Psychological Evaluation
13. Medical Examination

**PERSONAL DATA**

1. Name: \_\_\_\_\_  
*Last First MI*

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

6. Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

7. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Phone Number: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

9. Email Address: \_\_\_\_\_

10. Georgia Driver's License#: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

11. Out-of-state Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Class: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

12. Are you a United States citizen? Yes  No

13. Marital Status:  
Married  Single  Separated  Widowed  Divorced

## EDUCATIONAL BACKGROUND

1. Name of High School attended: \_\_\_\_\_

2. City: \_\_\_\_\_ State: \_\_\_\_\_ Accredited? Yes \_\_\_ No \_\_\_

3. Did you graduate? Yes \_\_\_ No \_\_\_ Date graduated: \_\_\_\_\_

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: \_\_\_\_\_

4. Do you have any college experience? Yes \_\_\_ No \_\_\_

*If yes, indicate name of college:* \_\_\_\_\_

Undergraduate degree earned? Yes \_\_\_ No \_\_\_

*If yes, indicate degree earned:* \_\_\_\_\_ *Major:* \_\_\_\_\_

*Date graduated:* \_\_\_\_\_

Graduate degree earned? Yes \_\_\_ No \_\_\_

*If yes, indicate degree earned:* \_\_\_\_\_ *Major:* \_\_\_\_\_

*Date graduated:* \_\_\_\_\_

## GENERAL QUESTIONS

1. As part of the selection process applicants will be required to participate in CPAT, an ASSET exam, an oral panel interview, a background investigation, Captain's interview, psychometric exam, CVSA exam, a psychological evaluation, and a thorough medical examination (including a drug test).

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 or regulations pertaining to such?  
Yes\_\_\_\_\_ No\_\_\_\_\_
3. Firefighters are required to work 24 hour shift assignments including weekends and holidays. During those shifts, firefighters are assigned at the city's fire stations or airport fire stations based on the needs of the department. Do you have any objections to this requirement?    Yes\_\_\_\_\_ No\_\_\_\_\_

## CERTIFICATION IDENTIFICATION

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

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

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

Currently Certified: **State of Georgia Firefighter**

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

Currently Certified: **ARFF Firefighter**

## EMPLOYMENT HISTORY

In the spaces provided, list your employment history. Begin with your most recent employer and continue in reverse time order. Provide employment history for the last (10) years. Include all jobs whether full-time, part-time, temporary, or self-employment. Provide an explanation of any gaps in employment. If you run out of space, use additional sheets of paper and attach.

**Beginning with the most recent.**

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please indicate employment type: ( ) Full Time ( ) Part Time ( ) Temporary

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please indicate employment type: ( ) Full Time ( ) Part Time ( ) Temporary

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please indicate employment type: ( ) Full Time ( ) Part Time ( ) Temporary

\*\*\*\*\*

\*\*\*\*\*

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code" \_\_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please indicate employment type: ( ) Full Time ( ) Part Time ( ) Temporary

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code" \_\_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please indicate employment type: ( ) Full Time ( ) Part Time ( ) Temporary

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code" \_\_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please indicate employment type: ( ) Full Time ( ) Part Time ( ) Temporary

\*\*\*\*\*

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code" \_\_\_\_\_ - \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Your Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please indicate employment type: ( ) Full Time ( ) Part Time ( ) Temporary

\*\*\*\*\*

**MILITARY**

1. Have you ever served in the United States Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, expected date of separation: \_\_\_\_\_

*Indicate Service Branch (past and present):*

From: \_\_\_\_\_ To: \_\_\_\_\_ Rank Held: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Rank Held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**SUBSTANCE USE**

1. Have you ever been absent or late to work because of illegal drugs or alcohol consumption? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, indicate which job and describe the circumstances:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Do you or have you ever consumed alcoholic beverages or illegal drugs during working hours? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, indicate which job and describe the circumstances:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever sold or delivered illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, when and what were the circumstances?* \_\_\_\_\_

\_\_\_\_\_

**SUBSTANCE USE (continued)**

4. Since the age of 17 years old, list below approximately how many times you have used illegal drugs. If a question does not apply to you, mark N/A in the space provided.

	<u>Month/Year</u> <u>1<sup>st</sup> Time Used</u>	<u>Month/Year</u> <u>Date Last Used</u>	<u>Number of time used</u>
• Marijuana	_____	_____	_____
• Synthetic Marijuana	_____	_____	_____
• Hashish	_____	_____	_____
• Ecstasy	_____	_____	_____
• PCP	_____	_____	_____
• GHB	_____	_____	_____
• Angel Dust	_____	_____	_____
• THC	_____	_____	_____
• LSD	_____	_____	_____
• Mescaline	_____	_____	_____
• Magic Mushrooms	_____	_____	_____
• Psilocybin	_____	_____	_____
• Heroin	_____	_____	_____
• Cocaine	_____	_____	_____
• Quaaludes	_____	_____	_____
• Speed	_____	_____	_____
• Uppers	_____	_____	_____
• Downers	_____	_____	_____
• Methamphetamine	_____	_____	_____
• Other (List)	_____	_____	_____

**CRIMINAL HISTORY**

1. Have you ever been convicted of a criminal offense? Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, indicate date of conviction, offense -whether a misdemeanor or felony, and court disposition.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL HISTORY (continued)**

2. Are you currently on probation, parole or under court supervision?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3. Since the age of 17 years old, 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, Incest,  
Child Molestation,  
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. Do you possess a valid Driver's License?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, indicate State: \_\_\_\_\_ Class Type: \_\_\_\_\_*

2. Have you had a driver's license in any other state in the past 3 years?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, indicate State: \_\_\_\_\_*

3. Have you ever been convicted of driving under the influence of drugs or alcohol (DUI)? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, indicate date of conviction and court disposition:*

\_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL BACKGROUND**

1. Do you currently have past due child support obligations? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, attach documentation of the payment plan.*

2. Do you currently have civil actions against you (garnishments, liens, etc)?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, give details: \_\_\_\_\_*

\_\_\_\_\_

**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 ordinances 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.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature (Including Maiden Name)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**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 Atlanta Fire Rescue Department, or to any authorized agent of a criminal justice agency or private agency upon request of the 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:

- Military Service Records
- Educational institutions
- Credit History
- 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; complaints or grievances filed by or against me; and internal investigation reports
- Records of civil complaints made by or against me, 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
- Verification of arrest/criminal court disposition
- Traffic Reports/DMV driving 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 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.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature (Including Maiden Name)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date



## ATLANTA FIRE RESCUE DEPARTMENT

### DRIVER'S HISTORY CONSENT FORM

I hereby authorize the Atlanta Fire Rescue Department, to receive a copy of my driver's history information as part of my application for employment, or for use relative to performance of my official duties with this department. I understand that this consent form shall be valid for the duration of my employment with this department.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature (Including Maiden Name)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date



## ATLANTA FIRE RESCUE DEPARTMENT

### CRIMINAL HISTORY RECORD INFORMATION CONSENT FORM

As part of the selection process an image of your fingerprints will be captured and sent to the Georgia Crime Information Center (GCIC) and National Crime Information Center (NCIC). The resulting report of your conviction history (if any) will be used to determine whether the nature of your conviction (or arrest) history will disqualify you as a candidate based on specific requirements of the position to which you are applying.

By signing this form, I authorize the Atlanta Fire Rescue Department to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in the United States. I understand that this consent form shall be valid for the duration of my employment with this department.

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Full Name (Print)

---

Date of Birth

---

Signature (Including Maiden Name)

---

Social Security Number

---

Date

---

Notary Public

---

Date