

ATLANTA FIRE RESCUE

Firefighter EMT –A

EMPLOYMENT APPLICATION QUESTIONNAIRE

KASIM REED
MAYOR

JOEL G. BAKER
INTERIM 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 (Background and Recruitment Supervisor), psychometric examination, polygraph 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 (EMT-A) 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, must obtain a Georgia Class E Driver's License within 18 months.**
- **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 pertinent information while completing the employment application, preliminary interview questionnaires, polygraph or any other pre-employment document (s).
- Any felony conviction.
- Any outstanding criminal charge pending adjudication.
- Conviction of (2) or more misdemeanors within 3 years prior to application.
- Any discharge from military service, which is less than "honorable."
- 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 15-17 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.

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: qcampbell@altantaga.gov or by phone (404) 546-7000.

EMPLOYMENT QUESTIONNAIRE INSTRUCTIONS (Continued)

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.**

- A COMPLETED APPLICATION
- 4 COPIES OF HIGH SCHOOL DIPLOMA or CERTIFIED HIGH SCHOOL TRANSCRIPTS or GED CERTIFICATE
- A COPY OF CERTIFIED COLLEGE TRANSCRIPTS (If applicable, showing date of graduation)
- 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)
- 4 COPIES OF YOUR BIRTH CERTIFICATE (From the Bureau of Vital Statistics)
- 4 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.
- DOCUMENTATION RELATED TO ANY BANKRUPTCY FILED INDICATING DISMISSAL.

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 Supervisor)
9. Psychometric Examination
10. Conditional Job Offer
11. Polygraph 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: _____ Age: _____

5. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

6. Place of Birth: City: _____ State: _____ County: _____

7. Social Security Number: _____ - _____ - _____

8. Phone Number: Home (____) _____ - _____ Cell (____) _____ - _____

Email Address: _____

9. Georgia Driver's License Number: _____ Class: _____ Exp. Date: ____ / ____ / ____

10. Out-of-state Driver's License Number: _____ State: _____
Class: _____ Exp. Date: ____ / ____ / ____

11. Are you a United States citizen? Yes No

12. Marital Status: (Please choose one that's applicable to you)
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 thorough background investigation, Captain's Interview (Background and Recruitment Supervisor), background investigation, psychometric examination, polygraph examination, 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 stationed out of 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.

MOST RECENT

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____ City: _____ ST: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

.....
From: _____ To: _____ Job Title: _____

Name of Employer: _____

Street Address: _____

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

Name of Supervisor: _____ Your Duties: _____

Reason for Leaving: _____

MILITARY

1. Have you ever served in a military or naval organization of the United States; to include the United States Reserves, National Guard, or the Coast Guard?

Yes _____ No _____

If yes, indicate Branch of Service: _____

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 _____

4. Have you ever used marijuana? Yes _____ No _____

If yes, when and what were the circumstances? _____

SUBSTANCE USE (continued)

5. Have you ever used any other illegal drugs other than marijuana?

Yes _____ No _____

If yes, when and what were the circumstances? _____

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

DATE FIRST USED DATE LAST USED NUMBER TIMES USED

- Marijuana _____
- Hashish _____
- PCP _____
- Angel Dust _____
- THC _____
- LSD _____
- Mescaline _____
- Magic _____
- Mushrooms _____
- Psilocybin _____
- Heroin _____
- Cocaine _____
- Quaaludes _____
- Speed _____
- Uppers _____
- Downers _____
- Methamphetamine _____
- 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.

2. Are you currently on probation, parole or under court supervision?

Yes _____ No _____

3. 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 Georgia Driver's License? Yes _____ No _____
2. Have you had a driver's license in any state other than Georgia in the past 3 years?
Yes _____ No _____

If yes, where: _____

3. Have you ever been convicted of driving under the influence of drugs or alcohol?
Yes _____ No _____

FINANCIAL BACKGROUND

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

2. Do you currently have civil actions against you (garnishments, liens, etc)?
Yes _____ No _____

If yes, give details: _____

3. Have you ever filed for bankruptcy? Yes _____ No _____

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

Home Address

City

State

Zip

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

Home Address

Date

City State Zip



ATLANTA FIRE RESCUE DEPARTMENT

GEORGIA DRIVER'S HISTORY CONSENT FORM

I hereby authorize the Atlanta Fire Rescue Department, to receive a copy of my Georgia driver's history information as part of my application for employment, or for use relative to performance of my official duties with this department.

Full Name (Print)

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 Georgia criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I understand that this consent form shall be valid for the duration of my employment with this department.

Full Name (Print)

Date of Birth

Signature (Including Maiden Name)

Social Security Number

Sex

Race

Date