



Sumter County Fire & Rescue

300 McMath Mill Rd.
Americus, GA 31719
229-924-6603 Fax: 229-924-6814
Fire Chief Jerry Harmon
Executive Assistant Nancy Zelaya

Volunteer Application

Personal Information

Last Name	First (given)	MI	Application Date
Street Address	Apt #	City	State Zip
Social Security Number:		Date of Birth:	
Email Address:			
Home Phone	Cell Phone	Work Phone	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If required by the advertised position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number:		Expiration Date:	Class:
Please indicate any professional/occupational license(s) (e.g., POST) you currently hold.			
License:	Issuance State:	License #:	Expiration:
License:	Issuance State:	License #:	Expiration:
License:	Issuance State:	License #:	Expiration:

Education and Special Training

Highest Level of Education Completed: HS/GED College Grad School Other

Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.)

Name and Location	Total Hours Completed	Hours required for certification	Course/ Subject Taken	Certificates Received

Language Skills: in what languages, other than English, are you proficient? List Languages/ check proficiency

Language	Read	Speak	Write	Understand
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computer skills and Abilities: list computer software with which you have knowledge and experience:

Work Experience

Current Employer				Employer:		
From Month/Year		To Month/Year		Total time with employer	Address:	
					Telephone #:	
Hours per Week					Your Jo Title:	
Starting Salary			per			Supervisor's Name and Title:
Ending Salary			per			Reason for Leaving Position:
Specific Duties						
Number of employees supervised (if applicable):						
May we contact this employer regarding your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Previous Employer				Employer:		
From Month/Year		To Month/Year		Total time with employer	Address:	
					Telephone #:	
Hours per Week					Your Jo Title:	
Starting Salary			per			Supervisor's Name and Title:
Ending Salary			per			Reason for Leaving Position:
Specific Duties						
Number of employees supervised (if applicable):						
May we contact this employer regarding your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Fire Service

Have you previously been affiliated with any other Fire Department? Career Volunteer No

Department Name: _____ Rank: _____

Contact Name: _____ Phone No. _____

Department Name: _____ Rank: _____

Contact Name: _____ Phone No. _____

References

1. _____ Name	Phone #	Relationship	Years Known
Street Address	City	State	Zip
2. _____ Name	Phone #	Relationship	Years Known
Street Address	City	State	Zip

3. Name	Phone #	Relationship	Years Known
Street Address	City	State	Zip

Legal

Have you ever been convicted of a felony or a misdemeanor? Yes No

If "YES" explain nature of offense(s), date(s), and disposition(s)

Have you ever been charged in any traffic citations in the last five (5) years? Yes No

Have you been charged with controlled substances or alcohol related offense? Yes No

If "YES" explain nature of offense(s), date(s), and dispositions (s)

Certify

By my signature, I certify that the above information is true to the best of my knowledge.

Applicant's Signature _____ Date: _____

Approval

Recommended approval of applicant? Yes No

Comments: _____

Signature of Interviewer

Date

Signature of Interviewer

Date