



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

_____/_____/_____

Signature of Interviewer

Date

_____/_____/_____

Signature of Interviewer

Date

_____/_____/_____

Signature of Interviewer

Date

_____/_____/_____

Signature of Interviewer

Date