



EMPLOYMENT APPLICATION PACKET

Newton County Fire Service



PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

A resume may accompany the application; however, consideration for a position is based on the information submitted on this form, along with any supplementary materials specified on the job announcement. All materials must be received no later than the closing date specified. Documentation submitted becomes the property of Newton County and will not be returned. Unsolicited resumes, or materials requesting general consideration for any position, will not be considered or retained. Currently, we do not accept applications via email or fax. You must either mail it in or hand deliver it to our Human Resources office at 1124 Clark Street Covington, GA 30014.

You are required to submit a copy of your birth certificate, HS diploma or equivalent and a 3 year MVR from the department of driver services with this application.

First Name	Middle Name	Last Name	Social Security Number (Last 4 digits) XXX - XX -
Other Names (List any other names used if different from above)			Phone Number
Current Address (Number/Street/City/State/Zip Code)			Alternate Number
E-mail Address:			Email notifications?

Are you authorized to work in the United States? **YES** **NO**

Please provide the **Date of the Posting** and **Job Title** for the position for which you wish to apply.

Announcement Date

Job Title:

Date you can start: _____

REFERRED BY: _____

EDUCATION		
High School Name:	City/State	Graduated: <input type="checkbox"/> YES <input type="checkbox"/> Diploma <input type="checkbox"/> GED
		NO Last Grade Completed:
Advanced Studies (Technical School, College, University Etc.):	City/State	Type of Diploma / Degree / Certificate & Year Completed:
Major:	Minor:	Undergraduate Hours:
Graduate Studies:	Graduate Hours:	*Transcripts may be required.

Newton County is an Equal Employment Opportunity (EEO) employer and does not discriminate on the basis of race, color, national origin, religion, gender, age, veteran status, sex, marital status or disability (in compliance with the Americans with Disabilities Act) with respect to employment opportunities.

Newton County is an at-will employer. We Comply With The Drug Free Workplace Guidelines

GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper column.			YES	NO
1. Are you presently working for or have you previously worked for Newton County? If yes, please list date and department.				
2. Do you or your spouse have any relatives presently working for Newton County government? If yes, please list the name(s), relationship and the department in which employed.				
3. Have you recently applied for another position within Newton County government? If yes, please list date and job title.				
4. Are you licensed to operate a motor vehicle? If Yes, Driver's License No. _____ State: _____ Class: _____ Expiration Date: _____ If No, Identification No. _____ D.L. Endorsement, if any: _____				
5. Are you willing to work the hours assigned?				
6. Have you been convicted of a felony within the last seven years? If YES, please use the space below to briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. Newton County will not deny employment to any applicant solely because the person has been convicted of a crime. The County, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied.				
7. Other language(s) fluently Spoken:	Read:	Write:		
8. Machine and Equipment skills:	9. Computer:	10. PC software applications:		
11. Special qualifications and skills: (Use this space to indicate any, skills, licenses, or certifications, etc.; which in your opinion would qualify you for the position you seek.)				

EMPLOYMENT HISTORY

Employer:		Job Title:		
Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time
Reason For Leaving:		May we contact this employer? YES NO		Part Time
		Phone Number:		Temporary
Duties:				

Employer:		Job Title:		
Address: (Number/Street/City/State/Zip Code)		Supervisor's Name & Title:		
From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time
Reason For Leaving:		May we contact this employer? YES NO		Part Time
		Phone Number:		Temporary
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From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:	Full Time
Reason For Leaving:		May we contact this employer? YES NO		Part Time
		Phone Number:		Temporary
Duties:				

REFERENCES

List three persons other than relatives who have definite knowledge of your qualifications.

Full Name	Home or Business Address (Number/Street/City/State/Zip Code)	Phone Number	Business or Occupation	Years Acquainted

By submitting and signing this application, I authorize and request any public or private business or other employer for whom I have worked or been employed, or with whom I have sought employment, to supply Newton County with any and all records pertaining to me that have been kept in the usual course of business. The information obtained may be used by Newton County in making decisions with regard to my employment.

I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and previous employers will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Newton County, I will be required to pass a drug test as a condition of employment.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS SIGNED & DATED; AND ALL QUESTIONS ARE ANSWERED.

DATE: _____

APPLICANT'S SIGNATURE : _____

ACKNOWLEDGEMENT OF AT WILL EMPLOYMENT

I hereby acknowledge that my employment relationship with Newton County is strictly one of AT WILL employment. I understand that I may end the employment relationship at any time and for any reason not prohibited by law, and my employer may do the same. I understand that my AT WILL employment status may not be changed except by express written contract approved by the Board of Commissioners.

Employee/Applicant signature:	Date:
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NEWTON COUNTY HUMAN RESOURCES

1124 Clark Street
Covington, Georgia 30014
www.co.newton.ga.us

AUTHORIZATION TO RELEASE INFORMATION

I have applied to Newton County, Georgia, for employment. Part of the employment process is an investigation and verification of information I provide or will provide on my application for employment and in occasional reports during my employment with Newton County, Georgia.

I do hereby authorize a review of and full disclosure of all records concerning me to Newton County. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment records; financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics and private practitioners, and employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me whether representing me or another person in any case either criminal or civil, in which I presently have or have not had an interest; criminal history record information which may be in the files of the State of Georgia or local criminal justice agency and/or any other information contained in your files relevant to my employment with Newton County, Georgia.

I hereby fully and finally release and discharge Newton County, Georgia, and its officials, employees and agents from any and all liability for acts and omissions taken pursuant to this authorization. I similarly release all persons, corporations, and other entities who release any information or documents pursuant to this authorization. I represent and warrant that I will not, directly or indirectly, seek disclosure of information obtained pursuant to this authorization either to me or to anyone else. I also understand that this executed document may be used in any process of promotion, transfer or demotion to a position for which I have applied.

I have carefully read and fully understand the contents of this authorization and I execute it voluntarily as my own free act and deed.

Full Name <i>(printed or typed)</i>	Date:
Street Address <i>(City, State, Zip)</i>	
Social Security Number:	Signature:

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Notary Public *(must be notarized)*

• This authorization is valid for 60 days or until application is invalidated. To be completed by Human Resources:

Date of Birth:	Race:	Sex:	Purpose Code:
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NEWTON COUNTY HUMAN RESOURCES

1124 Clark Street
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www.co.newton.ga.us

NOTICE TO JOB APPLICANTS NEWTON COUNTY'S DRUG SCREENING POLICY

Newton County has a strong commitment to its employees to provide a safe work environment and to promote high standards of employee health. The County also has a strong commitment to provide high quality public service. Consistent with the spirit and intent of these commitments, the Board of County Commissioners has determined that there is a compelling need for a county policy on drug use, which includes chemical testing for recent use of controlled substances.

Upon an offer of employment by the County and prior to final appointment, job applicants will be asked to consent to a controlled substance screening test. If the initial screening test indicates that the applicant has recently used controlled substances, the applicant will be notified of the test results.

Before a test is administered, applicants will be asked to sign a consent form authorizing the test and permitting release of test results to those county officials with a need to know.

If an applicant refuses to consent to a test, or if testing indicates use of controlled substances, the offer of employment will be retracted, and the applicant will be denied employment with the County. Applicants will be informed if they are rejected on the basis of test results.

All information from an applicant's drug evaluation is confidential to the extent permitted by law, and only those with a need to know are to be informed of test results. Disclosure of such information to any other person, agency, or organization is prohibited unless required by law or a written authorization is obtained from the applicant.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not part of your employment application or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, disabled veteran and other protected status of employees. This data is for statistical analysis.

Name:		Date:
Address:		
City:	State:	Zip:
Social Security No.		

Complete Only The Sections Below That Apply

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:		
Check One of the Following: (Ethnic Origin): NOTE: Any choice other than Hispanic/Latino means Not Hispanic/Latino			
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Two or more races	
Check If Any of the Following are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Person with Disability			



NEWTON COUNTY HUMAN RESOURCES

1124 Clark Street
Covington, Georgia 30014
Tel: (678) 625-1212 • (678) 625-1210

I, _____ understand that as a condition of my at will employment with Newton County Fire Department, the following requirements must be met:

1. be at least 18 years of age (certified copy of birth certificate); COPY OF BIRTH CERTIFICATE MUST BE SUBMITTED WITH APPLICATION PACKET
2. not have been convicted of a felony in past 10 years;
3. of good moral character as determined by investigation;
4. good physical condition as determined by a medical examination;
5. meet minimum physical fitness requirements;
6. copy of high school diploma or general education development certificate MUST BE SUBMITTED WITH APPLICATION PACKET
7. have an oral interview with the hiring authority and/or representatives;
8. possession of a valid Class B Georgia driver's license; COPY OF DRIVERS LICENSE AND CURRENT 3 YEAR MOTOR VEHICLE REPORT MUST BE SUBMITTED WITH APPLICATION PACKET
9. complete certification required by Georgia Firefighter Standards and Training Council within 12 months of employment and maintained annually thereafter. * as determined by G.C.I.C. and N.C.I.C. processing

I acknowledge by my signature that I have been given a copy of this statement, understand its contents, and also understand that failure to complete any portion of these conditions will result in my being disqualified for employment.

Signature of Applicant

Date



NEWTON COUNTY HUMAN RESOURCES

1124 Clark Street
Covington, Georgia 30014
Tel: (678) 625-1212 • (678) 625-1210

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

I understand that any information obtained by a personal background investigation, which is developed directly or indirectly, in whole or 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; and 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

Phone Number

City, State, & Zip

Social Security Number

Date of Birth

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.

WHAT TO EXPECT DURING THE PHYSICAL ABILITIES TEST

TEST ACTIVITIES INCLUDE THE FOLLOWING EVOLUTIONS:

Evolution # 1

Stair Climb: Applicants will be required to walk up five flights of stairs while simultaneously carrying 1 section of 1 3/4" hose. This hose shall be dropped on the platform at the top of the stairs. At no time shall running or skipping of steps be permitted. Once the hose has been dropped at the top of the platform, the applicant shall move to Activity 2.

Evolution # 2

Hose Hoist: At the top of the platform, the applicant shall pull a section of 2 1/2" hose up to the top of the platform and over the railing utilizing the rope provide at the top of the platform. Individuals will not be permitted to slide rope through hands. This evolution is completed when the hose section is on the platform.

Evolution # 3

Beam Slide: Applicants shall move from the top of the stairs to the beam slide where they will be required to move a 150 lb. beam along a slide by striking it repeatedly with a rubber sledge hammer until the beam has been moved a minimum of six feet.

Evolution # 4

Hose Advance: Applicants shall walk a distance of 150' from the Beam Slide and pick-up the nozzle of a pressurized 1 3/4" hose line. The individual will singularly advance the hose line a distance of 150', open the nozzle and flow water for not less than 2 seconds, close the nozzle and lay the hose on the ground.

Evolution # 5

Rescue Drag: Upon completion of Activity 4, the applicant shall pick-up a 175 lb. dummy and drag it a distance of 150'. Dragging by the arms and legs will not be permitted at least 75% of the torso must be of the ground. Crossing 150' mark shall constitute completion of the Physical Agility Test.

NOTE: There is nothing that prevents an applicant from resting between the various evolutions. However rest time will be calculated as part of the total test time.

SEVEN MINUTE MAX TIME

WHAT TO EXPECT ON THE BASIC SKILLS TEST EXAMPLES
TESTING ACTIVITIES WILL INCLUDE THE FOLLOWING
TYPES OF PROBLEMS

I. **Math** - Whole Numbers (adding, subtracting, multiplying and dividing)

A.
$$\begin{array}{r} 1125 \\ + 274 \\ \hline \end{array}$$

B.
$$\begin{array}{r} 12 \\ \times 14 \\ \hline \end{array}$$

C. $112 \div 14 =$

D.
$$\begin{array}{r} 872 \\ - 228 \\ \hline \end{array}$$

E. $3/16 + 2/8 =$

F. $3/4 - 2/3 =$

II **Spelling**

- A. Discharge Outlet
- B. Engineer
- C. Spreaders
- D. Extension Ladders

III **Written Comprehension**

The Snow of '97

I had been working for Newton County for about three weeks when it started to snow. Arriving at Station 10 at 7:45 in the morning I found my Lieutenant was already out on the first call of the day. By the time he returned snow was accumulating rapidly. We started running calls for power lines down, fire alarms, trees down, and transformers blowing up. Our workday is 24 hours and the snow and ice had accumulated to about six inches on the road. I knew my Captain could drive, but I was still uneasy with the roads being so slick. That night we ran six structure fires; one right after the other. I was so tired, but I kept going. By 8:00 the next morning we were relieved by the on coming shift. My Captain and I had run 26 calls in a 24-hour period. I was a rookie when the snow started and was a firefighter when the snow stopped. It was great.

1. How long had I worked for Newton County when it started to snow?

2. Was my Lieutenant there when I arrived at work?
3. What station was I working out of?
4. What kind of calls did we run during the day?
5. What time did I get off duty?
6. How many calls did we run during our 24-hour shift?
7. How many were structure fires?
8. What did I think of the 24-hour shift?
9. How much snow and ice had accumulated on the roads?

IV Writing Skills

Write a paragraph on why you think you are a good driver?