

Charlton County Fire Rescue



Junior Firefighter Application

			Date:	
Full Name:	Last	First	M.I.	
Address:	Street Address			Apartment/Unit #
			State	ZIP Code
Phone:	City	E-mail Add	ress:	
			urity No.:	
	for:		If no, are you authorized to work in the U.S.?	YES NO
	of the United States?	YES NO	If yes, when?	
Have you ever w	orked for this company?	YES NO	If yes, when?	
		ED	UCATION	对于1000年的第二
		Av-H-th	YENG:	
From:	To:	Did you grad	uale? veswo Degree:	
College:		Addition	(296)	
From:	To:	Did you grad	luate? YES NO Degree:	
			NESHS:	
		Did you grad	wate? YES NO Degree:	
			PERENCES	
Please list three p	orofessional references.			
Full Name:			Relationship:	
Full Name:				
Company:			Phone:	
Address:				
			Relationship:	
company:			Phone:	
Address:				

RELEASE OF LIABILITY FOR DAMAGE CLAIMS

Ivalile of Child/Vvaru
My child [or Ward, as the case may be], identified above, has been invited to participate in the <u>Junio</u> <u>Firefighter Program</u> , which is organized and managed by the Charlton County Fire Rescue Department
Charlton County, Georgia. I recognize that a participant in this program will enjoy significant benefits
learning the skills associated with the esteemed vocation of being a firefighter. Such a participant w learn team participation, the value of physical fitness when applied to a job, the science of fir suppression, and the mechanical operation of fire fighting equipment; among other skills.
Efforts will be made by members of the Charlton County Fire Rescue Department to prevent injury t participants in this program. However, I am aware that even when safety measures are taken, the
training involved with this program, and participation in this program, is dangerous and may result i
serious injury.
In consideration for the benefits accruing to my child/ward, I release Charlton County, and its agents whare involved with the Junior Firefighter Program, from any liability for damages due to the injury of michild/ward while participating in this program.
This date:
Parent or Guardian of the subject child Name printed

DISCLAIMER AND SIGNATURE

certify that my answers are true and complete to the best of my knowledge.

this application leads to employment, I understand that false or misleading information in my application or interview may result my release.

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Signature:		Date:	

Application Process:

- Complete application.
- Acquire the needed Georgia Criminal Background Check pay the \$50.00 fee and present receipt with application.
- 3. Sign and have witness sign the Physical Agility Waiver.
- 4. Upon being contacted arrive on time for assessment on date given
 - a. Written Assessment
 - b. Physical Agility Assessment
 - c. Interview Assessment
- 5. Assessment Results will be presented to the Fire Board of Charlton County for confirmation.
- 6. You will be advised in writing as to the results and next part of the process.