

White County
Public Safety Volunteer Application Process

1. Application packets for volunteers shall be picked up from the Board of Commissioners Administrative Office
1235 Helen Hwy, Cleveland, GA 30528
2. Applicants must complete the packet and provide the following documentation:
 - Application (pg 2-5)
 - Complete the Criminal History & Motor Vehicle Record Consent Form (pg 6 & 7)
 - Copy of **Valid Georgia Driver's License**
 - Copy of his/her **Valid Personal Vehicle Insurance Card or Policy**
 - Copy of any relevant **Certificates of Training or Certification**
 - i. **Required Training with Application: CERT, IS-100, IS-700**
3. Application is reviewed by HR for missing and/or required data. (NOTE: Failure to supply all required information will result in a rejected application.)
4. HR will complete MVR and Criminal Background.
5. HR will send complete packet to Public Safety Office through inter-office mail for review and interview, by Division Chief and/or Director.
6. After complete package is reviewed by Division Chief and/or Director and the decision is made to continue applicant through the process, Admin. Assistant will complete payroll change notice signed by the Director.
7. Division Chief or Director will meet with County Manager and provide all documentation and request approval to proceed with applicant.
8. If approved (by all parties including County Manager), complete packet will be given to HR. HR will contact the applicant and schedule alcohol/drug screen process.
9. HR will receive results and notify the Public Safety office. HR will schedule a meeting for applicant's paperwork completion (in conjunction with Public Safety office – as applicant will go to Public Safety after HR paperwork).
 - Email will be sent to all parties affective of date applicant is scheduled
 - During competition of paperwork, email will be sent to ACCG to add to WC
10. All personnel shall serve a six (6) month probationary period.

Office Staff, please check off boxes at the end of each line when completed.

White County Government
Human Resources Office
1235 Helen Hwy
Cleveland, Georgia 30528

Telephone: (706) 865-2235
Fax: (706) 865-1324

APPLICATION FOR PUBLIC SAFETY VOLUNTEER

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status.

Personal Data

Last Name First (given) Middle Other name(s) under which you have been employed

Address: Street Apt # City State Zip Code

E-mail Address

Telephone: Cell Residence Social Security Number

Do you understand that you are applying for a volunteer position and will be paid a nominal fee on a per call basis? No Yes
Are you 18 years old or older? _____ Are you eligible to work in the United States either because you are a U. S. citizen
or have U.S. government permission to do so? No Yes

NOTE: If offered this position you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? No Yes If yes, when and where? _____

Give name, relationship, & department of any relatives currently employed with White County Government _____

Are you able to perform the job duties listed for a volunteer firefighter without an accommodation?

Yes No If no, what accommodation is needed? _____

A valid driver's license is required for volunteering, do you have a valid driver's license? No Yes

License # _____ Type _____ State _____

Have you had any traffic violations in the past 3 years? No Yes If yes, type of offense and dates: _____

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law?
(Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law).

NO Yes If Yes, give complete details: (Date, Place, Charges, Disposition) _____

NOTE: A conviction will not necessarily bar you from volunteering. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

"We are an Equal Opportunity Employer"

EDUCATION

Do you have a high school diploma or its equivalent (G.E.D./USAFI Certificate)? NO YES

If yes, please list the name and address of the high school or state authority issuing the diploma or certificate.

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	Hours Earned		Major	Degree	Date Received
			Quarter	Semester			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. Include office equipment, computer skills, foreign language skills, and special honors that may relate to the position for which you are applying.

REFERENCES - Give names, addresses, and telephone numbers of three (3) references who are not related to you and are not previous employers.

1. _____
 Name Phone #

Address: Street Apt # City State Zip Code

2. _____
 Name Phone #

Address: Street Apt # City State Zip Code

3. _____
 Name Phone #

Address: Street Apt # City State Zip Code

Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. Have you ever been disciplined, fired, or asked to resign from any job? No Yes If yes, why? _____

Company Name: _____ Telephone: _____
Address: _____ Employment Dates:
_____ From _____ to _____
Name of Supervisor: _____ Annual Salary: _____
Position Held: _____ Reason for Leaving: _____
Describe Your Duties: _____

Company Name: _____ Telephone: _____
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Position Held: _____ Reason for Leaving: _____
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Address: _____ Employment Dates:
_____ From _____ to _____
Name of Supervisor: _____ Annual Salary: _____
Position Held: _____ Reason for Leaving: _____
Describe Your Duties: _____

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

(Please duplicate this page if needed)

Applicant's Certification and Agreement

Authorization to Release Information

Conditions of Volunteering

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am accepted by the White County Government, I agree to conform to the policies, rules and regulations of the government set forth in the White County Government's policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by White County at any time, at the White County's sole option.

I further acknowledge that if I become a volunteer with White County Government, my volunteer status will be at-will and may be terminated with or without cause at any time by me or by White County.

If required by White County Government for the position I am applying, I consent to undergo a physical examination, after I have been offered as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR NINETY (90) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING.

May we contact your present employer? No Yes Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____

****White County Government is a Drug Free Workplace**
Alcohol and Controlled Substance Testing**

As a condition of volunteering with White County Government , you will be required to submit to an alcohol and controlled substance screening test. In order to volunteer, you must successfully pass this screening test. Candidates rejected for failing to pass the required screening will be required to wait at least 12 months before reapplying. Volunteers must, as a condition of volunteering, abide by the White County Substance Abuse / Drug Testing Policy. Volunteers who are indicted for, or convicted of, a controlled substance related violation under state or federal law, or who plead guilty or no contest to such charges must inform their Supervisor or Human Resources in writing within five days of the conviction or plead (this is a requirement of the Drug Free Workplace Act of 1988). **Should you be accepted as a volunteer with White County Government, your position will be subject to post accident and reasonable suspicion testing. All safety sensitive positions will be subject to random drug and alcohol testing. These requirements are in accordance with the County's Substance Policy.**

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: _____ Signature: _____

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ White County Sheriff's Office _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

- This authorization is valid for 90 (ninety) days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E – Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z – Sworn Criminal Justice Employment (State & Ill info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____
 Wanting Agency Telephone: _____

 Agency Designee Signature and title Date

**WHITE COUNTY HUMAN RESOURCES DEPARTMENT
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD**

I understand that driving a White County vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the White County Human Resources Department, to obtain any information in my files pertaining to my driving record for the time period indicated below on an annual basis upon hire.

This release is executed with full knowledge and understanding that the information is for official use of the White County Human Resources Department for the purpose of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the White County Human Resources Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

Full Name: _____ Male Female
(Print)

Date of Birth: _____ Driver's License Number: _____ State Where Issued: _____

Driver's License Expiration Date: _____ Request: Three-year _____ Seven-Year _____

Signature: _____ Date: _____

***All applicants applying for positions requiring the operation of a county vehicle (or a personal vehicle, as required) must provide a satisfactory three year driving record upon notification.**