



GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL

VOLUNTEER FIREFIGHTER APPLICATION

Candidate Name _____

GFSTC ID# _____

TO BE MAINTAINED LOCALLY BY FIRE DEPARTMENT/AGENCY AND AVAILABLE FOR REVIEW BY GFSTC STAFF

O.C.G.A. 25-4-8 specifies that a person certified must complete the following criteria:

- a) Be at least 18 years of age as verified by the Fire Chief or his/her designee through an inspection of a birth certificate, a valid Georgia Driver's License or a government issued photo identification that includes the applicant's date of birth.
- b) Be a legal United States citizen or possess valid and current documentation to be legally employed in the State of Georgia.
- c) Not have been convicted of a felony in any jurisdiction within ten years prior to employment/appointment (except as provided in OCGA 25-4-8). For registration of volunteer personnel, original or certified copies of the original criminal history search made of local and state databases to disclose any criminal record. Criminal history documents used to determine the eligibility for fire service personnel must be current.
- d) Has successfully completed the GFSTC approved minimum training course curriculum or equivalent.
- e) Has successfully completed the GFSTC approved physical agility test (**The physical agility test requirement for Support Volunteer Firefighter registration shall be determined by the fire chief.**)
- f) Has successfully completed the written examination as approved by the GFSTC within one year.
- g) Have a good moral character as determined by investigation of the criminal history of the candidate to verify that there are no recent patterns of criminal involvement or intent related to stealing, cheating, lying, or other offenses that may indicate a disregard for the law or ethical and moral conduct under the procedure approved by the GFSTC.
- h) Be in good physical condition as determined by a medical examination.
- i) While not required at this time, GFSTC recommends that all volunteer personnel possess or achieve within 12 months after employment/appointment a high school diploma or a general education development (GED) equivalency. However, this is a requirement for a State Certification.

This booklet is provided to help the department ensure that all the above items have been met. To apply for volunteer classification, complete each page and include all supporting documents as shown. When completed, maintain for onsite review and store these records as per local agency requirements.

(WHEN COMPLETED IN ITS ENTIRETY, MAINTAIN FOR ON-SITE REVIEW AND FORWARD THE COMPLETED REGISTRATION APPLICATION TO GFSTC)

CHECK OFF SHEET FOR COMPLETING THIS PACKAGE

Be sure all forms listed below are included in the package before sending the Volunteer Application Package to GFSTC.

Maintain for on-site review by GFSTC Staff.

- Applicant information sheet (page 3)
- Personal History release form (page 4)
- Birth Certificate or accepted proof of age (attached) (page 5)
- Form I-9 Employment Eligibility Verification form (pages 7-8)
- Local and state background check results (page 10)
- Basic training course approved by GFSTC
- Written Certification Test completed within 12 months
- Good Moral Character form (page 11)
- High School or GED (attached) (Page 12)
- Medical Affidavit (with signature) (page 13)
- Physical Agility Form (Page 14)
- Completed Registration Application (Page 15)

APPLICANT INFORMATION
Completed by Applicant

First Name	MI	Last Name	GFSTC ID
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Career

Volunteer

Part-Time

Employing/Appointing Fire Department _____

Have you previously held a state certification issued by GFSTC? Yes _____ No _____

If yes, list your Georgia State Certification number _____

Department where state certified _____

Date Georgia Certification Test completed _____

O.C.G.A.- 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.

I attest and affirm that I have reviewed this application and the information supplied is true to the best of my knowledge.

PRINT Name of Chief or Designee

PRINT Name of Firefighter

Signature of Chief or Designee

Signature of Firefighter

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 Standards and Training Council.

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

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

City, State, Zip

Social Security Number

Date of Birth

Phone Number

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.

CANDIDATE MUST BE AT LEAST 18 YEARS OF AGE

O.C.G.A. 25-4-8 (a) (1) requires that any person certified as a firefighter be at least 18 years old.

Supplying a copy of a birth certificate may satisfy this requirement.

In lieu of a birth certificate, attach a valid Georgia Driver's License PLUS one (1) or more of the following documents that include the full name of the applicant:

- Baptismal record
- Draft card
- Court records
- Passport
- Citizenship papers
- Armed Forces discharge papers (DD214)
- Certified copy of school records

ATTACH AUTHORIZED PROOF OF AGE

DOCUMENTATION TO LEGALLY WORK IN THE STATE OF GEORGIA

The employing/appointing fire department shall be provided with valid and current documentation by non-citizens of the United States of America that establish both identity and employment authorization. Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and non-citizen) hired after November 6, 1986 to work in the United States.

Employers are responsible for completing and retaining Form I-9. This form shall be completed on each member of the fire department and maintained for review by GFSTC staff upon request.

PLEASE ATTACH COMPLETED FORM I-9



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

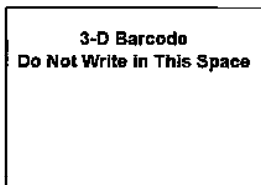
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<p align="center">LIST A Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">OR</p>	<p align="center">LIST B Documents that Establish Identity AND LIST C Documents that Establish Employment Authorization</p>
<p>1. U.S. Passport or U.S. Passport Card</p>		<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>		
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>9. Driver's license issued by a Canadian government authority</p>	
	<p>For persons under age 18 who are unable to present a document listed above:</p>	
	<p>10. School record or report card</p>	
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

CRIMINAL HISTORY FINGERPRINT SEARCH RESULTS

O.C.G.A. 25-4-8 (a) (4) requires that any person registered as a firefighter have a search made of local, and state files to disclose any criminal record. O.C.G.A. 25-4-8 (a) (2) specifies that a candidate may not be certified if they have been convicted of a felony within 10 years (except as provided in O.C.G.A. 25-4-8).

CRIMINAL HISTORY RESULTS MUST BE CURRENT AND AVAILABLE FOR REVIEW BY GFSTC STAFF UPON REQUEST.

As the Fire Chief or authorized designee, I verify I have reviewed the results of the local and state search to disclose any criminal record and that I have retained a copy of the GCIC results. I further verify and attest the individual named below has not been convicted of a felony in any jurisdiction or of a crime which if committed in this state would constitute a felony under the laws of this state within 10 years prior to employment.

Print or type candidate name _____

Print or type Fire Chief or designee name _____

Fire Chief or designee signature _____

Date _____

O.C.G.A.- 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.

Note: A person who has been convicted of a felony more than five but less than ten years prior to employment may be certified and employed as a firefighter when the person has:

- Successfully completed a training program following the Georgia Fire Academy curriculum and sponsored by the Georgia Department of Corrections.
- Been recommended to a fire department by the proper authorities at the institution at which the training program was undertaken

Please contact Georgia Firefighter Standards and Training Council's office for specific direction on certification requests for an individual who falls into this category.

O.C.G.A. 25-4-8 (c) The council shall be the final authority with respect to authorizing employment and certification of a person who has been convicted of a felony more than five but less than ten years prior to seeking employment when the person is seeking employment as a firefighter for an municipal, county, or state fire department which employs three or more firefighters who work a minimum of 40 hours per week and has the responsibility of preventing and suppressing fires, protecting life and property, and enforcing municipal, county, and state codes, as well as enforcing any law pertaining to the prevention and control of fires.

VERIFICATION OF GOOD MORAL CHARACTER

O.C.G.A 25-4-8 (a) (3) requires that any person certified as a firefighter to be of good moral character as determined by an investigation. This is accomplished by an investigation of the criminal history of the candidate to verify that there is no recent pattern of convictions of crimes involving stealing, cheating, lying or some other offense that may indicate less than good moral character. Having an official from the fire department complete the following statement may satisfy this requirement.

Through an investigation as described above, I have determined that

_____ is of good moral character.
Candidate's Name

Chief or Designee Signature

Print Name of Chief or Designee

Date _____

HIGH SCHOOL DIPLOMA OR STATE ISSUED GED

OCGA 25-4-8 (a) (6) requires that any person certified/appointed as a firefighter to have a high school diploma or a General Education Development (GED) diploma. Providing one of the following may satisfy this requirement:

- a) High school diploma (copy)
- b) College diploma (copy)
- c) Certified high school transcript showing high school graduation (a copy of a high school transcript will be accepted provided it has been notarized to be a true and exact copy of the original)
- d) Certified college transcript showing high school graduation (a copy of the college transcript will be accepted provided it has been notarized to be a true and exact copy of the original)
- e) General education development diploma (GED) (copy)

GED must be awarded by a state. United States Armed Forces Institute (USAFI) must be converted to a state awarded certificate. In order to convert the USAFI to a state awarded certificate the candidate must correspond with:

Georgia Department of Technical and Adult Education

Office of Adult Literacy/GED Testing Services

1800 Century Place, Suite 555

Atlanta, Georgia 30345

***ATTACH HS DIPLOMA, STATE ISSUED GED OR
ACCEPTED EQUIVALENT***

MEDICAL AFFIDAVIT

PHYSICIAN MUST USE THIS FORM

Note to medical personnel:

This applicant, if appointed, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not, limited to the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non- emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

_____ is applying to become a registered/certified firefighter.

I have examined _____ and to the best of my knowledge this person is in good physical condition.

Name of Physician, Physician Assistant, or Nurse operating under a physician's authority

Address

Authorized Signature

Date

PHYSICAL AGILITY TEST COMPLETED

OCGA 250408 (a) (5) requires that any person certified as a firefighter complete the physical agility test as approved by the Council. The Physical Agility Test approved by the Georgia Firefighter Standards and Training Council (GFSTC) is the six-task test known as the *Georgia Certified Firefighters Physical Agility Test*. Instructions for conducting this test may be found at www.gfstconline.org. In lieu of the state approved test, a local test reviewed and accepted by GFSTC may be used.

Having an official from the fire department complete the following may satisfy this requirement:

Candidate's Name

Has successfully completed the *Georgia Certified Firefighters Physical Agility Test* or the following accepted test _____

Name of Official verifying completion of Physical Agility Test:

Signature of official verifying completion of the Physical Agility Test:

Date test was successfully completed _____ Time to complete test _____



GEORGIA FIREFIGHTER STANDARDS & TRAINING COUNCIL

REGISTRATION APPLICATION

Volunteer Support

Volunteer Suppression

Part-Time

Inmate

COMPLETE AND RETURN THIS FORM FOR EACH NEWLY APPOINTED CANDIDATE AFTER ALL STANDARDS AS SET FORTH IN O.C.G.A 25-4 AND RULES & REGULATIONS OF THE GEORGIA FIREFIGHTER STANDARDS & TRAINING COUNCIL HAVE BEEN SUCCESSFULLY COMPLETED.
(PLEASE TYPE OR PRINT LEGIBLY)

SPONSORING AGENCY/FIRE DEPARTMENT _____

CANDIDATE'S NAME _____
(First) (Middle) (Last)

GFSTC ID# _____ DATE OF APPOINTMENT _____

Place a mark by each statement that is true and correct for the candidate. All applicable supporting documentation must be included in the previous pages of the Volunteer Application Package.

- (a) Is at least 18 years of age
- (b) Is a legal U.S. citizen or possesses valid and current documentation to legally work in the State of Georgia
- (c) Has not been convicted of a felony in the past 10 years (except as provided in OCGA 25-4-8)
(Criminal History must be current)
- (d) Has successfully completed the GFSTC approved minimum training course curriculum or equivalent
- (e) Has successfully completed the GFSTC approved physical agility test **(The physical agility test requirement for Volunteer Support Firefighter registration shall be determined by the fire chief)**
- (f) Has successfully completed the written examination as approved by the council within one year
- (g) Is of good moral character as determined by investigation approved by the GFSTC
- (h) Has or is actively working toward a high school diploma or a general education development equivalency (GED)
- (i) Is in good physical condition as determined by a medical examination

All Volunteer Suppression Firefighters must successfully complete a Structure Fire Control class as approved by the GFSTC. This class is not required for Volunteer Support Firefighter

I HAVE MET ALL THE ABOVE REQUIREMENTS _____
(Candidate Signature)

I hereby attest and affirm that the information supplied herein is true and correct to the best of my knowledge and is on file at the fire department and available for review by GFSTC staff.

SIGNATURE FIRE CHIEF/DESIGNEE _____ Date _____

PRINT FIRE CHIEF/DESIGNEE _____

Sworn to and subscribed before me this date _____	GFSTC USE ONLY
Notary Public _____	REGISTERED Y N REGISTRATION DATE _____
My commission expires _____	STAFF INITIAL _____ REGISTRATION# _____

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.

This certification package is to be completed in its entirety including all supporting documentation **and be maintained locally** for review by GFSTC staff upon request



O.C.G.A.- 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.