



Peach County Fire Department Membership Application

Station # _____

Full Name _____ Date of Birth _____

Address _____

Phone #: Home (____) _____ Mobile (____) _____

SSN# _____ Drivers License # _____ Class _____

Driving Restrictions _____ Employer _____

List Disabilities and/or illnesses _____

Special Skills and/or Certifications _____

Emergency Contact _____ Phone # _____

Address _____

Any one applying to become a member of the Peach County Fire Department will be subject to a background check, Drivers History, pre-employment and random drug screens

All applicants must furnish:

1. A five (3) year drivers history from Georgia Department of Public Safety
2. A criminal history from a certified law enforcement agency in the state of Georgia
3. Approved High School Diploma or Valid G.E.D (as verified by GFFSTC)
4. Valid Georgia Drivers License
5. Signed Medical Affidavit

Applicant will be subject to a pre-employment Drug Screen, once successfully completing A Physical Agility Test

All new applicants must follow new applicant procedures within the Peach County Fire Department SOG program, General Procedures (1.0), Membership (1.1.0)

Signature _____

Date _____