

MARIETTA FIRE DEPARTMENT

Name _____
Address _____

Background Investigation Booklet

The following are employment requirements for the City of Marietta Fire Department. The completion of this application does not stand as an agreement or promise to hire. All information written in this application will be used to determine the suitability and qualifications of the applicant for employment reasons.

1. Please print or type in black ink only.
2. Complete all questions in detail where explanations are necessary.
3. Any questions/sections not pertaining to you, individually, list as "N/A".
4. If more writing space is needed throughout the application, use the pages provided in back of the booklet, listing applicable page number and question.
5. You must provide all supportive documents required by this department.
6. Authorization for release of information must be notarized.

All Marietta Fire Department applicants who are being considered will be subject to the following procedures:

- Complete Information Packet
- Complete Background Investigation
- Credit Report
- Driving History
- Criminal History
- Interview
- Physical Agility Exercise

The final hiring process will involve the following:

- Conditional Offer of Employment
- Medical Evaluation
- Polygraph Examination
- Psychological Evaluation
- Final Interview

About Your Background Investigation

Why is a background investigation necessary? _____
Initial

The general public expects Public Safety employees to be of good character and reputation, fit to serve their needs. To facilitate this public demand and the requirements of law, a confirmation of certain personal and work-related information is accomplished for each applicant. This investigation is not intended to discover derogatory information about you, but to confirm your suitability for the job. Data is gathered from various information sources as well as personal interviews with references, acquaintances, and past employers. Information you provide, as well as information the investigation reveals, is STRICTLY CONFIDENTIAL and will not be released to unauthorized persons.

Should you have any questions regarding your employment process, contact a member of the Marietta Fire Department Training Division

Thank you for your interest in employment with the Marietta Fire Department.

Change of Information: _____
Initial

It is the responsibility of each applicant to notify the Marietta Fire Department Training Division of any and all changes in information which has been entered in this booklet by the applicant.

By affixing your signature to the "Acknowledgment" page at the end of the booklet, you agree to keep Marietta Fire Department Training Division informed of any and all changes to the information you have entered or otherwise provided either verbally or written. This includes, but is not limited to arrests or criminal charges, job terminations, changes in financial status, civil litigation, illegal drug use, residence changes, telephone number changes, or other information.

Your notification of changes in information can be made in person, by telephone, or in writing, but only to a member of the Marietta Fire Department Training Division.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Marietta Fire, Police, and the City of Marietta Personnel Departments to receive any criminal, driver, and credit history information pertaining to me which may be in the files of any state, local, or federal criminal justice agency or any relevant credit bureau.

I also request and authorize a review and full disclosure of all records concerning me to any duly authorized agent of the Marietta Fire Department whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions or reporting agencies including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veteran's Administration; employment and pre-employment records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had an interest. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining the suitability for employment by the Marietta Fire Department. 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.

I hereby release any and all organizations, previous employers, reporting agencies and others as stated above from any liability or damage which may result from furnishing the information requested above.

I certify the information I have entered on this form is true and accurate, to the best of my knowledge, under penalty of law.

Print Name _____ Address _____

Sex _____ Race _____

Signed this _____ Day of _____, 20_____

Signature _____

Date of Birth _____ Social Security No. _____

Notary Public: _____ Seal _____ Date: _____

My Commission Expires on _____

Marietta Fire Department
112 Haynes Street
Marietta, Georgia 30060-1973
(770) 794-5455

MARIETTA POLICE DEPARTMENT
240 LEMON ST.
MARIETTA, GA. 30060
PHONE 770-794-5334 FAX 770-794-5301
CHIEF OF POLICE - DAN FLYNN

Georgia Crime Information Center
Criminal History Consent Form

I hereby authorize **MARIETTA POLICE DEPARTMENT** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name: **(PRINT)**

LAST FIRST MIDDLE (MAIDEN)

ADDRESS CITY STATE ZIP CODE

SEX RACE DATE OF BIRTH PLACE OF BIRTH SOCIAL SECURITY NUMBER

SIGNATURE DATE

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with firefighter agency, public/private agency, licensing, adoption/foster parents, individual record, public housing (Purpose code 'E')

One of the following must be checked:

- This authorization is valid for 90 / 180 days (circle one) from date of signature.

DO NOT WRITE BELOW...POLICE USE ONLY

- GEORGIA RECORD FOUND (SEE ATTACHED)
- NO GEORGIA RECORD FOUND

EMPLOYEE SIGNATURE DATE

PERSONAL DATA

Your Name:

First Middle Last

List any other names you have used or have been known by, and give reasons:

NAME	REASON

Your Address:

Number Street City State Zip

Your Telephone Numbers

Home #	
Business #	
Cell #	/
E-mail address	

The best time to reach you at home is between _____

May we contact you at work? Yes () No ()

If yes, the person to speak with is _____

Social Security Number: _____

Your Height/Weight: _____ / _____ Hair Color: _____ Eye Color: _____

Place of Birth: _____

City County State

List and describe any body scars, marks, or tattoos you may have: _____

Name(s) of person(s) whom you reside? _____

Are you a United States citizen? Yes () No ()

Are you

Natural born	<input type="checkbox"/>	Naturalized	<input type="checkbox"/>	Resident alien	<input type="checkbox"/>
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If you are a naturalized citizen of the United States, provide your certificate of citizenship document number: _____

List all organizations, clubs, and associations which you are now, or ever have been a member of or associated with: _____

What are your hobbies, special skills, and abilities? Please include any foreign language skills:

List all personal accounts you have with social networking internet sites, such as Face Book, Insta-Gram or Twitter. Include the web address and or access information below.

FAMILY HISTORY

List all living members of your immediate family (Spouse, children, father, mother, sisters, brothers, father-in-law, mother-in-law, step parents, step brothers and sisters, and half brothers and sisters):

NAME	RELATIONSHIP	ADDRESS	PHONE #	OCCUPATION

List all living ex-spouse(s), ex-stepchildren, and ex-in-laws:

NAME	RELATIONSHIP	ADDRESS	PHONE #	OCCUPATION

RESIDENCES

List all of your addresses for the last ten years. Start with your present address at the top, and include any address you had while in the military or college: (Include all apartment numbers).

NO.	FROM: Mo. / Yr.	TO: Mo. / Yr.	STREET ADDRESS	CITY	STATE	ZIP
Now						
2						
3						
4						
5						
6						
7						
8						
9						
10						

In the blocks below, list the names of the landlords. Use the corresponding residence numbers.

NO.	LANDLORD NAME / COMPANY	ADDRESS	HOME PHONE	CELL PHONE
2				
3				
4				
5				
6				
7				
8				
9				
10				

In the blocks below, list the names of the local law enforcement agencies which has/had jurisdiction where you lived. Use the corresponding residence numbers.

No.	NAME OF LAW ENFORCEMENT AGENCY
Now	
2	
3	
4	
5	
6	
7	
8	
9	
10	

In the space provided, give the names, addresses and phone numbers of two of your closest neighbors.

NAME	ADDRESS	DAYTIME PHONE

EDUCATION

What is the highest year of school you have completed? _____

In the space provided list the all high schools, colleges, universities, professional trade or vocational schools that you attended.

ATTENDED From/To Mo. / Yr.	NAME OF SCHOOL High School, College, Etc.	STREET ADDRESS	CITY	STATE	GRADUATE YES / NO	DIPLOMA/DEGREE COURSE OF STUDY
FROM TO						
FROM TO						
FROM TO						
FROM TO						
FROM TO						
FROM TO						
FROM TO						
FROM TO						
FROM TO						
FROM TO						

If you have any technical skills, not necessarily acquired through formal education, list them:

Were you ever expelled or suspended from any school or disciplined by any school official? (To include academic probations and suspensions) Yes () No ()

If yes, explain: _____

REFERENCES

Fill in the names of five persons not related to you by blood or marriage, and not former employers, who have known you for at least **five** years. All persons you name may be asked to appraise your character, ability, experience, personality, or other qualities.

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

ACQUAINTANCES

Fill in the names of four persons not related to you by blood or marriage, not former employers, and not the references you listed under **References**. These names may include, but are not limited to friends, fellow students, and coworkers. The names should also be people who have seen you frequently during the past year. Two of the Acquaintances **MUST** be coworkers.

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

Coworkers

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

NAME	BUSINESS/ OCCUPATION	
HOME PHONE	WORK PHONE	
ADDRESS		YEARS KNOWN

EMPLOYMENT HISTORY

How did you find out about the position for which you are applying?

Have you previously submitted an application for employment to the City of Marietta?

Yes () No ()

If yes, please explain giving the position applied for, the date, and the outcome.

If you were previously employed with the City of Marietta why did you leave?

Have you ever been declined employment with a public safety agency? Yes () No ()

If yes, please explain and include the name of the agency:

List all fire departments in which you have submitted applications.

FIRE DEPARTMENT	DATE APPLIED	HOW FAR ARE YOU IN THE HIRING PROCESS

Circle the number of times you have been asked to resign or have been fired from a job.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled. Please include name of business.

Circle the number of times that you have resigned after being told that your employer intended to fire you, or take any form of disciplinary action against you. Please include the name of business.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled.

Circle the number of times that you have resigned after an internal investigation has been started by your employer involving you. Please include name of business.

0 1 2 3 4 5 6 7 8 9 10

Please provide an explanation for the number circled.

List all the jobs you have held in the last ten years. Start with your present or most recent position. Include all periods of full time, part time, and temporary positions. *List all periods of unemployment.* List a single military enlistment as one job. Include any Fire Department positions held during your lifetime. Important: Marietta Fire Department will verify your work history through existing records.

PRESENT EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		[] FULL TIME [] PART TIME [] VOLUNTARY [] UNEMPLOYED
REASON FOR LEAVING		

PREVIOUS EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		[] FULL TIME [] PART TIME [] VOLUNTARY [] UNEMPLOYED
REASON FOR LEAVING		

PREVIOUS EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		[] FULL TIME [] PART TIME [] VOLUNTARY [] UNEMPLOYED
REASON FOR LEAVING		

PREVIOUS EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		[] FULL TIME [] PART TIME [] VOLUNTARY [] UNEMPLOYED
REASON FOR LEAVING		

PREVIOUS EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		[] FULL TIME [] PART TIME [] VOLUNTARY [] UNEMPLOYED
REASON FOR LEAVING		

PREVIOUS EMPLOYER	DATES EMPLOYED FROM	ON THE 3 LINES BELOW, GIVE A BRIEF DESCRIPTION OF YOUR DUTIES
TELEPHONE	TO	
ADDRESS	SALARY \$ PER	
POSITION		
NAME & TITLE OF YOUR SUPERVISOR		[] FULL TIME [] PART TIME [] VOLUNTARY [] UNEMPLOYED
REASON FOR LEAVING		

FINANCIAL INFORMATION

A credit report will be obtained for all applicants (you will be required to sign a consent form to check your credit). Please answer the following questions regarding your financial history.

Are you now in, or have you ever filed bankruptcy? Yes () No ()
 If yes, please explain giving dates and pertinent details.

LOCATION OF COURT	DATE	DETAILS

Have you ever been involved in any type of lawsuit? (Criminal, Civil, Divorce, Traffic, etc.)
 Yes () No ()
 If yes, please explain.

LOCATION OF COURT	DATE	TYPE OF LAWSUIT

Do you pay child support? Yes () No (). If yes, to whom do you pay?

NAME	ADDRESS	PHONE #

How much and how often do you pay this support?

Are you now behind on your child support payments? Yes () No ()

MILITARY INFORMATION

Have you ever attempted to join any branch of the armed forces? Yes () No ()
If yes, please explain.

Have you ever served active duty in any branch of the armed forces? Yes () No ()

If yes, what branch? _____

What is, or was your service number? _____

List the date and location of entrance to active duty. _____

List the date and location of discharge from active duty. _____

What was the highest rank held? _____

List the periods of your active military service.

FROM	TO	LOCATION

List all medals and decorations awarded to you as a member of the armed forces.

Have you ever been a member of any branch of the United States Reserve Forces?

Yes () No (). If yes, please list:

Branch of service	From	To
Where you active or inactive? _____		
If active, please list location _____		
What rank did you hold? _____		

Have you ever been a member of the National Guard? Yes () No ().

If yes, what State? _____

Location	From	To
Rank held _____		

Have you ever been court marshaled, tried on charges, the subject of an article 15, company punishment, or any other disciplinary action while a member of any branch of the armed forces? (Including active duty, reserves, or National Guard)

Yes () No (). If yes, please explain.

ALCOHOL

Do you drink alcoholic beverages? Yes () No (). If yes, to what extent?

Have you ever used alcohol during working hours on any jobs you have ever held? (This would include during lunch, coffee breaks, etc., as well as when actually working.)

Yes () No (). If yes, please explain.

Have you ever been arrested and/or convicted because of drinking? Yes () No ()

If yes, please explain.

ILLEGAL DRUGS

IMPORTANT:

Take time to read this section before making any entries. Your entries must be truthful.

Definition / Guidelines

Illegal drugs / substances: Any pill, powder, crystal, fluid, gas, propellant, liquid, or any other form of substance which has been, or is considered as an illegal and / or dangerous drug, or controlled substance.

It is a fact some individuals have experimented with drugs or substances sometime in their life. In the spaces provided list all illegal drugs or controlled substances you have ever tried, used, or experimented with in your entire lifetime. Please include any steroid use.

- I have never used an illegal drug or substance.
- I have tried / used the drugs or substances listed below.

DRUG TYPE/NAME	DATE FIRST USED	DATE LAST USED	NUMBER TIME USED

Have you ever taken a prescription medication, which was not prescribed, to you?

Yes () No (). If yes, please provide the information below.

DRUG TYPE/NAME	DATE FIRST USED	DATE LAST USED	NUMBER TIME USED

List any and all illegal drugs or substances you have ever sold, distributed, or given away to any person or group by any method. This is to include selling, distributing, or giving away to friends or to members of your family, at no profit to yourself.

- I have never been involved in drug sales or distribution of any kind.
- I have sold, distributed, or given away the following drugs / substances in my lifetime.

DRUG TYPE/NAME	NUMBER OF TIMES DISTRIBUTED	VERY LAST TIME DISTRIBUTED

Are you willing to undergo drug screening? Yes () No ()

Have you ever been associated with any person who is/ was involved in any drug activity?

Yes () No ()

If yes, please explain.

CRIMINAL ACTIVITY / ARREST RECORD

It is important that you answer each of the following questions truthfully. The polygraph examiner will take time to listen to anything you have to say in this area.

Check any of the following you have **ever committed or done**.

ARSON		MURDER	
ASSAULT		PASSING BAD CHECKS	
AUTO THEFT		VANDALISM	
BREAKING & ENTERING/ BURGLARY		POSSESSION OF MARIJUANA OR ANY ILLEGAL NARCOTICS	
DRAG RACING/RECKLESS DRIVING		ROBBERY	
DRUG SALES		SHOPLIFTING	
DUI / DWI/BUI		STEAL ANYTHING	
Electronic /Internet Crimes		ANY SEX CRIMES (Rape, Child Molesta- tion, Incest, Aggravated Sodomy, Peeping Tom, etc.)	
Extortion		ANY ACT OF DOMESTIC VIOLENCE, <i>Regardless of How Minor</i>	
MANUFACTURE OR GROW ANY ANY ILLEGAL DRUGS			

If you marked any of the crimes listed, please provide a detailed explanation.

Please answer the following:

Yes No

1	Have you ever been <u>convicted</u> of a felony or a misdemeanor (excluding Traffic Citations)?		
2	Have you ever been <u>convicted</u> of a domestic violence offense?		
3	Have you ever been placed on probation or parole?		
4	Have you ever been physically arrested, indicated, or charged with a criminal offense, <u>regardless if you were found guilty, or the charges were dismissed?</u>		
5	Have you ever been questioned by the civilian or military police about suspected involvement in a criminal investigation?		
6	Have you ever had official contact with any law enforcement officer (as a victim, suspect, witness, etc)?		
7	Have you ever intentionally perjured yourself in a court of law?		
8	Are you presently under any subpoenas?		
9	Have you ever been granted the provisions of the First Offenders Act (As a Juvenile or as an Adult)?		

If yes, please explain.

UNDETECTED CRIMES

This section deals with undetected crime. Many people have taken something they really didn't have permission to take. This could be from personal acquaintances, school, a place where they worked, or other locations. This includes actual taking or borrowing company property or equipment, or illegally giving away merchandise to friends, relatives, or co-workers. Answer the following questions.

Determine the dollar amount of property you may have taken from all your employers combined. Circle the amount below that comes closest to that dollar amount.

- \$0 \$5 \$10 \$15 \$25 \$50 \$100 \$200 \$300
\$400 \$500 \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

If you have circled any amount above \$0, please explain.

Have you ever taken cash money from any of your employers? Yes () No ()
If yes, please explain.

DRIVING RECORD

This section pertains to your personal driving history. Your driving record will be verified in each state where you have possessed a driver's license. Please provide all requested information.

List all drivers' licenses that were ever issued to you. Your date of birth _____

STATE	DRIVERS LICENSE NUMBER	EXPIRATION DATE	DRIVERS LICENSE RESTRICTION(S)

Have you ever had your driver's license suspended or revoked? Yes () No ()

If yes, please explain.

STATE	DRIVERS LICENSE NUMBER	SUSPENSION DATE	REASON FOR LICENSE SUSPENSION

Have you ever been refused a driver's license? Yes () No (). If yes, please explain.

Have you ever obtained a driver's license under an assumed name? Yes () No ()
 If yes, please explain. Include the name, date of birth used, state of issue, license number, and dates.

List **all** traffic citations, moving or non-moving violations (except parking tickets) that you have received in your lifetime.

LOCATION	DATE	VIOLATION	DISPOSITION

Do you have any pending traffic citations? Yes () No (). If yes, provide details.

Do you have any unpaid parking tickets from any jurisdiction? Yes () No ()

If yes, please list details.

Do you currently have liability insurance on your vehicle used for transportation?

Yes () No ()

Have you ever been denied auto insurance? Yes () No (). If yes, please explain.

Has your auto insurance ever been canceled for any reason? Yes () No ()

If yes, please explain.

Provide information below on every motor vehicle accident that you have been involved in (in which you had control of the vehicle) during your entire lifetime.

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

DATE OF ACCIDENT	
LOCATION OF ACCIDENT	
CAUSE OF ACCIDENT	
WAS POLICE REPORT MADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO WAS FOUND AT FAULT?	

List all motor vehicles that you own or use for transportation:

Vehicle Year	Vehicle Make	Vehicle Model	Tag Number & State Registered	Insurance Company & Policy Number	Do You Own The Vehicle?
					Yes / No
					Yes / No
					Yes / No
					Yes / No

Have you ever been involved in any traffic accidents that were not reported?
 Yes () No (). If yes, please explain.

Have you ever been involved in any "hit and run" traffic accidents or left the scene of an accident without giving assistance? Yes () No ()
 If yes, please explain.

Have you ever been convicted (including a plea of nolo contendere) of driving/boating under the influence or driving/boating while impaired? Yes () No (). If yes, please explain.

*** IMPORTANT. PLEASE READ ***

- 1. Why do you want to work for the Marietta Fire Department?**
- 2. What are your short and long term goals in the fire service?**

Please write a hand written paragraph for each of the previous questions. Attach the paragraphs to page 44.

NOTICE TO APPLICANT

Georgia Criminal Code 16-10-71, "False Swearing", a felony punishable by a maximum fine of \$1,000 plus imprisonment for not less than one or more than five years or both.

Acknowledgment

Having been advised of the penalty of O.C.G.A. 16-10-71, False Swearing, and being a lawful applicant for a position with the Marietta Fire Department, I attest and confirm that all the information contained within this booklet is true and accurate to the best of my knowledge and belief. I understand that all aspects of this information is subject to review and polygraph examination. I further understand that falsification or omission of information from this booklet is grounds for disqualification from the hiring process of the Marietta Fire Department.

Signed this _____ day of _____, 20____.

Applicant Legal Signature

Applicant Name (print)

HIGH SCHOOL DIPLOMA or STATE ISSUED GED

Attach Copy Here

**MILITARY DISCHARGE or DD214
(Showing Type of Discharge)**

Attach Copy Here

HAND WRITTEN PARAGRAPHS

Attach Paper Here