



DMV Report is
applicant's
responsibility

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

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)*

3-D Barcode
Do Not Write in This Space

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;">3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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):

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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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
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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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.

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.gfstc.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 REGISTERED Y N REGISTRATION DATE _____
Notary Public _____	STAFF INITIAL _____ REGISTRATION# _____
My commission expires _____	

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.

GEORGIA CRIME INFORMATION CENTER**AWARENESS STATEMENT**

Access to Criminal Justice Information, as defined in GCIC Council Rule 140-1-.02 (amended), and dissemination of such information are governed by state and federal laws and GCIC Council Rules. Criminal Justice Information cannot be accessed or disseminated by any employee except as directed by superiors and as authorized by approved standard operating procedures which are based on controlling state and federal laws, relevant federal regulations, and the Rules of the GCIC Council.

O.C.G.A. §35-3-38 establishes criminal penalties for specific offenses involving obtaining, using, or disseminating criminal history record information except as permitted by law. The same statute establishes criminal penalties for disclosing or attempting to disclose techniques or methods employed to ensure the security and privacy of information or data contained in Georgia criminal justice information systems.

The Georgia Computer Systems Protection Act (O.C.G.A. §16-9-90 et seq) provides for the protection of public and private sector computer systems, including communications links to such computer systems. The Act establishes four criminal offenses, all major felonies, for violations of the Act: Computer Theft, Computer Trespass, Computer Invasion of Privacy, and Computer Forgery. The criminal penalties for each offense carries maximum sentences of fifteen (15) years in prison and/or fines up to \$50,000.00, as well as possible civil ramifications. The Act also establishes Computer Password Disclosure as a criminal offense with penalties of one (1) year in prison and/or a \$5000.00 fine.

The Georgia Criminal Justice Information System Network is operated by the Georgia Crime Information Center in compliance with O.C.G.A. §35-3-31. All data bases accessible via CJIS Network terminals are protected by the Computer Systems Protection Act. Similar communications and computer systems operated by municipal/county governments are also protected by the Act.

By my signature below, I acknowledge that I have read and understand this Awareness Statement.

Print Name: _____

Signed: _____ Date: _____

Witnessed: _____ Date: _____

City of Bloomingdale
Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Bloomingdale, Georgia Business License Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G., Section 50-36-1, I am stating the following with respect to my application for a City of Bloomingdale, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (**circle one**) for _____

(Name of natural person applying on behalf of individual, Business, corporation, partnership, or other private entity)

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20__

*

_____ Alien Registration number for non-citizens

Notary Public _____

My Commission Expires:

Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

ACKNOWLEDGEMENT

I, _____ hereby acknowledge receipt of the City of
Bloomington Personnel Policy adopted on February 16, 2012 by the Bloomington City
Council. I further acknowledge that I will review the Personnel Policy and upon completion of
the review, agree to abide by all the provisions included therein including all of the provisions
regarding Discrimination Clauses, specifically Sexual Harassment.

Employee

Witness

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose 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 _____ 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 one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Eiderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III 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

**STATEMENT OF UNDERSTANDING
REGARDING SUBSTANCE ABUSE POLICY**

The undersigned hereby acknowledges the receipt of Bloomingdale's Substance Abuse Policy and Policy Statement and agrees to abide by their terms effective October 1, 2003. Further, the undersigned understands that effective October 1, 2003, as a condition of his/her employment with Bloomingdale, he/she may be required to undergo breathalyzer tests, urinalyses, and blood testing. Additionally, the undersigned understands that effective October 1, 2003, he/she will be required to undergo such testing as a prerequisite to employment. The undersigned further understands that at the time of such examination, he/she will be required to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations. Finally, the undersigned understands that the results of any such examinations shall be made available to the City, its employees or agents.

The undersigned further states that he or she has read the foregoing statement of understanding and knows the contents thereof and signs the same of his or her own free will.

This the _____ day _____, _____

(L.S.)
Name: _____
Print name

SUBSTANCE ABUSE POLICY STATEMENT

Employee's Copy

The City of Bloomingtondale has a responsibility to provide a safe workplace for employees and maintain an atmosphere where customers receive efficient and courteous service. Therefore, the City has established and enforces a policy regarding illegal substance, alcohol, drugs and other substance abuse:

1. The City of Bloomingtondale requires all employees to report for work and maintain their system free of illegal substance and alcohol. Employees are also prohibited from possessing, distributing, or selling drugs during work hours, on City property or any other time.

2. While this policy does not prohibit the proper use of medication under the direction of a physician, the abuse of, or being under the influence of, prescription drugs contrary to a physician's directions during work hours or on City property is prohibited. Employees who are required to take prescription or non prescription drugs which may affect their ability to perform their duties in a safe and efficient manner must immediately notify their supervisor. Prescription medication brought on site must be maintained in the original container with the employee's and physician's name.

3. If an employee is arrested for or convicted (including a plea of nolo contendere) of violating any criminal drug statute of any jurisdiction, regardless of whether the alleged violation occurred at the workplace or elsewhere, the employee must notify the City Clerk in writing of each arrest or conviction as soon as possible but in no event more than five (5) calendar days after the arrest or conviction.

4. Violation of the above rules will result in disciplinary actions up to and including termination.

5. In order to enforce the Substance Abuse Policy, effective October 1, 2003, applicants will be required to undergo urinalysis prior to hiring as a condition of employment. Further, effective October 1, 2003, all current employees may be required as a consideration of continued employment, to submit at any time to urinalyses, blood testing, breath-analysis or other screening procedure designed to detect the presence of prohibited substances in their system at any time, including but not limited to the following occasions:

- (a) when involved in a job-related accident which in the discretion of management caused or could have caused property damage or injury requiring more than minimal first aid;

- (b) when the City has reasonable cause to believe that an employee has violated its Substance Abuse Policy;
- (c) as part of a "random" program of testing certain job classifications without advance notice;
- (d) as part of any rehabilitation program;
- (e) after vehicle accidents.

Refusal to consent to such examinations may result in discipline up to and including discharge.

6. Bloomingdale employees are encouraged to voluntarily seek rehabilitative treatment. Any employee who voluntarily approaches management and requests assistance for their substance abuse problem will not be subject to discipline for being in violation of the Substance Abuse Policy, provided the employee is not under any other negative performance review or work related investigation. The City will assist in referring the employee to a rehabilitation program. This assistance is generally not available after an employee tests positive or is involved in any disciplinary, accident or other situation involving the Substance Abuse Policy.

7. Bloomingdale may find it necessary from time to time to inspect employee lockers, desks, cabinets or City vehicles. An employee will be required to remove or unlock any personal locks at the request of management. Should an employee be unavailable or refuse to open a desk, locker, cabinet or City vehicle, the lock will be removed by management.

Personal Owned Vehicle (POV) and Fire Department Apparatus (FDA) Guidelines

1. POVs & FDAs not utilizing lights and siren shall not be considered emergency vehicles.
2. POVs shall not use emergency flashers while the vehicle is in motion.
3. POVs and FDAs utilizing lights and siren shall be considered emergency vehicles, and shall abide by all laws governing such, with the following additions/ clarifications:
 - A) The law grants emergency vehicles certain PRIVILEGES not RIGHTS.
 - B) The vehicle shall be operated in an orderly and controlled fashion, exercising the appropriate driving methods based on road, weather, vehicle, and traffic (*vehicle and pedestrian*) conditions.
 - C) School Zone speed limits shall be observed and not exceeded.
 - D) All vehicles shall stop for School Buses loading or unloading children.
 - E) Under the best driving conditions, the following speeds shall be the maximum allowed over the posted speed:
 - i) 25 MPH speed zone/ maximum speed 35 MPH
 - ii) 35 MPH speed zone/ maximum speed 50 MPH
 - iii) 45 MPH speed zone/ maximum speed 65 MPH
 - iv) 55 MPH speed zone/ maximum speed 75 MPH
 - F) When approaching a GREEN traffic light, the vehicle shall perform a "rolling stop".
 - G) When approaching a RED traffic light, the vehicle shall perform a "COMPLETE STOP".
 - H) When approaching a railroad crossing, the vehicle shall perform a "rolling stop".
4. Operation of a POV during emergency conditions constitutes the understanding that the vehicle operator assumes all responsibility for the vehicle's condition and operation, relieving the Bloomingdale Fire Department, its officers and members, and the city of Bloomingdale from any claims and/ or liability.
5. Operation of a FDA, during emergency or non- emergency conditions, constitutes the understanding that the vehicle operator assumes responsibility for the vehicle's condition and operation. Therefore, any condition(s) which may exist that could impede the safe operation of the FDA should be noted in written form and copies (1) posted on the vehicle, (2) given to the Fire Chief, and (3) given to the vehicle maintenance personnel.
6. When backing ANY FDA, a spotter shall be utilized, to assist the vehicle operator.

I _____ have read and understand the above. Date _____

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.

BLOOMINGDALE FIRE DEPARTMENT VOLUNTEER/STIPEND APPLICATION

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date _____

Name (Last Name First) _____ Soc. Sec. No. _____

Address _____ Telephone _____

Applying for : Std. Volunteer, Man Station Only, Both *(please select one)*

What special qualifications do you have? _____

Are you 18 years or older? Yes _____ No _____

Are you either a U.S. citizen or an alien authorized to work in the United States? _____

SPECIAL PURPOSE QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS **CHECKED A BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DEDICATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGAL PERMISSIBLE REASONS.

Height: _____ Feet _____ Inches Weight: _____ Lbs. Are you a U.S. citizen Yes _____ No _____

Have you been convicted of a felony or misdemeanor within the last 5 years?* Yes _____ No _____ Describe _____

I understand and agree that I may be required to take one or more: physical examination; lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

I have been advised that lie detector test, as a condition of hiring or continues employment, are prohibited by law.
Yes _____ No _____

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____

Present membership in National Guards or Reserves _____ Date obligation ends _____

EDUCATION

SCHOOL	*NO. OF YEARS	NAME OF SCHOOL	CITY	COURSE	DID YOU GRADUATE
GRAMMER					
HIGH					
COLLEGE					
OTHER					

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

EXPERIENCE

NAME AND ADDRESS OF COMPANY	DATE FROM / TO	LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING

BUSINESS REFERENCES

NAME	ADDRESS	OCCUPATION

EMPLOYMENT APPLICATION SUPPLEMENT

Note: If more space is required to answer these questions, please attach an additional sheet to the back of this packet.

1. PLEASE LIST ALL TRAFFICE CITATIONS.
2. DO YOU HAVE A VALID DRIVERS LICENSE?
3. PLEASE LIST ALL CRIMINAL (NON-TRAFFICE) CONVICTIONS, BOTH MISDEMEANOR AND FELONY.

NOTE: IF AT ANY TIME, ANY INFORMATION CONTAINED WITHIN THIS PACKET IS FOUND TO BE FALSE, THE APPLICANT WILL BE SUBJECT TO IMMEDIATE TERMINATION, AND POSSIBLE CRIMINAL PROSECUTION.

MEDICAL AFFIDAVIT

(NOT REQUIRED for Fire and Life Safety Educator, Fire Inspector, and Fire Investigator certification(s).)

MUST USE THIS FORM

O.C.G.A. 25-4-8(a)(5) requires that any person certified as a firefighter be in good physical condition as determined by a medical exam. The examining physician, physician assistant, or nurse operating under a physician's authority should complete this form.

O.C.G.A. 25-4-31(a) requires that any person assigned as an airport firefighter at any airport shall, as a minimum, meet the minimum physical fitness requirements as approved by the Georgia Firefighter Standards and Training Council.

Note to medical personnel:

This applicant, if certified, 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 certified firefighter. I have examined _____
and to the best of my knowledge this person is in good physical condition.

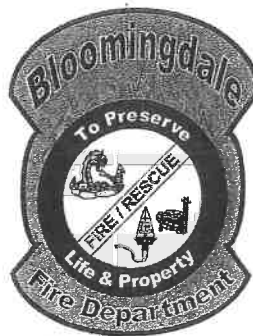
Physician, Physician Assistant, Nurse (operating under a physician's authority) Name (Please Print)

Address

Authorized Signature

Date

104 Hwy 80 West
P.O. Box 216
Bloomingdale, GA 31302
(912) 748-7352 (voice)
(912) 748-1519 (fax)



Chief Ferman Tyler
(912) 313-5459
Deputy Chief "Skippy" Boatright
(912) 210-8483
Assistant Chief Joe Reece
(912) 388-6623

Hepatitis A/B Vaccination Form

Date: _____

Employee Name: _____

Employee ID#: _____

Official Use Only

- Vaccine Decline
 Vaccine Accept
 Start Series Date _____
 End Series Date _____
 Titers Test
 Date _____
 Pos (Vaccine Protected)
 Neg (NOT Vaccine Protected)

I understand that, due to my occupational exposure to blood and/ or other potential infectious materials, I may be at risk of acquiring Hepatitis A virus (HAV) infection and / or Hepatitis B virus (HBV) infection. I am being given the opportunity to be vaccinated with the Hepatitis A/ Hepatitis B vaccine combo (Twinrix®), at **NO** charge to myself. However, if I decline the Hepatitis A/ Hepatitis B combo vaccination at this time, I understand that I may continue to be at risk of acquiring Hepatitis A and/ or Hepatitis B, both serious diseases. If, in the future, I continue to have occupational exposure to blood and/ or other potentially infectious materials and I want to receive the Hepatitis A/ Hepatitis B vaccine combo, I may obtain the vaccination series upon **written request** to the Bloomingdale Fire Department of such desire, and at **NO** charge to myself.

I further understand that if I decline to have the vaccine series and/ or fail to complete the entire vaccine series, I cannot hold the Bloomingdale Fire Department, the City of Bloomingdale, and/ or its subordinates liable should I contract Hepatitis A and/ or Hepatitis B in the line of duty. I further understand that should I fail to complete the vaccine series, and desire to "restart" the vaccine combo, I may be required to reimburse the Fire Department for the additional cost incurred.

I decline due to already having been vaccinated: DATE: _____

By: _____

I decline due to personal reasons at this time

I would like to receive the vaccine series

I would like the Titers Blood Test Only

Twinrix® protection should last at least 20 years for hepatitis A and at least 15 years for hepatitis B. However, an antibodies blood test (Titers) is the only current means to verify continual protection.

Employee Signature – Date

Fire Department Rep - Date

About Vaccine-Preventable Hepatitis (VPH)

Vaccine-Preventable Hepatitis includes hepatitis A and hepatitis B. Hepatitis C is not vaccine preventable. Hepatitis A is a serious liver disease caused by the hepatitis A virus. This virus is found in the stool of persons with hepatitis A and is spread by close personal contact and by eating food or drinking water contaminated with the hepatitis A virus. Hepatitis A can be easily passed between people within the same household. About one in five people with the disease has to be hospitalized. Hepatitis A can be fatal. Symptoms of the disease can include fever, fatigue, loss of appetite, nausea, abdominal discomfort, jaundice (yellow skin and eyes) and dark urine.

Hepatitis B is a serious liver disease caused by the hepatitis B virus. The virus is passed through infected blood or body fluids. Approximately 50 percent of people with hepatitis B do not notice signs or symptoms. Those who do may experience diarrhea and vomiting, nausea, fatigue, loss of appetite, muscle and joint pain, and jaundice. Hepatitis B can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. An estimated 1.25 million Americans are chronically infected with Hepatitis B. Estimates show that tens of thousands of people (mostly young adults) are infected each year.

What is the Twinrix vaccine?

Twinrix is a vaccine that provides protection from Hepatitis A and Hepatitis B. The routine schedule for Twinrix is 3 doses over a 6- month period.

Who should NOT get the vaccine?

- Anyone who is allergic to neomycin, aluminum, or phenoxyethanol
- Anyone who has had a severe reaction to this vaccine, a hepatitis A vaccine or a hepatitis B vaccine in the past
- Anyone with a fever over 38.5 C (101 F)
- Anyone who is pregnant or breast feeding should speak to their health care provider prior to receiving the vaccine

Are there any side effects of the vaccine?

Although side effects are rare, the most common side effects of the vaccine are:

- Redness, soreness, and swelling at the injection site
- Other reactions may include fever, headache, nausea, dizziness, fatigue, joint pain, and rashes and should subside in 1 to 2 days
- Allergic reactions like hives, wheezing, swelling of the face and mouth are extremely rare, however if these symptoms occur, seek medical attention immediately and let the Health Unit know about it

It is routine for you to sit and wait in the reception area for 15 minutes after receiving this vaccine.



Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

C01:008A (11/05)



Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

C01:008A (11/05)

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

PLEASE PROVIDE CORRECT SIZES:

SHIRT SIZE: S M L XL XXL XXXL

PANTS SIZE: _____

SHOE SIZE: _____

Bloomington Fire Department Social Media Policy

For purposes of this policy, “social media” is understood to be content created by individuals, using accessible, expandable, and upgradable publishing technologies, through and on the internet, including internet forums, blogs, online profiles, wikis, podcasts, pictures, video, email, instant messaging, music sharing, and voice over IP. Examples of social media sites include but are not limited to blogs, Facebook, LinkedIn, Twitter, Tumblr, Myspace, RSS, Pinterest, Instagram, YouTube, Goggle+, Yahoo Groups, Wikipedia, Yelp, Zoom Info and Flickr.

For purposes of this policy, “content” include information, articles, pictures, videos, or any other form of communicative content posted on any of these sites, as well as any Bloomington Fire Department operated sites.

Electronic communications such as email, instant messaging, texting, mobile communications, branded websites, and social media, as defined above, are an important means of conducting business at the Bloomington Fire Department. The information employees create or circulate should reflect the same standard of professionalism that is used in traditional forms of written communication, such as letters and memos.

Be aware that the Bloomington Fire Department systems may be monitored at any time; therefore, all content accessed by a Bloomington Fire Department computer or system, regardless of whether it is personal or work-related, open or password-protected, is not considered private.

Employees should be mindful that any information they communicate via electronic means may be subpoenaed.

Employees who violate this policy may be subject to disciplinary action up to and including termination.

A. Social Media Usage Outside the Workplace. While the Bloomington Fire Department encourages employees to utilize these tools, the following is the Bloomington Fire Department’s policy for appropriate online conduct to avoid misuse of these communication tools. When utilizing social media sites, employees must:

- Make it clear when posting a comment that they are speaking for themselves and not the Bloomington Fire Department.
- Not post confidential or sensitive Bloomington Fire Department information regarding any employee, vendor, or business partner on any social media site.
- Not discuss potential claims against the Bloomington Fire Department or other legal matters without first consulting the Legal Department.

- Not post any pictures or video of emergency scenes without proper authorization.
 - Not post any pictures with Bloomingdale Fire Department logo or on City of Bloomingdale property without proper authorization.
 - Not post discriminatory statements or sexual innuendos regarding coworkers, management, customers, or vendors.
 - Not post unlawful statements regarding the Bloomingdale Fire Department, its employees, customers, and vendors.
 - Comply with all other Bloomingdale Fire Department policies with respect to electronic communications, such as rules against conduct that result in sexual harassment or other forms of harassment. Employees must not post obscenities, slurs, or malicious attacks that can damage the Bloomingdale Fire Department.
- B. **Social Media Usage regarding Bloomingdale Fire Department Business.** The Bloomingdale Fire Department has an overriding interest and expectation in deciding what is “spoken” on behalf of the Bloomingdale Fire Department on social media sites. Certain Bloomingdale Fire Department employees may be asked to receive information from or provide information to members of the public and other persons using social networking sites and/or social media maintained by the Bloomingdale Fire Department. The following general rules apply to such social media usage:
- All Bloomingdale Fire Department Social Media is managed by the Public Information Officer (PIO) or Fire Chief, unless authorized permission is given. If a Bloomingdale Fire Department employee wishes to have something posted to or displayed on any of the Bloomingdale Fire Department’s social media sites they shall contact the PIO.
 - Bloomingdale Fire Department shall make every effort to clearly identify the official status of the Bloomingdale Fire Department Account or Page names should incorporate the department name or acronym whenever possible and should display the appropriate official logo if/when possible.
 - Do not post links to any materials that are defamatory, harassing or indecent, or that could be construed as having a political affiliation.
 - Emails and other correspondence conducted over personal social media channels that are official business of the Bloomingdale Fire Department should be preserved and retained in a manner like other official documents. If you receive an unsolicited official contact through your personal email or social media presence, forward a copy of the correspondence to your official Bloomingdale Fire Department email account and respond from that platform.

- Information sent, transmitted, published, or released by a Bloomingdale Fire Department employee is deemed to be communication by and on behalf of the Bloomingdale Fire Department. Accordingly, such information must be truthful, accurate, non-offensive and authorized for release or publication by the appropriate Bloomingdale Fire Department official. Personal opinions and comments are not permitted unless authorized by an appropriate Bloomingdale Fire Department official.
- The Bloomingdale Fire Department Chief, PIO and IT Director will maintain the usernames and passwords for all social media accounts. Account passwords shall promptly be reset when an employee is removed as an account administrator.

Bloomington Fire Department Social Media Policy Agreement

By signing this I agree to Bloomington Fire Departments Social Media Policy. Any disregard to this policy will be grounds for dismissal.

Signature

Date