



**Benjamin L. Tapley**  
Fire Chief

**Bulloch County Fire Department**  
**17245 Highway 301 North**  
**Statesboro, Georgia 30458**

**912.489-1661 phone**  
**912.489-6020 fax**

Greetings!

The Bulloch County Fire Department is a combined department with approximately 83 volunteer, part-time and full-time firefighters. Our department is growing and looking for people who are interested and willing to serve Bulloch County.

The basic qualifications for being a volunteer firefighter are

- 18 years old
- Valid Driver's License
- High School Diploma or GED
- Reside in Bulloch County
- Desire to serve your community
- Willingness to Learn & Ability to Respond

As a volunteer firefighter, you

- can continue a career in your chosen field
- receive compensation for attended drills and calls
- are eligible for the Georgia Fire Pension (Retirement Plan)
- could lead to future employment with a fire service

We appreciate your interest in the Bulloch County Fire Department! As you scroll down, you will find our application that can be filled out on the computer and printed.

Once the application has been completed, please make sure to sign all the necessary pages and attached (1) copy of driver's license, (2) high school diploma or GED, (3) birth certificate, and/or (4) firefighter certifications. The application and the attachments can be returned to the Administrative Office at the above street address. Please understand that your application will not be processed until the application is completed (documents signed and/or provided).

If you have any questions or concerns, please feel free to call me at 912.842-2200 or email [planierjones@bullochcounty.net](mailto:planierjones@bullochcounty.net).

Our department looks forward to working with you.

Patricia Lanier Jones  
BCFD Volunteer Coordinator

TO: Bulloch County Fire Department

RE: Volunteer Fire Fighter Application

Please find my completed application for volunteer membership with the Bulloch County Fire Department along with a copy of

- Valid (current) Driver's License
- High School Diploma – State awarded GED – College Diploma or certification
- Certified Birth Certificate or other form of proof
- Fire service certificates/training (if applicable)

I understand that this application must be completed in its entirety (without omission or falsification) in order to receive consideration. I further attest that no information has been withheld about me or my background which may cause concern.

I am at least eighteen (18) years of age, a citizen or legal resident of the United States; a resident of Bulloch County.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the Bulloch County Fire Department. I also consent to the interview of any references provided herein, and to a background investigation. I understand that I may be subject to an agility test, a physical examination, and a drug screen.

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Date

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Applicant's Signature



# VOLUNTEER FIREFIGHTER APPLICATION

17245 Highway 301 North  
Statesboro, GA 30458

PHONE  
912.489-1661

FAX  
912.489-6020

**INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING BLACK INK ONLY. SIGN AND DATE THE APPLICATION. \*\* INCOMPLETE APPLICATION MAY AFFECT YOUR ELIGIBILITY FOR MEMBERSHIP \*\***

FIRST NAME		MIDDLE NAME		LAST NAME	
STREET ADDRESS				MAILING ADDRESS	
CITY			STATE		ZIP CODE
HOME PHONE	CELL PHONE			WORK PHONE	
	CELL PHONE CARRIER				
EMAIL ADDRESS					
ARE YOU AT LEAST 18 YEARS OF AGE?      ____ YES      ____ NO			ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? (IF YES, CHECK BOX ON SIDE) <input type="checkbox"/>		
PLEASE LIST ANY OTHER NAMES YOU HAVE USED FOR SCHOOL OR EMPLOYMENT					
HAVE YOU BEEN ON BULLOCH COUNTY FIRE DEPARTMENT PREVIOUSLY?      ____ YES      ____ NO					
IS THIS YOUR FIRST TIME APPLYING TO THE BULLOCH COUNTY FIRE DEPARTMENT?      ____ YES      ____ NO					
LIST ANY MEMBER OF THE BULLOCH COUNTY FIRE DEPARTMENT WITH WHOM YOU ARE ACQUAINTED.					
HAVE YOU PREVIOUSLY BEEN A MEMBER OF A FIRE DEPARTMENTS? If yes, please list the department, location, years of duty      ____ YES      ____ NO					
FIRE DEPARTMENT	LOCATION (CITY/COUNTY, STATE)			DATES	

## EDUCATION AND TRAINING

<b>HIGH SCHOOL</b>	<b>CITY/STATE</b>	<b>DATES OF ATTENDANCE</b>
If you did not graduate high school, did you attain a GED? <span style="float: right;">____ YES    ____ NO</span> What was the highest grade completed? <span style="float: right;">_____</span>		
<b>COLLEGE/UNIVERSITY/EDUCATIONAL INSTITUTION</b>	<b>CITY/STATE</b>	<b>If you did not graduate, how many years did you complete?</b>
<b>DEGREE</b>	<b>MAJOR/FIELD OF STUDY</b>	
<b>COLLEGE/UNIVERSITY/EDUCATIONAL INSTITUTION</b>	<b>CITY/STATE</b>	<b>If you did not graduate, how many years did you complete?</b>
<b>DEGREE</b>	<b>MAJOR/FIELD OF STUDY</b>	
<b>COLLEGE/UNIVERSITY/EDUCATIONAL INSTITUTION</b>	<b>CITY/STATE</b>	<b>If you did not graduate, how many years did you complete?</b>
<b>DEGREE</b>	<b>MAJOR/FIELD OF STUDY</b>	

## SPECIAL TRAINING OR CERTIFICATIONS

<b>NAME OF INSTITUTION</b>	<b>COURSE/SUBJECT OR PROGRAM NAME</b>
<b>TOTAL HOURS COMPLETED</b> _____	<b>CERTIFICATES RECEIVED</b>
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<b>NAME OF INSTITUTION</b>	<b>COURSE/SUBJECT OR PROGRAM NAME</b>
<b>TOTAL HOURS COMPLETED</b> _____	<b>CERTIFICATES RECEIVED</b>

## DRIVER'S LICENSE INFORMATION

STATE ISSUED	LICENSE NUMBER
TYPE LICENSE	OTHER LICENSE/CERTICATIONS

## BULLOCH COUNTY EXPERIENCE(S) AND RELATIVES

ARE YOU A CURRENT OR FORMER BULLOCH COUNTY EMPLOYEE? If yes, _____YES _____ NO please list the department, job title, date of employment		
DEPARTMENT	JOB TITLE	DATE OF EMPLOYMENT
INVOLUNTARY SEPARATIONS: Have you ever been fired or resigned in lieu of termination? _____YES _____ NO If yes, please explain _____		
ARE YOU RELATED TO ANY CURRENT BULLOCH COUNTY EMPLOYEE(S)? If _____YES _____ NO yes, please list relative and department below.		
RELATIVE	DEPARTMENT	

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## WORK HISTORY

List work experience within the past ten years, beginning with your current or most recent employer. You may include experience beyond ten years if the earlier experience is applicable to the job for your you are applying.

Employer		Job Title	
City/State	Phone	Begin & End Dates	
Supervisor's Name	Reason for Leaving		
Check here if we can contact this employer		<input type="checkbox"/>	

Employer		Job Title	
City/State	Phone	Begin & End Dates	
Supervisor's Name	Reason for Leaving		
Check here if we can contact this employer		<input type="checkbox"/>	

Employer		Job Title	
City/State	Phone	Begin & End Dates	
Supervisor's Name	Reason for Leaving		
Check here if we can contact this employer		<input type="checkbox"/>	

Employer		Job Title	
City/State	Phone	Begin & End Dates	
Supervisor's Name	Reason for Leaving		
Check here if we can contact this employer		<input type="checkbox"/>	

Employer		Job Title	
City/State	Phone	Begin & End Dates	
Supervisor's Name	Reason for Leaving		
Check here if we can contact this employer		<input type="checkbox"/>	

Check here if we can contact this employer ☐

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## REFERENCES

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Please enter the names of individuals that we may contact about your suitability for this position. Professional references are preferred, but personal references may be substituted if necessary. Please submit at least three.

Name		Telephone
Reference Type:	Personal or Professional	Email Address
If this is a professional reference, please complete the following:		
Company		Position or Title

Name		Telephone
Reference Type:	Personal or Professional	Email Address
If this is a professional reference, please complete the following:		
Company _____		Position or Title _____

Name		Telephone
Reference Type:	Personal or Professional	Email Address
If this is a professional reference, please complete the following:		
Company _____		Position or Title _____

Name		Telephone
Reference Type:	Personal or Professional	Email Address
If this is a professional reference, please complete the following:		
Company _____		Position or Title _____



# EMERGENCY INFORMATION

## ***Name of Person(s) to contact in case of emergency***

FIRST NAME	MIDDLE NAME	LAST NAME	
STREET ADDRESS			RELATIONSHIP TO YOU
CITY		STATE	ZIP CODE
HOME PHONE	CELL PHONE		WORK PHONE
EMAIL ADDRESS			

FIRST NAME	MIDDLE NAME	LAST NAME	
STREET ADDRESS			RELATIONSHIP TO YOU
CITY		STATE	ZIP CODE
HOME PHONE	CELL PHONE		WORK PHONE
EMAIL ADDRESS			

FIRST NAME	MIDDLE NAME	LAST NAME	
STREET ADDRESS			RELATIONSHIP TO YOU
CITY		STATE	ZIP CODE
HOME PHONE	CELL PHONE		WORK PHONE
EMAIL ADDRESS			

***Is there any pertinent medical history/information that Bulloch County Fire Department should know?***






**Bulloch County**  
**115 N. Main Street, Statesboro, GA 30458**

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**DRIVER HISTORY CONSENT FORM**

I hereby authorize Bulloch County to conduct a driver's history check on me and to receive any driver's history information pertaining to me which may be in the files of any federal, state or local criminal justice or driver's license agency. I understand these records will be used to evaluate my suitability to fulfill driving duties which may be related to my current or desired job assignment, and that information contained in these records may impact my employment with Bulloch County.

I further understand that by signing this consent form, I am authorizing Bulloch County to conduct additional periodic driver's history checks on me and to receive said information pertaining to me at any time during my employment with Bulloch County, without the necessity of any additional authorization from me and without any additional prior notice to me.

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Applicant's Signature

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Date

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**PLEASE COMPLETE THE FOLLOWING.**

Applicant's Name:

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*Please enter name EXACTLY as shown on driver's license.*

Date of Birth:

Driver's License #:

Driver's License Expiration Date:

**\*\* A COPY OF DRIVER'S LICENSE MUST BE ATTACHED IN ORDER TO PROCESS. \*\***

Department:

Supervisor:

(6/23/2017)