

We have placed a significant amount of the necessary paper work for you to complete and a list of things to make copies of and place in the left pocket of this folder.

This cover sheet will work as a guide or further explanation of certain areas for completing this paperwork.

- **Camden County Board of Commissioners Application**
  - Page 1
    - Position Title
      - Support Firefighter
      - Registered Volunteer Firefighter
    - Select one: Full-Time Part-Time
      - Leave Blank
    - E-Mail
      - Please use an active account. If you need help getting a free one, please let us know. E-Mail is our primary way of communicating.
  - Page 2
    - Work History
      - Please list the last (4) places you have been employed including any with a Fire Department.
  - Page 6
    - Please don't worry about the notary. We have several on staff to do that.
- **Georgia Firefighters' Pension Fund**
  - This application will be turned in if or when you complete the Registered Volunteer Firefighter Course
  - Please don't worry about the notary. We have several on staff to do that.
- **Employee Physical Examination and Health History Questionnaire**
  - Complete to the best of your ability
- **Volunteer Physical Form**
  - We will provide dates and locations for you to attend to get this form completed.
  - Please complete your personal information prior to coming to the Phase 1 Physical.

**Documents to make copies of and turn in when this package is completed. If you don't have access to one, we have one for you to use at CCFR HQ 125 North Gross Road, Kingsland GA 31548:**

- Drivers License
  - Two Copies
- Vehicle Insurance Card
- Birth Certificate or Passport
  - Three Copies
- High School Diploma or GED

If you have any questions please email to [rking@co.camden.ga.us](mailto:rking@co.camden.ga.us) or call (912) 729-3911

# CAMDEN COUNTY APPLICATION FOR EMPLOYMENT



**CAMDEN COUNTY GOVERNMENT**  
**Human Resources Division**  
**200 E. 4<sup>th</sup> Street/P.O. Box 99**  
**Woodbine, Georgia 31569**  
**Phone: (912) 576-5660**  
**Fax: (912) 576-3214**  
**www.co.camden.ga.us**

## INTERNAL USE ONLY

DATE RECEIVED: \_\_\_\_\_  
 ARRANGE INTERVIEW: YES NO  
 INTERVIEW DATE & TIME: \_\_\_\_\_  
 HIRED: YES NO  
 HIRE DATE: \_\_\_\_\_

Please **READ INSTRUCTIONS** before you begin: **PLEASE PRINT** clearly or type all information.

1. This application must be filled out **accurately** and **completely**. If an item does not apply, insert N/A (not applicable).
2. Attach a copy of your Driver's License, transcripts and/or any documents, certificates, commendations and any other information you feel will help in the evaluation.
3. This application for employment shall be considered active for a period of time not to exceed 45 days (except firefighters).
4. A separate application must to be submitted for each individual position for which you wish to apply. Photocopies of an application are acceptable; however, each application must have an original signature and the correct job title.
5. Camden County is a **"Drug-Free Workplace."**
6. Person selected for employment must: Pass a pre-employment background check, and/or drug test and/or a physical (by the County's physician). **NOTE:** Employees who resign are required to return all county equipment (i.e. pagers, cell phones, and uniforms) in good condition or have the entire cost deducted from their paycheck upon separation of employment. If the employment is ended before the probation period, the entire cost of the equipment will be deducted from the final paycheck if not returned.

Position Title: \_\_\_\_\_

Select one:  Full-Time  Part-Time

### Personal Data

Name (Last, First, Middle Initial)		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		If not a U.S. citizen, are you eligible for lawful employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip Code		(Note: Proof of identity, citizenship or legal right to work in the U.S. will be required upon hiring.)	
Home Phone	Business Phone	Cell Phone	Email
List other names under which you have attended school, been employed, or known by:			
Have you been convicted of a felony or released from prison within the last 10 years? If yes, list all convictions. (Note: A conviction will not necessarily disqualify you for employment.)			

**The principles of diversity, equal employment opportunity, and nondiscrimination are fundamental to the mission, goals, and objectives of Camden County. Camden County complies with all applicable federal and state laws designed to promote equal employment opportunity. Camden County is working to build a diverse staff and encourages all qualified applicants to apply.**

### Employment Record

List present or most recent experience first. Explain any breaks in your employment history in the appropriate order; use the "Duties" space for your explanation. Make copies of page 2 as needed for listing additional experience.

**You must complete the employment record section. Statements such as "See Resume or See VITA" do not substitute for completing any portion of the application.**

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (     )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (     )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (     )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (     )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

## Education

Have you graduated high school or received a GED or equivalency certificate?  Yes  No

Name of School:

City:

State:

Type of School	Name of School/Location	From: Mo/Yr	To: Mo/Yr	Total Credits Completed*		Degree or Diploma	Major
				Quarter	Semester		
College or University (Undergraduate)							
College or University (Graduate)							
Technical, business or other school							

\*Indicate whether semester (S) or quarter (Q) credits

**Training** – Seminars, workshops, etc. (Including dates and length of training. You may attach an additional sheet if necessary.)


**Licenses and Certificates** – List all of your professional licenses, permits, and certificates.

License: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Skills** – Indicate the type, system or software package appropriate to each section below and include your level of proficiency i.e., beginning, intermediate, or advanced level user.

Keyboarding/Typing Speed	Graphic Design Software & Proficiency Level
Word Processing Software & Proficiency Level	Web Design Software & Proficiency Level
Desktop Publishing Software & Proficiency Level	Database Software & Proficiency Level
Presentation Software & Proficiency Level	Spreadsheet Software & Proficiency Level

**Professional References** – Include those work colleagues who have first hand knowledge of your skills and abilities.  
**(DO NOT INCLUDE PERSONAL FRIENDS OR RELATIVES.)**

Name	Telephone Number ( )
Official Position & Employer	

Name	Telephone Number ( )
Official Position & Employer	

Name	Telephone Number ( )
Official Position & Employer	

Name	Telephone Number ( )
Official Position & Employer	

Name	Telephone Number ( )
Official Position & Employer	

**Applicant's Certification and Agreement**

**Please read carefully before signing**

I hereby certify that the information provided in this application and any attached materials included as a part of the application process are true, correct and complete, and that there is no willful misrepresentation, falsification or omission of any information contained in my application material. I am aware that should an investigation disclose any misrepresentation, falsification or omission as stated or implied, such misrepresentation, falsification, or omission constitutes grounds for rejection of my application or immediate dismissal from employment.

**I hereby consent to and authorize any of my current or former employers to furnish any and all information concerning my employment record.** In addition, I consent to and authorize the educational institutions that I attended to furnish any and all information concerning my educational background. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release Camden County from any liability for future references it may provide regarding my work history during my tenure at the organization. I acknowledge that I have read, understand and consent to this authorization. **A photocopy of this release shall have the same effect as the original.**

If I am employed, I understand that employment will be on a conditional basis pending completion of the background check. I understand that should investigation disclose misrepresentation, falsification or omission, such misrepresentation, falsification or omission would constitute grounds for rejection of my application or immediate dismissal from employment.

Additionally, I understand that if my materials have been submitted via electronic format (email, fax, on-line, etc.), I will be required to provide an original signature at the time of an offer of employment. I further understand that by submission of any electronic materials I agree to the terms and conditions outlined in this document, and that the electronic submission is as valid as providing an original signature, subject to all terms and conditions as set forth in these documents.

I hereby acknowledge that any employment relationship with Camden County is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Camden County.

I hereby acknowledge that as a condition of employment, all Camden County Government employees are required to participate in payroll direct deposit. This means that my pay will be deposited directly into my account at a participating banking institution each payday. With each direct deposit, I will receive a statement showing gross pay, itemized deductions and net pay. The statement will also show the number of hours for which I am being paid, including sick time, vacation, and holiday hours. I hereby consent to Camden County Governments mandatory direct deposit.

Signature	Date
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# Department of Support Services

## Human Resources Division

200 East 4<sup>th</sup> Street /P.O. Box 99 • Woodbine, GA 31569

Phone: (912) 576.5660 • Fax: (912) 576.3214 • www.co.camden.ga.us

### APPLICANT/RECRUITMENT DATA FORM

Your responses to this form will assist us in the evaluation of our recruitment efforts. Camden County is committed to increasing the diversity of our faculty and staff and we are continually assessing successful recruitment sources and seeking new sources to enhance these efforts. Your response will remain confidential. This form will be removed from your application and will not be forwarded to the screening committee.

Name \_\_\_\_\_

Position applying for \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

**1. Recruitment Referral: Please tell us how you heard about this vacancy**

Newspaper, which one? \_\_\_\_\_

Professional/Trade Journal, which one? \_\_\_\_\_

Internet Source, which one? \_\_\_\_\_

Job Announcement posted by Agency bulletin board, which agency? \_\_\_\_\_

Other source, which one? \_\_\_\_\_

**2. Camden County is an equal opportunity and affirmative action employer with a strong commitment to the diversity of our organization. Your voluntary response to the following will assist us in data collection/reporting and in our ability to track our progress toward our affirmative action and diversity goals.**

Gender:  Male  Female Date of Birth \_\_\_\_\_

Which race do you consider yourself to be? (Please check one)

White  Black or African-American  Hispanic

Asian or Pacific Islander  American Indian or Alaskan Native  Multi-racial

Other (Please specify) \_\_\_\_\_

Do you have a physical, sensory, or mental disability? (Check those that apply)

Ambulatory/mobility  Visual  Hearing  Mental/psychological

Other (Please specify.) \_\_\_\_\_  None

Veteran Status (Check those that apply)

Disabled Veteran – Vietnam Era (DV)  Vietnam Era Veteran (VV)  Disabled Veteran-Other than Vietnam Era (DO)

Campaign Veteran (CV)  Disabled Campaign Veteran (DCV)



# Department of Support Services

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### Criminal History

Yes      No

Checked by: \_\_\_\_\_

Date Checked: \_\_\_\_\_

## Background Check Consent Form

I hereby authorize the Camden County Board of Commissioners to receive any criminal history record information pertaining to me which may be in the files of the Georgia Crime Information Center or local criminal justice agency in the State of Georgia.

Employee's Name (printed): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date



# Department of Support Services

## *Human Resources Division*

200 East 4<sup>th</sup> Street / P.O. Box 99 • Woodbine, GA 31569

Phone: (912) 576.5660 • Fax: (912) 576.5647 • [www.co.camden.ga.us](http://www.co.camden.ga.us)

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### **Authorization for Review of Driving Record**

I hereby direct the Georgia Department of Public Safety, or any other authorized agency to which this authorization may be presented to, to release to the Camden County Board of Commissioners' Human Resources Division an abstract of my driving record for the past seven (7) years.

I understand my driving record will be reviewed by the Camden County Board of Commissioners' Human Resources Division for use in processing my employment application and determining my suitability for various job assignments.

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756

Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: membership@gfpf.org

Web Site: <http://www.gfpf.org>

## APPLICATION FOR MEMBERSHIP

OFFICE USE ONLY

All information MUST BE completed before your application can be considered. Incomplete applications will result in delays in your membership start date. First month's dues of \$15.00 and proof of date of birth must be included with your application. Membership will be allowed only when all requirements are met as set forth in O.C.G.A. 47-7.

### MEMBER INFO: {please print}

Social Security No. \_\_\_\_\_ I am a Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteer Firefighter  Firefighter \_\_\_\_\_

Job Title Registered Volunteer Firefighter

GFSTC Certification  Firefighter  Fire & Life Safety Educator  Fire Inspector  Airport Firefighter  Fire Investigator

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

eMail \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Fire Service Began \_\_\_\_\_ month / \_\_\_\_\_ day / \_\_\_\_\_ year

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### DEPARTMENT INFO: {please print}

Dept Camden County Fire Rescue Current ISO Rating 4

Street 125 North Gross Road City Kingsland Zip 31548

County Camden Chief's Name Jerry D. Gailey

### NAMED BENEFICIARY: {please print}

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ month / \_\_\_\_\_ day / \_\_\_\_\_ year

Relationship \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

I certify that I am a member in good standing with the above Fire Department and that I am employed or enrolled with this Department. I have included payment for the initial month's dues.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

I certify that the above named applicant has acquired the service record claimed in this department. My official record shows that the applicant is engaged or enrolled by this department as shown herein.

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
Signature of Chief

\_\_\_\_\_  
My Commission Expires On

# Camden County Board of Commissioners

## EMPLOYEE PHYSICAL EXAMINATION AND HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential  
and will become part of your medical record.

<b>Name</b> (Last, First, M.I.):	<input type="checkbox"/> M	<input type="checkbox"/> F	<b>DOB:</b>	<b>AGE:</b>
<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
<b>Current Physician(s)</b>			<b>Date of last physical exam:</b>	

### PERSONAL HEALTH HISTORY

**Childhood illness:**  Measles  Mumps  Rubella  Chickenpox  Rheumatic Fever  Polio

<b>Immunizations and dates:</b>	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pneumonia
	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Chickenpox
	<input type="checkbox"/> Influenza	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>

**List any medical problems that other doctors have diagnosed**

#### Surgeries

Year	Reason	Hospital

#### Other hospitalizations

Year	Reason	Hospital

**Have you ever had a blood transfusion?**  Yes  No

**List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers**

Name the Drug	Strength	Frequency Taken

**Allergies to medications**

Name the Drug	Reaction You Had

**HEALTH HABITS AND PERSONAL SAFETY**

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

<b>Exercise</b>	<input type="checkbox"/> Sedentary (No exercise)		
	<input type="checkbox"/> Mild exercise (i.e., climb stairs, walk 3 blocks, golf)		
	<input type="checkbox"/> Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)		
	<input type="checkbox"/> Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)		
<b>Diet</b>	Are you dieting?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are you on a physician prescribed medical diet?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	# of meals you eat in an average day?		
	Rank salt intake	<input type="checkbox"/> Hi <input type="checkbox"/> Med <input type="checkbox"/> Low	
	Rank fat intake	<input type="checkbox"/> Hi <input type="checkbox"/> Med <input type="checkbox"/> Low	
<b>Caffeine</b>	<input type="checkbox"/> None	<input type="checkbox"/> Coffee	<input type="checkbox"/> Tea <input type="checkbox"/> Cola
	# of cups/cans per day?		
<b>Alcohol</b>	Do you drink alcohol?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what kind?		
	How many drinks per week?		
	Are you concerned about the amount you drink?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you considered stopping?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever experienced blackouts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you prone to "binge" drinking?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you drive after drinking?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tobacco</b>	Do you use tobacco?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cigarettes - pks./day	<input type="checkbox"/> Chew - #/day	<input type="checkbox"/> Pipe - #/day <input type="checkbox"/> Cigars - #/day
	<input type="checkbox"/> # of years	<input type="checkbox"/> Or year quit	
<b>Drugs</b>	Do you currently use recreational or street drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever given yourself street drugs with a needle?		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Sex</b>	Are you sexually active?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, are you trying for a pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If not trying for a pregnancy list contraceptive or barrier method used:		
	Any discomfort with intercourse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Illness related to the Human Immunodeficiency Virus (HIV), such as AIDS, has become a major public health problem. Risk factors for this illness include intravenous drug use and unprotected sexual intercourse. Would you like to speak with your provider about your risk of this illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Personal Safety</b>	Do you live alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have frequent falls?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have vision or hearing loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you have an Advance Directive and/or Living Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Would you like information on the preparation of these?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Physical and/or mental abuse have also become major public health issues in this country. This often takes the form of verbally threatening behavior or actual physical or sexual abuse. Would you like to discuss this issue with your provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**FAMILY HEALTH HISTORY**

	AGE	SIGNIFICANT HEALTH PROBLEMS		AGE	SIGNIFICANT HEALTH PROBLEMS
<b>Father</b>			<b>Children</b>	<input type="checkbox"/> M	
<b>Mother</b>				<input type="checkbox"/> F	
<b>Sibling</b>	<input type="checkbox"/> M			<input type="checkbox"/> M	
	<input type="checkbox"/> F		<input type="checkbox"/> F		
	<input type="checkbox"/> M		<input type="checkbox"/> M		
	<input type="checkbox"/> F		<input type="checkbox"/> F		
	<input type="checkbox"/> M		<input type="checkbox"/> M		
	<input type="checkbox"/> F		<input type="checkbox"/> F		
	<input type="checkbox"/> M		<input type="checkbox"/> M		
	<input type="checkbox"/> F		<input type="checkbox"/> F		
			<b>Grandmother</b> <i>Maternal</i>		
			<b>Grandfather</b> <i>Maternal</i>		
			<b>Grandmother</b> <i>Paternal</i>		
			<b>Grandfather</b> <i>Paternal</i>		

**MENTAL HEALTH**

Is stress a major problem for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel depressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you panic when stressed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have problems with eating or your appetite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you cry frequently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever attempted suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever seriously thought about hurting yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have trouble sleeping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been to a counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**WOMEN ONLY**

Age at onset of menstruation:		
Date of last menstruation:		
Period every        days		
Heavy periods, irregularity, spotting, pain, or discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of pregnancies        Number of live births		
Are you pregnant or breastfeeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a D&C, hysterectomy, or Cesarean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any urinary tract, bladder, or kidney infections within the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any blood in your urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any problems with control of urination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any hot flashes or sweating at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have menstrual tension, pain, bloating, irritability, or other symptoms at or around time of period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Experienced any recent breast tenderness, lumps, or nipple discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last pap and rectal exam?		

**MEN ONLY**

Do you usually get up to urinate during the night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, # of times		
Do you feel pain or burning with urination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any blood in your urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel burning discharge from penis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the force of your urination decreased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any kidney, bladder, or prostate infections within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any problems emptying your bladder completely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any difficulty with erection or ejaculation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any testicle pain or swelling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of last prostate and rectal exam?		

**OTHER PROBLEMS**

Check if you have, or have had, any symptoms in the following areas to a significant degree and briefly explain.

<input type="checkbox"/> Skin	<input type="checkbox"/> Chest/Heart	<input type="checkbox"/> Recent changes in:
<input type="checkbox"/> Head/Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Weight
<input type="checkbox"/> Ears	<input type="checkbox"/> Intestinal	<input type="checkbox"/> Energy level
<input type="checkbox"/> Nose	<input type="checkbox"/> Bladder	<input type="checkbox"/> Ability to sleep
<input type="checkbox"/> Throat	<input type="checkbox"/> Bowel	<input type="checkbox"/> Other pain/discomfort:
<input type="checkbox"/> Lungs	<input type="checkbox"/> Circulation	

# CAMDEN COUNTY FIRE RESCUE VOLUNTEER PHYSICAL SCREENING



NAME \_\_\_\_\_ PERSONAL MD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_

**MEDICAL HISTORY**

**MEDICATIONS**

**ALLERGIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIME**

**B/P**

**PULSE**

**RESP**

**SPO2**

<u>TIME</u>	<u>B/P</u>	<u>PULSE</u>	<u>RESP</u>	<u>SPO2</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

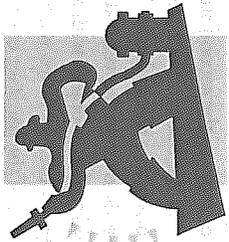
STATION LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

MEDIC: \_\_\_\_\_

NOTE: 12-LEAD EKG PRINT OUT SHOULD BE ATTACHED TO BACK OF FORM

## WHAT TO BRING



Running clothes and shoes

Turn Out Gear if you have your own. If not some will be provided

Fluids. It will be demanding and hydration is critical to your success

## CAMDEN COUNTY FIRE RESCUE

## PHYSICAL AGILITY TEST



Location  
750 North Gross Road, Kingsland GA  
1 mile north of CCFR Headquarters

Starts promptly at 9:00 a.m.

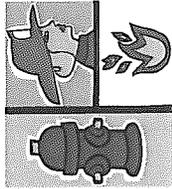
## CAMDEN COUNTY FIRE RESCUE

125 N. Gross Road  
Kingsland, GA 31548

Phone: 912.729.3911  
Fax: 912.729.6527  
E-mail: [rkling@co.camden.ga.us](mailto:rkling@co.camden.ga.us)

# PHYSICAL AGILITY COURSE

The first portion of the course follows the State of Georgia requirements for being a certified fire fighter.



You first will be given the a form with a complete break down of the course, what is expected

from you and walk thru the course. Secondly, a set of vital signs will be taken. Your safety is priority one with Camden County Fire Rescue. Thirdly we will find a set of turn out gear that will fit you, with the available gear.

The course is made up of 6 stations which you will have 7 minutes to complete them in. The first station you will pick up a section of rolled hose and climb a set of stairs to the second story and return to the bottom floor and set the hose down in a marked area. You will then walk over to the ventilation simulator and strike an object with a 8 pound sledgehammer 20 times while bringing the head of the hammer over your head.

Then you will walk over to an extension ladder and safely and properly raise the fly section, lock it into place, and lower the ladder. You will then walk to a charged 1 3/4 inch handline and advance it for 50 feet. Then you will walk to an apparatus and remove a roof ladder from the apparatus and set it on its beam and return it to the truck without damaging the ladder or the apparatus. The final station of the 1st Portion of the course drag a IAFF Rescue Randy 50 feet. After crossing the finish line your time will stop.

## 2ND PORTION

After at least 15 minute break and another set of vitals signs have been completed. You will climb a 24 foot extension ladder and touch the side of the building at the tip. You will have 10 minutes to complete this station. Immediately after climbing down the ladder you will walk over to the Hose Pull. You will sit down and pull 100 feet of charged 1 3/4 inch handline. You will have 10 minutes to complete this station. Immediately after completing this station you will walk over to the Blacked Out Drill. You will have a blacked out



mask and follow a charged 1 3/4 inch handline and 150 feet long with 3 loops in it. You will have 10 minutes to complete this station.

2nd Portion of the Course

## 3RD PORTION

After at least 15 minute break and another set of vital signs have been completed. We will relocate to a Camden High School Track. There you will be given 2 minutes to complete 35 sit ups with your hands on your shoulders. Immediately after that you will step on to the track and either choose to run or walk 1.5 miles. If you choose to walk you can not run at all and will have 25 minutes to complete it in. If you choose to run you may walk but only have 15 minutes to complete the run. After this you will have at least 15 minute break and another set of vital signs completed.

This will complete the Physical Agility Test.

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