



PORT WENTWORTH FIRE DEPARTMENT

317 CANTYRE STREET

PORT WENTWORTH, GEORGIA 31407

Office: (912) 966-7425

Fax: (912) 966-7408

PORT WENTWORTH FIRE DEPARTMENT VOLUNTEER QUALIFICATIONS

Qualifications: Applicant must meet the following requirements:

- 1) High School Diploma or G.E.D.**
- 2) Must be between the ages of 18 to 55.**
- 3) Must possess a valid Georgia Class F driver's license with a satisfactory driver's history.**
- 4) Applicant must be trained to NPQ Firefighter 1 and Emergency Medical Responder**
- 5) Applicant must:**
 - a. Submit to and pass a criminal background check with no felonies within 10 years and no drug convictions or pattern of criminal behavior.**
 - b. Submit to and pass a drug screen.**
 - c. Submit to and pass a physical exam.**
 - d. Submit to and pass a physical agility test.**
 - e. Submit to and pass a polygraph test**

Applications may be obtained by visiting the City of Port Wentworth web page at www.cityofportwentworth.com.

Submit applications to Port Wentworth Fire Department located at 317 Cantyre Street, Port Wentworth Georgia, 31407.

All pertinent certificates should accompany the application.

INFORMATION

Today's Date: _____

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Age: _____

Work Address: _____

Average Work Schedule: _____

Do you have Firefighting experience? _____

If yes, where? _____

Do you have Medical training? _____

If yes, where? _____

Port Wentworth Fire Department meetings are on Tuesday nights at 7:00 PM at the Headquarters located at 317 Cantyre Street. We will have one Saturday morning drill each month. You will be asked to make at least two meetings each month to retain benefits.

A criminal history will be performed on each applicant. Please read and sign the attached form in front of a Notary.

Port Wentworth Fire Department

Criminal History Consent Form

I hereby authorize the Port Wentworth Fire Department to receive any criminal history record information pertaining to me that may be in the files of any State or local criminal justice agency in Georgia.

PLEASE PRINT ALL INFORMATION

Your Full Name: _____

Address: _____

Sex: _____ **Race:** _____ **D.O.B.** _____

Social Security Number: _____

Signature: _____

Notary

Date: _____