

West Florence Fire Department Application

Position applying for: (check one) Firefighter____ Junior Firefighter____ Fire Marshall____

Other: (please specify) _____

Personal Information:

Name: _____ Date of Birth: ___/___/___ S.S. # ___-___-___

Email address: _____

Address: _____

Phone: Home# _____ Work# _____ Other# _____

Do you have a valid driver's license? _____ State: _____ DL# _____

Have you ever had your driver's license revoked or suspended? _____

If yes please explain. _____

Have you ever been convicted of a crime other than a minor traffic violation? _____

If yes please explain. _____

Describe any physical condition which may limit your ability to perform as a firefighter. _____

Emergency Medical Information:

Blood type: _____ Are you allergic to any medication? If yes please list. _____

Do you have a medical condition which would require a medication or medical assistance immediately? If yes please list. _____

Emergency Contact Information: *(please include a contact that does not live in your household)*

Name: _____ Relation: _____

Address: _____

Phone: Home# _____ Work# _____ Other _____

Name: _____ Relation: _____

Address: _____

Phone: Home# _____ Work# _____ Other _____

Firefighter/Rescue/Emergency Medical Training: *(list all completed training below and dates if possible)*

Firefighter Service History: *(list all departments or organizations and dates possible)*

West Florence Fire Department Application

Record of Military Service:

Where you or are you a member of the U.S. Armed Forces? (If yes, what branch?) _____

Last rank: _____ Service Dates: _____ Type of discharge: _____

List your duties and any special training:

Record of Education:

Type of School	Name of School, City, and State	From/To	Diploma/Degree
High School			
Technical College			
Collegiate			
Graduate			

Employment Record:

Most Recent Employer: _____ from: _____ to: _____ Supervisor: _____

Address: _____ Phone#: _____

Hours normally worked: _____ Can you respond to calls while at work? _____

Duties: _____ Position: _____

Employer: _____ from: _____ to: _____ Supervisor: _____

Address: _____ Phone#: _____

Duties: _____ Position: _____

Reason for leaving: _____

Employer: _____ from: _____ to: _____ Supervisor: _____

Address: _____ Phone#: _____

Duties: _____ Position: _____

Reason for leaving: _____

References: *(list 3 personal references other than former employers and relatives and 1 WFRVFD member if possible)*

Name: _____ Address: _____

Home#: _____ Work#: _____

Name: _____ Address: _____

Home#: _____ Work#: _____

Name: _____ Address: _____

Home#: _____ Work#: _____

West Florence Fire Department Application

- I hereby certify that the facts set forth in this application are true to the best of my knowledge. I understand that if selected, false statements on this application shall be considered sufficient cause for termination. You are hereby authorized to make any investigation of my personal employment, financial, or medical history and any other related matters as may be necessary in arriving at a selection decision. I hereby release employers, schools, and other persons or agencies from all liability in responding to the inquiries in connection with my application. If I am selected to be a member of the West Florence Rural Volunteer Fire Department, I agree to abide by its constitution and bylaws.
- In compliance with federal and state equal opportunity laws, qualified applicants are considered for volunteer firefighter without regard to race, color, religion, sex, national origin, age marital status, or the presence of non-job medical condition or disability.
- As of July, 01 2001 the Sate of South Carolina now requires each fire department to do a full criminal background check on each new applicant and his/her application may be rejected pursuant to this law.

Signature of Issuing Member/Date

Signature of Applicant/Date

This section will give instructions on the process of becoming a member in WFRVFD.

The West Florence Rural Volunteer Fire Department requires a copy of your South Carolina Drivers license and a ten (10) year driving record (where applicable) to be turned in along with this application.

All applicants for membership must live within the boundaries defined in Article I, Section 3 of the WFRVFD Constitution and Bylaws or within the City of Florence. These boundaries are: areas North of Florence City limits, TV Road on North to the Darlington County Line, areas West of Florence City limits to Whippoorwill Road and down to Alligator Branch in the Savannah Grove Community, and West to School District No. 4 boundary line and the Darlington County line. The applicant must be at least 18 years of age for senior membership and at least 15 years of age for junior membership.

The applicant is asked to attend at least one (1) Regular Business Meeting and at least and at least one (1) Training Session and/or Work Night so the membership will have a chance to meet the applicant.

The completed application, copy of his/her driver's license and a ten (10) year driving record must be returned to the Secretary-Treasurer. At the next regular Business Meeting the application will be read and given to the Application Investigation Committee (AIC) to be investigated. If the AIC recommendation is unfavorable the applicant is rejected. In such cases the committee chairperson will notify the Sec-Treas. as soon as possible, so the applicant can be notified. If the AIC returns a favorable recommendation, the committee will report this to the membership at the next Regular Business Meeting in January or July and a vote will be taken. This vote is to be secret ballot and a majority vote in favor is required to elect the applicant as a new member.

Any rejected applicant may resubmit another application in one (1) year. The process listed above will be repeated.

Any applicant may at any time withdraw his/her application without reason.

Parental Consent for junior firefighters: *(please read and sign below)*

By signing below I give my consent, as the parent or guardian, to allow the applicant to become a junior firefighter with the WFRVFD. I affirm that the applicant is at least 15 years of age. It is understood that a junior firefighter is not allowed to be at any Fire Department function or event after 10:00pm on any night before school the next day. It is understood that the junior firefighter is not to ride in any piece of fire suppression apparatus while responding to a call. A junior firefighter is not to have any modifications to his/her personal vehicle pertaining to emergency lights or siren. The junior firefighter is to maintain a minimum C average at their school or be placed on inactive status. If at any time the parent or guardian feels that involvement in the WFRVFD is interfering too much with school or personal environment of the junior firefighter, the parent may request that the junior firefighter be placed on inactive status. This request should be made to an officer or board member of the WFRVFD.

Parent or Guardian signature

**West Florence Fire Department Application
APPLICATION INVESTIGATION REPORT**

Application Read - Date: _____ By: _____

Application Investigator assigned: _____ Date: _____

Reference Name: _____	Contact Date/Time: _____
Relation to Applicant: _____	for how long: _____
Comments: _____ _____ _____	
Reference Name: _____	Contact Date/Time: _____
Relation to Applicant: _____	for how long: _____
Comments: _____ _____ _____	
Reference Name: _____	Contact Date/Time: _____
Relation to Applicant: _____	for how long: _____
Comments: _____ _____ _____	
Reference Name: _____	Contact Date/Time: _____
Relation to Applicant: _____	for how long: _____
Comments: _____ _____ _____	

Date ten (10) year driving record received:
Date copy of driver's license received:
Date reference check complete:

Applicant (is / is not) recommended for membership into WFRVFD by the Application Investigation Committee.

Application Investigator: _____ Date: _____

Applicant (is / is not) accepted for membership into WFRVFD by the voting membership present.

WFRVFD President: _____ Date: _____

Applicant notified by _____ Date: _____