

West Florence Fire Department - Application for Employment



Position applying for: (check one) Firefighter \_\_\_\_ Firefighter/Driver Operator \_\_\_\_

Other: (please specify) \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ S.S. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email address: \_\_\_\_\_

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

Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_

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. \_\_\_\_\_

**(A 10 Year Driving Record MUST accompany this Application along with a copy of your SC Drivers License)**

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)

1- Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_

2- Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_ Other \_\_\_\_\_



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## 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)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

- 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.
- In compliance with federal and state equal opportunity laws, qualified applicants are considered for 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 Applicant

\_\_\_\_\_  
Date