

Please include:

- 1. 10 year driving record if applicable**
- 2. any relevant training certificates**
- 3. If applying for volunteer please provide proof insurance**

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)
Darlington Fire Department

APPLICATION DATE _____
MONTH DAY YEAR

PERSONAL INFORMATION:

First Name _____ Middle Name _____ Last Name _____

Address _____ City and State _____ Zip Code _____

Telephone Number () _____ Social Security Number _____

Driver's License Number _____

In Case of Emergency, Notify _____ Telephone Number () _____

Relationship _____ Address _____ City and State _____

Are You Prevented From Lawfully Becoming Employed
In This Country Because Of Visa Or Immigration Status Yes _____ No _____

EDUCATION:

Name of Last School Attended _____ Address of School _____

College/University Attended _____ Address _____

Major _____ Degree _____ Dates Attended _____

Vocational/Technical Training _____

GENERAL:

Subjects Of Special Study Or Research Work _____

Special Skills _____

U.S. Military Or Naval Service _____ Rank _____

Present Membership In National Guard or Reserves _____

Employment History:

Present or Last Employer _____ Dates From _____ To _____

Job Title _____ Name of Supervisor _____

Address _____ Telephone Number () _____

Explain Reason For Leaving _____

Previous Employer _____ Dates From _____ To _____

Job Title _____ Name of Supervisor _____

Address _____ Telephone Number () _____

Explain Reason For Leaving _____

Are You Employed Now? Yes _____ No _____

May We Contact Your Present And Past Employers And Any Other Individuals Or Entities Identified In This Application? Yes ___ No ___

Check Yes Or No For The Following:

	Yes	No
Full Time Student	___	___
Reside Inside City Limits	___	___
Adequate Means Of Transportation	___	___

Position Applied For: _____

Who Or What Led You To Apply At The Darlington Fire Department? _____

List Any Relatives That Serve As A Darlington Firefighter _____

List Any Specific Fire Fighting And Fire Apparatus Training _____

Have You Ever Been Convicted Of A Crime? If Yes, Explain When and Why: _____

Are You Presently Under Any Probationary Sentence? Yes ___ No ___

References:

Name	Address	Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I hereby certify that the above information is true and complete. I recognize that any misrepresentation or omissions of fact may lead to denial of or discharge from employment.

I authorize: (1) the investigation of all information obtained in this application; (2) the contacting of my references, and employers, and other individuals and institutions to obtain information; and (3) any individual, employer, institution and/or organization to provide the Darlington Fire Department with any information and opinion. I understand that if an offer of employment is tentatively made to me, it is conditioned upon my successful completion of a medical examination, including a drug test. I understand that a result of a positive drug test will result in my immediate and permanent dismissal. I agree to adhere to the Darlington Fire Department's safety regulations, and I will report all injuries to the Darlington Fire Department. I understand failure to comply with safety regulations will result in termination. I release the Darlington Fire Department, its volunteers and agents from liability arising from requests for information and drug tests and for decisions made based on information obtained.

I acknowledge having read the foregoing carefully.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWER _____ DATE/TIME _____

DATE/TIME JOB OFFERED _____ ACCEPTED YES ___ NO ___

EMPLOYMENT DECISION MADE BY _____

DATE EMPLOYED _____

POSITION _____

DEPARTMENT _____

SALARY/WAGE _____

Equal Employment Opportunity

It is the policy of the City of Darlington Fire Dept. to provide equal opportunity to all applicants for employment, and to administer hiring, conditions and privileges of employment, compensation, training, promotions, transfer and discipline without discrimination because of race, color, religion, gender, disability, age or national origin. Any employee who believes that he has been discriminated against in violation of this policy should report the matter to the City Manger.

Drivers of City Vehicles

Drivers of City vehicles must be at least 18 years of age and posses a valid South Carolina Drivers License, which complies with all current DOT standards.

*All drivers with CDL and Class E or F, license must maintain a Current DOT Health Card.

*Applicants must provide current driving record along with proof of motor vehicle insurance.

signature

____/____/____
Date

South Carolina Firefighter Registration Act
Request for Criminal Record Review

Name: _____ (Full Given Name)

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____

Driver's License: State _____ Number _____

Race: _____ Sex: Male Female

I, _____ do hereby grant approval for the
(Print Name)

_____ to inquire and receive any and
(Name of Fire Department or Employer)

all criminal information pertaining to me.

(Applicant Signature)

(Date)

(Authorized Signature)

(Date)

Mail Request To:
S.L.E.D. Records
PO Box 21398
Columbia, SC 29221-1398
Phone: 1-803-737-9000
Fax: 1-803-896-7022

S.L.E.D. Should
Return Information To:

Reports Should Be Returned
To The Fire Department - Not
To The Fire Marshal's Office.

*Note to Fire Departments:
Please Include a Self-Addressed
Envelope For Return of Report
From S.L.E.D.

FR2 7/1/01