

**Please include:**

- 1. 10 year driving record if applicable**
  - 2. any relevant training certificates**
  - 3. If applying for volunteer please provide proof insurance**
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**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 if all information obtained in this application: (2) the contacting of my references, any 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

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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.**