APPLICATION FORM
VOLUNTEER FIRE DEPARTMENT

The position you are applying for is a Volunteer Firefighter.

Name_____
(Last) (First) (Middle)

Address_____ Apt. No_____

City_____ Zip Code _____

Home Phone _____ Work Phone_____

Cell Phone _____

Are you under 18 years of age: _☐__ Yes _☐__ No

Name of Employer _____

Address of Employer _____

Would Employer allow you to leave work for a call? _____

EDUCATION AND TRAINING

High School _____ College _____ Trade School _____
Yrs. Attended Yrs. Attended Yrs. Attended

College/Trade-subject majored in _____ Degree _☐__ Yes _☐__ No

List any skills or training that you feel relate to this position _____
_____

Have you been a member of a fire department before? _☐__ Yes _☐__ No

If so, where? _____ Chief's Name & Number _____

First Aid Training? _☐__ Yes _☐__ No Date last certified _____

Type of First Aid Training _____

Are you in good health? _☐__ Yes _☐__ No

If no, explain: _____

Truck Driving Experience? _☐__ Yes _☐__ No

Type of Vehicle _____

Driver's License Classification _____

What hours are you available to respond to emergency calls?_____

Can you attend sessions and firefighter training 2 times a month? ___☐Yes ___☐No

☐ ☐

Does claustrophobia affect you? ☐ Yes ☐ No

Why do you want to be a firefighter?_____

_____

_____

FORMER EMPLOYERS

List below most recent employer first. List complete employment history, but do not provide dates of employment for jobs held more than five years ago.

1. Name of Employer _____ Telephone _____

Address _____

Starting Date _____ Leaving Date _____

Job Title _____

Name & Title of Supervisor _____

Description of Work _____

2. Name of Employer _____ Telephone _____

Address _____

Starting Date _____ Leaving Date _____

Job Title _____

Name & Title of Supervisor _____

Description of Work _____

3. Name of Employer _____ Telephone _____

Address _____

Starting Date _____ Leaving Date _____

Job Title _____

Name & Title of Supervisor _____

Description of Work _____

4. Name of Employer _____ Telephone _____

Address _____

Starting Date _____ Leaving Date _____

Job Title _____

Name & Title of Supervisor _____

Description of Work _____

REFERENCES

List three persons not related to you whom you have known at least one year including at least one co-worker.

NAME	ADDRESS	RELATIONSHIP	PHONE #
1.			
2.			
3.			

AUTHORIZATION

(Please read the following statements carefully)

I certify that the information contained in this application (and accompanying resume, if any) is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize the schools, references, and my prior employers listed above to provide my record, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

_____ _____

Signature Date

(For Fire Department Use Only)

Drivers License #_____ Date of Application_____

Social Security # _____

Station Approval _____

Please complete and email to m.lybrand@saludacounty.sc.gov or drop off at 175 Public Safety Drive, Saluda, SC 29138