

EMPLOYMENT APPLICATION



Corinth-Shiloh Fire Department

940 Old Clemson Highway
P.O. Box 1853
Seneca, South Carolina 29679
(864) 653-5735

Received

For Official Use Only
QUAL _____
DNQ _____
Experience _____
Training _____
Other _____

PERSONAL INFORMATION

NAME (Last, First, Middle)			FORMER LAST NAME (if applicable)
ADDRESS			SOCIAL SECURITY NUMBER
CITY	STATE	ZIP	DATE OF BIRTH
HOME PHONE	ALTERNATIVE PHONE	EMAIL ADDRESS	
DRIVER'S LICENSE No.	STATE	DRIVER'S CLASS	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

MINIMUM COMPENSATION REQUESTED		ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
POSITION APPLYING FOR	(Check all that apply)	SHIFTS YOU WILL ACCEPT	
<input type="checkbox"/> Captain <input type="checkbox"/> First Responder <input type="checkbox"/> Lieutenant <input type="checkbox"/> EMT - Basic <input type="checkbox"/> Engineer <input type="checkbox"/> EMT - Advanced <input type="checkbox"/> Firefighter <input type="checkbox"/> EMT - Paramedic		<input type="checkbox"/> Full-time <input type="checkbox"/> 8 Hours <input type="checkbox"/> Part-time <input type="checkbox"/> 12 Hours <input type="checkbox"/> Volunteer <input type="checkbox"/> 24 Hours <input type="checkbox"/> <input type="checkbox"/> 48 Hours	

TRAINING OVERVIEW

<input type="checkbox"/> CPR/AED <input type="checkbox"/> EMR <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Advanced <input type="checkbox"/> EMT-Paramedic <input type="checkbox"/> Haz-mat Operations <input type="checkbox"/> Haz-mat Technician <input type="checkbox"/> Incident Safety Officer <input type="checkbox"/> Haz-mat Incident Command <input type="checkbox"/> Intro to Tech Rescue <input type="checkbox"/> Technical Rescue <input type="checkbox"/> Trench Rescue I <input type="checkbox"/> Rope Rescue High Angle <input type="checkbox"/> Public Safety Diver	<input type="checkbox"/> EVRA, EVDT <input type="checkbox"/> Driver Operator Pumper <input type="checkbox"/> Driver Operator Mobile Water Supply <input type="checkbox"/> Driver Operator Aerial <input type="checkbox"/> Fire Officer I, II, III, IV, V <input type="checkbox"/> Fire & Life Safety Educator I <input type="checkbox"/> Health Safety Program Manager <input type="checkbox"/> Fire Inspector I, II <input type="checkbox"/> Fire Investigator <input type="checkbox"/> Basic PIO <input type="checkbox"/> Confined Space Entry Operations <input type="checkbox"/> Confined Space Rescue <input type="checkbox"/> Water Rescue Operations	<input type="checkbox"/> Firefighter I, II <input type="checkbox"/> Firefighter Survival/RtR <input type="checkbox"/> Rescuing our Own (RIT) <input type="checkbox"/> Wildland S-190, S-130 <input type="checkbox"/> Wildland Fire Training for FFs <input type="checkbox"/> Wildland Urban Interface <input type="checkbox"/> Auto Extrication <input type="checkbox"/> Flammable Liquids and Gas <input type="checkbox"/> Instructor I, II, III <input type="checkbox"/> CPR/AED Instructor <input type="checkbox"/> EMR Instructor <input type="checkbox"/> EMT Instructor <input type="checkbox"/> Train-the-Trainer <small>(please list on Pg 3)</small>
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NIMS Certifications 100 200 G191 300 400 700 703 706 800 G402 ELG 2300

EDUCATION

SCHOOL NAME		LOCATION (City, State)	
FROM	TO	GRADUATED?	DEGREE RECEIVED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR
SCHOOL NAME		LOCATION (City, State)	
FROM	TO	GRADUATED?	DEGREE RECEIVED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR
SCHOOL NAME		LOCATION (City, State)	
FROM	TO	GRADUATED?	DEGREE RECEIVED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR

EMPLOYMENT HISTORY

COMPANY	CITY	STATE
POSITION HELD	FROM	TO
SUPERVISOR	PHONE NO.	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING		
COMPANY	CITY	STATE
POSITION HELD	FROM	TO
SUPERVISOR	PHONE NO.	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING		
COMPANY	CITY	STATE
POSITION HELD	FROM	TO
SUPERVISOR	PHONE NO.	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING		

CERTIFICATES AND LICENSES

TYPE	ISSUING AGENCY

ADDITIONAL SKILLS

REFERENCES

FULL NAME	REFERENCE TYPES
COMPANY	CITY, STATE
EMAIL ADDRESS	PHONE NO.
FULL NAME	REFERENCE TYPES
COMPANY	CITY, STATE
EMAIL ADDRESS	PHONE NO.
FULL NAME	REFERENCE TYPES
COMPANY	CITY, STATE
EMAIL ADDRESS	PHONE NO.

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself

SIGNATURE

DATE