EMPLOYMENT APPLICATION

Corinth-Shiloh Fire Department

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

Received
7/7/2025 9:38 AM
For Official Use Only
QUAL _____
DNQ _____
Experience
Training
Other _____

PERSONAL INFORMATION

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

PREFERENCES

MINIMUM COMPENSATION REQUESTED	**ARE YOU WILLING TO RELOCATE?** Yes No Maybe
POSITION APPLYING FOR	**SHIFTS YOU WILL ACCEPT**
TYPE OF WORK YOU WILL ACCEPT	

EDUCATION

SCHOOL NAME		**LOCATION (City, State)**	
FROM TO	**GRADUATED?** Yes No	**DEGREE RECEIVED**	**MAJOR**
SCHOOL NAME		**LOCATION (City, State)**	
FROM TO	**GRADUATED?** Yes No	**DEGREE RECEIVED**	**MAJOR**
SCHOOL NAME		**LOCATION (City, State)**	
FROM TO	**GRADUATED?** Yes No	**DEGREE RECEIVED**	**MAJOR**

EMPLOYMENT HISTORY

COMPANY	CITY	STATE
POSITION HELD	FROM TO	
SUPERVISOR	PHONE NO.	MAY WE CONTACT? Yes No
REASON FOR LEAVING		

COMPANY	CITY	STATE
POSITION HELD	FROM TO	
SUPERVISOR	PHONE NO.	MAY WE CONTACT? Yes No
REASON FOR LEAVING		

COMPANY	CITY	STATE
POSITION HELD	FROM TO	
SUPERVISOR	PHONE NO.	MAY WE CONTACT? Yes No
REASON FOR LEAVING		

CERTIFICATES AND LICENSES

TYPE	ISSUING AGENCY
TYPE	ISSUING AGENCY
TYPE	ISSUING AGENCY
TYPE	ISSUING AGENCY
TYPE	ISSUING AGENCY
TYPE	ISSUING AGENCY

ADDITIONAL SKILLS

SUPPLEMENTAL INFORMATION	
YEAR	**DESCRIPTION**
YEAR	**DESCRIPTION**
YEAR	**DESCRIPTION**
YEAR	**DESCRIPTION**
YEAR	**DESCRIPTION**
YEAR	**DESCRIPTION**

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