

6017 St. Andrews Road Columbia, S.C. 29212 HQ: (803) 798-4979

Fax: (803) 798-4680



## PLEASE READ BELOW BEFORE FILLING OUT THE APPLICATION PACKAGE

The application package is an important part of the application process. Please ensure that you complete all fields detailed in the package in ink, as neatly as possible, and answer all questions to the best of your knowledge. You may provide as much detail as you wish by adding extra sheets of information or a resume to the completed package. False, incomplete or inaccurate information is cause for disqualification and discharge of your application.

Resumes are not accepted in lieu of the application package, they may be attached for supplemental information. The completed application can be submitted by email, fax, or postal mail, attention to Asst. Chief Ben Smith.

The minimum requirement for the Firefighter position is as follows:

- Must be 18 years of age or older.
- Possess a valid driver's license.
- 3. Possess a High School Diploma or GED Certificate
- 4. Must pass a criminal background and driver's license record check.
- 5. Must be able to complete medical, physical and written assessments.
- 6. S.C. Fire Academy 1153 Firefighter I Certification or NFPA Firefighter I certification that is eligible for equivalency or reciprocity by the S.C. Fire Academy.
- 7. Current First Aid, CPR and AED Certification or higher level certification (EMR/EMT).

RECIPROCITY INFORMATION: Further information regarding certification reciprocity or equivalency from the South Carolina Fire Academy, can be obtained by calling (803) 896-9881or visiting the academy's website at http://www.scfa.state.sc.us/Education/index.asp?file=ifsac.htm .

Please include with your application copies of only the following documents. Do not include copies of any other certificates you may have. Please do include in detail other certifications you may possess in the application package or on a resume.

- 1. State Issued Driver's License
- 2. Official 10 Year Driving Record from the State of Issued Driver's License
- 3. High School Diploma or GED Certificate
- 4. DD214 (Only Applicable to U.S. Military Veterans)
- 5. Firefighter I Certificate
- 6. Current First Aid, CPR and AED Certificate or Qualification Card

If you have any questions regarding the application, please contact Asst. Chief Ben Smith by phone at (803) 798-4979 or by email at bsmith@irmofire.org.



## FIREFIGHTER EMPLOYMENT APPLICATION COVER SHEET

|                                      | Name:   |
|--------------------------------------|---|
| Home /                               | Address:  |
| Telepho                              | ene Number: ()Email Address:  |
| Required Docum                       | ents: Please check each box to indicate the required document is included with your application.  |
| Do not include coppossess in the app | pies of any other certificates you may have. Please do include in detail other certifications you may plication package or on a resume. |
|                                      | Completed Irmo Fire District Application Package  |
|                                      | /alid Driver's License  |
| 1                                    | 0 Year Driving Record from the State of Issued Driver's License   |
| H                                    | High School Diploma or GED Certificate  |
|                                      | DD214 (Only Applicable to U.S. Military Veterans)   |
| F                                    | Firefighter I Certificate   |
|                                      | Current First Aid or EMR, CPR and AED Qualification Cards or EMT Certificates   |

\*\* Failure to include copies of the above listed required items or not fully completing the employment application may result in your application not being processed for consideration. \*\*

|                                   | Last  |                     | First                                     |        |                  |                             |                | M,L        |                     |
|-----------------------------------|---|---------------------|---|--------|------------------|-----------------------------|----------------|------------|---------------------|
| Current N                         | failing Address:  |                     |   |        |                  |                             |                |            |                     |
| N                                 | lumber & Street   | City                |   |        | Ş                | ate                         |                | ·          | Zip Cod             |
| Telephon                          | e Number: (Home)  |                     | (Cell                                     | )      | ······           | ·                           |                |            |                     |
| Do:you ha                         | ave a valid Drivers License?  | Yes                 | No  |        |                  |                             |                |            |                     |
| Orivers Li                        | icense #:   | State:              | Class: _                                  |        |                  | Expiratio                   | on Date        | e:         |                     |
| lave you e                        | ver been convicted of a felony or DUI<br>charge(s) and explain the situation. A | ? If "yes", on a se | parate sheet pleas<br>necessarily a bar t | se giv | ve d<br>oplog    | ate(s) & p<br>yment.        | lace(s),       |            | Yès 🗌 No            |
| Can you wo<br>If hired, do        | ork legally in the United States?<br>cumentation showing eligibility for em     | ployment in the Ur  | nited States and id                       | dentit | y wi             | ll be requi                 | red)           |            | Yes 🗌 No            |
|                                   | ver been employed by the Irmo Fire I  |                     |   |        |                  | •                           | ·              |            | Yes No              |
| Vhen would                        | i you be able to start work?  |                     |   |        |                  | _                           |                |            |                     |
| lay we con                        | itact your present employer about you   | ır work?            |   |        |                  |                             |                |            | Yes 🗆 No            |
| lay we con                        | itact your previous employer?   |                     |   |        |                  |                             |                | П          | Yes [ No            |
| EDUCA                             | TION  |                     |   |        |                  |                             |                |            |                     |
|                                   | ITON  |                     |   |        |                  |                             | l più.         |            | Distance            |
|                                   | , ,   |                     | Course of Study                           | Ci     | rcle             | last year<br>pleted.        | Did y<br>gradu |            | Diploma<br>or Degre |
|                                   |   |                     | Course of                                 | Ci     | rcle             | last year                   |                |            |                     |
| School<br>High                    |   |                     | Course of                                 | Ci     | rcle             | last year<br>pleted.        | gradu          | ate?       |                     |
| School<br>High<br>College         |   |                     | Course of                                 | 1 1    | rcle<br>com<br>2 | last year<br>pleted.        | gradu          | ate?       |                     |
| School High College College       |   |                     | Course of                                 | Ci     | 2<br>2           | last year pleted.  3 4      | gradu<br>Y     | ate?<br>N. |                     |
| School High College College       |   | chool               | Course of                                 | Ci     | 2<br>2           | last year pleted.  3 4  3 4 | Y<br>Y<br>Y    | n. N.      |                     |
| School High College College Other | Name & Address of So  | Chool               | Course of Study                           | 1 1 1  | 2<br>2<br>2      | last year pleted.  3 4  3 4 | Y<br>Y<br>Y    | N. N.      |                     |

## **EMPLOYMENT HISTORY**

List below all present and past employment you have had in the last **10** years, beginning with your most recent or current employer.

| Employer   |       | From<br>Month/Year                          | Το<br>Month/Year   |  |
|--|-------|---|--|--|
| Street Address   |       | Work Performed                              | Provide Code   |  |
| City   | State |   |  |  |
| Phone # of Employer  |       |   |  |  |
| Job Title  |       |   |  |  |
| Supervisor   |       |   |  |  |
| Réason for Leaving   |       |   | THE THE TAXABLE PARTY OF THE PA | TO COMPANY AND   |
|  |       |   |  |  |
| Employer   |       | From<br>Month/Year                          | To<br>Month/Year   |  |
| Street Address   |       | Work Performed                              |  |  |
| City   | State |   |  |  |
| Phone # of Employer  |       |   |  |  |
| Job Title  |       |   |  |  |
| Supervisor   |       |   | TO THE PERSON TO THE PERSON THE P | THE PROPERTY OF THE PROPERTY O |
| Reason for Leaving   |       |   |  |  |
|  |       |   |  |  |
|  |       |   |  |  |
| Employer   |       | From<br>Month/Year                          | To<br>Month/Year   |  |
| Employer<br>Street Address   |       | From<br>Month/Year<br>Work Performed        |  |  |
| Street Address   | Staté | Month/Year                                  |  |  |
| Street Address  City  Phone # of Employer  | State | Month/Year                                  |  |  |
| Street Address  City  Phone # of Employer  Job Title   | State | Month/Year                                  |  |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor   | Staté | Month/Year                                  |  |  |
| Street Address  City  Phone # of Employer  Job Title   | Staté | Month/Year                                  |  |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor  Reason for Leaving   | State | Month/Year Work Performed                   | Month/Year   |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor  Reason for Leaving  Employer   | Staté | Month/Year  Work Performed  From Month/Year |  |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor  Reason for Leaving  Employer  Street Address   |       | Month/Year Work Performed                   | Month/Year  To   |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor  Reason for Leaving  Employer  Street Address  City   | State | Month/Year  Work Performed  From Month/Year | Month/Year  To   |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor  Reason for Leaving  Employer  Street Address  City  Phone # of Employer                        |       | Month/Year  Work Performed  From Month/Year | Month/Year  To   |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor  Reason for Leaving  Employer  Street Address  City  Phone # of Employer  Job Title             |       | Month/Year  Work Performed  From Month/Year | Month/Year  To   |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor  Reason for Leaving  Employer  Street Address  City  Phone # of Employer  Job Title  Supervisor |       | Month/Year  Work Performed  From Month/Year | Month/Year  To   |  |
| Street Address  City  Phone # of Employer  Job Title  Supervisor  Reason for Leaving  Employer  Street Address  City  Phone # of Employer  Job Title             |       | Month/Year  Work Performed  From Month/Year | Month/Year  To   |  |

If additional space is needed please continue on a separate sheet of paper and include with application.

REV 4/10/2018

## Emergency Services Certifications and Training Firefighter: Firefighter I / Firefighter II Certification Issued By: Expiration Date: Certification Level (EMR, EMT-B or EMT-P) CPR and AED: \_ Expiration Date: Issuing Authority (American Red Cross or Other) Summarize any special public safety skills or qualifications you may have below. Also please include knowledge, skills and abilities that you may possess that are not indicated elsewhere in this application. Personal References Name: \_\_\_\_\_ Relation: \_\_\_\_ Phone Number: \_\_\_\_\_ Name: \_\_\_\_\_ Relation: \_\_\_\_ Phone Number: \_\_\_\_ Agreement and Consent Any offer of employment may be contingent on the applicant passing a job related physical examination, drug test and criminal background checks. 1. I certify that these answers are true and correct to the best of my knowledge. 2: I UNDERSTAND THIS APPLICATION IS SUBJECT TO VERIFICATION, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I understand that misrepresentations or omissions of fact in this application will be sufficient cause for disqualification or dismissal from employment with the Irmo Fire District if I have been employed. I agree that the Irmo Fire District will not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to false statements and answers in this application. I understand and agree that this application is an initial application. I understand that additional information may be required of me. I further understand and agree that this paragraph applies to any information supplied by me at a later date as part of this application. 3. I hereby acknowledge that I have read and agree to the above statement. Signature Date The Irmo Fire District considers applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, or any legally protected status.

REV 4/10/2018