

The Poplar Springs Fire Department (PSFD) is an equal employment opportunity employer, and makes all employment decisions without regard to disability, handicap, race, color, religion, sex, veteran's status, national origin, citizenship or age. Opportunity for employment with the Poplar Springs Fire Department depends upon qualification and performance. This application will be given every consideration. However, in accepting this application, the PSFD makes no commitment of employment to the applicant. This application will remain active for 180 days after which time it will be destroyed and the applicant will have to reapply.

The Poplar Springs Fire Department (PSFD) is an At-Will Employer meaning that either the employer or the employee can end the employment relationship at any time and for any or no reason.

The following information is needed for the Poplar research requirements.	Springs Fire Department to sa	atisfy Equal Employment	Opportunity reporting	g and personnel
Date of Birth:	(Note: The 1972 Human Affairs Law prohibits discrimination based upon age.)			
Race: White, African American American Indian or Alaskan Native	, Hispanic, Asi _	an or Pacific Islande	er,	
Sex: Female Male	_			
The applicant, at the time of submitta states in which he or she has lived do for the required reports. The PSFD w receipts. The PSFD will request a de interview. Revised: 12/15/14	uring that time. The ap vill reimburse the succ	plicant should savessful applicant(s)	e the receipts frupon presentat	om the charges ion of the
Date:	Position applied for	•	VolF	PT FT
Name:	T MIDDLE	_ Social Security	<sup>,</sup> No.:	
Present Address:		CITY	STATE	ZIP
Permanent Address:		CITY	STATE	ZIP
Email Address:		Cell Phone:		
Are you 18 years old or older? Y	'es No _			
Are you a United States Citizen? If No, are you legally author	Yes No _ orized to work in the	United States?	Yes N	No
SC Driver's License No.:(A copy of your current Driver's License must	st be attached to this applic		lass	
CDL Endorsements:				
CDI Restrictions:				

Printed: 9/10/2018, Revised: 9/10/2018



	nvicted of a crime other the following informatio		Yes No
Charges	Where convicted	Date(s)	Current Status
	- 4 6514		
lave you every volunte	ered/worked for PSFD	before? Yes No	]
f hired, on what date w	ill you be available for v	vork?	
understand the PSFD J Do you meet the <u>Qualif</u>	tion states the job's qua lob Description for the p ications and Requireme which do you not meet?	osition for which you a ents listed for this position	on? Yest No
Record of Education:			
High School-		_ Yrs. Completed	GED
College/Degree		Yrs. Co	mpleted-
Other-			
Related Firefighting T Each applicant is required to p	raining: rovide a copy of all successfully	completed courses. All training	ng information will be verified.
8333			
List any other specializ nave applied.	ed skills and/or training	that may be applicable	to the position for which
		<u> </u>	



### **Employment Record:**

Are you presently employed? Yes No , If "Yes", may we contact your present employer regarding your service and employment record? Yes No .  If you answer "Yes", the applicant is requested to sign the attached Employee Reference Release form(s).				
that this section be compled. Give specific information List each position separate 2. List all employments included positions and account for a 3. A resume may not be susupport this section.  4. Start with the most received.	ted in detain about the ly, even if it luding militarill periods or abstituted for the position and insting your	I if your expenature and read is with the sary service, partitude including this section and work bacar employmen	rience is to be sponsibilities ame employe art-time, selfing unemploy; however, a k to first posit record, you	s of each position you have held. eremployment and volunteer ment. resume may be attached to ition you held. may attach additional sheets of
Company's Name, Address, Telephone No. & Immediate Supervisor's Name	From Mo. /Yr.	To Mo. /Yr.	Last Salary	Reason for Leaving
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Personal References (not former employers or relatives):

Name	Address	Telephone No.
1)		
2)		
3)		
Applicant Notice	of Drug Abuse Screening Test:	
Fire Department ac	s Fire Service Area Board of Directo Iministers an Alcohol and Drug Abu Iance with this policy is a condition o	rs has approved and the Poplar Springs se Policy for all PSFD Employees and of employment.
medical examination applicant's initial un specimen t rule out that he/she did not the same as a positive PSFD, the app	on which includes a urinalysis test to rinalysis test is positive, a confirmation r false-positives. If the confirmation successfully complete the urinalysis tive specimen. Before an applicant	olicant successfully completing a post-offer of detect illegal substance abuse. If an on test will be conducted on the same test is positive, the applicant will be advised test. A tampered specimen is regarded can be re-considered for any position with inseling and evaluation which may include a FD at the applicant's expense.
Applicant's Signatu	ıre:	Date:



#### **Acknowledgement:**

Please read before signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application shall be considered immediate cause for dismissal. In making this application for employment I authorize the Poplar Springs Fire Department to make and/or investigate a report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. This inquiry, if made, also may include information concerning any and all employment discrimination claims and/or accusations brought against me, including, but not limited to, charges and/or accusations brought against me that relate to harassment and/or discrimination involving race, sex, religion, disability and/or national origin.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation or report that is made.

I understand that, if the Poplar Springs Fire Department employs me, either the Poplar Springs Fire Department or I can terminate my employment with or without cause at any time and for any or no reason. I also understand that no official of the Poplar Springs Fire Department other than the Fie Chief has the authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Applicants Signature:	 Date:



For PSFD management us	e only:	
Applicant meets the job's Q	ualifications and Requirer	ments-
Applicant successfully comp	oleted the PSFD agility co	ourse
Applicant successfully comp	pleted the PSFD written to	est
Review of applicant's applic	ation-	
Recommendation:		
APPLICABLE MEMBERSHIP DATES:		
MEMBER :	RELEASED:	(Member Quit; Member Fired, Member Terminated)
MEMBER :	RELEASED:	(Member Quit; Member Fired, Member Terminated)
MEMBER :	RELEASED:	(Member Quit; Member Fired, Member Terminated)
MEMBER :	RELEASED:	(Member Quit; Member Fired, Member Terminated)
History Committee Bassie		Data
Hiring Committee Representative		Date:
Fire Chief		Date



#### **Employee Reference Release:**

This signed form gives the Poplar Springs Fire Department permission to contact the applicant's previous employer(s) to acquire the information described in the Acknowledgement Section of this application. The applicant is requested to sign one Employee Release Form for each former employer.

I, concerr by pros	ning my employment with pective employers:	, agree to the rele	ease of the following information, as may be requested
Job Re	ference Information	May Be Released	May Not Be Released
1. [	Dates of Employment		
2. J	Job Title(s)		
3. 8	Salary At Time of Termination		
4. <i>A</i>	Attendance Record		
5. F	Performance Review Ratings		
[ ] [ ]	Reason for Termination Resignation Resignation by Mutual Agreem Retirement Downsizing Discharged For Cher (Be Specific)		
7. E	Eligible for Rehire? □Yes □	iNo	
Applica	int's Signature:		
FD Re	enresentative		Date: