

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	itisfy Equal Employment	Opportunity reporting	ng and personnel
Date of Birth:	(Note: The 1972 Human Affairs Law prohibits discrimination based upon age.)			
The applicant, at the time of submittal states in which he or she has lived du for the required reports. The PSFD w receipts. The PSFD will request a det interview. Revised: 12/15/14	uring that time. The ap ill reimburse the succe	plicant should savessful applicant(s)	e the receipts to upon presenta	from the charges tion of the
Date:	Position applied for		Vol	PT FT
Name:	MIDDLE	_ Social Security	[,] No.:	
Present Address:		CITY	STATE	ZIP
Permanent Address:		CITY	STATE	ZIP
Email Address:		Cell Phone:		
Are you 18 years old or older? Ye	es No _			
Are you a United States Citizen? If No, are you legally author	Yes No _ orized to work in the	United States?	Yes	No
SC Driver's License No.: (A copy of your current Driver's License mus	st be attached to this applic		lass	
CDL Endorsements:			20., , ,	
CDL Restrictions:				



Have you ever been convicted of a crime other than minor violations? Yes No				
Charges	Where convicted	Date(s)	Current Status	
	unteered/worked for PSFD b			
If hired, on what da	te will you be available for we	ork?		
understand the PSI Do you meet the Q	scription states the job's qualifications and Requiremer o", which do you not meet?	osition for which you a onts listed for this position	pplied? Yes No	
Record of Educati	ion:		4.30	
High School		Yrs. Completed	GED	
College/Degree-		Yrs. Co	mpleted	
Other-				
		<u>></u>		
	ng Training: d to provide a copy of all successfully o			
List any other spec have applied.	ialized skills and/or training t	hat may be applicable	to the position for which you	



Employment Record:

Are you presently employed? Yes No, If "Yes", may we contact your present employer regarding your service and employment record? Yes No It you answer "Yes", the applicant is requested to sign the attached Employee Reference Release form(s).					
INSTRUCTIONS: Read carefully before completing the remainder of this section. It is important that this section be completed in detail if your experience is to be fairly evaluated. 1. Give specific information about the nature and responsibilities of each position you have held. List each position separately, even if it is with the same employer. 2. List all employments including military service, part-time, self-employment and volunteer positions and account for all periods of time including unemployment. 3. A resume may not be substituted for this section; however, a resume may be attached to support this section. 4. Start with the most recent position and work back to first position you held. 5. If space is too limited for listing your employment record, you may attach additional sheets of 8½ x 11 paper. If additional paper is attached, sign and date each additional page.					
Company's Name, Address, Telephone No. & Immediate Supervisor's Name	From Mo. /Yr.	To Mo. /Yr.	Last Salary	Reason for Leaving	
			**		
	<u> </u>				
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Personal References (not former employers or relatives):

A.I	A .l. I	T 1 2 2
Name1)	Address	Telephone No.
• ,		
2)		
3)		
Applicant Notice	of Drug Abuse Screening Test:	
Fire Department ac		rs has approved and the Poplar Springs se Policy for all PSFD Employees and f employment.
medical examination applicant's initial un specimen t rule out that he/she did not the same as a posithe PSFD, the applicant of the same as a positive posit	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	licant successfully completing a post-offer 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 neeling and evaluation which may include a ED at the applicant's expense.

Date: _____

Applicant's Signature:



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 Fire 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:



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, conce by pr	erning my employment withospective employers:	, agree to the re	lease of the following information, as may be requested
Job I	Reference Information	May Be Released	May Not Be Released
1.	Dates of Employment		
2.	Job Title(s)		
3.	Salary At Time of Termination		
4.	Attendance Record		
5.	Performance Review Ratings		
6.	Reason for Termination Resignation Resignation by Mutual Agreen Retirement Downsizing Discharged For Other (Be Specific)		
7.	Eligible for Rehire?	□No	
Appli	cant's Signature:		
ΕD	Renresentative		Date: