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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Employment**  **Lexington County Fire Service (SC)**  **Fire Chief** | | | | | | | | |
| **Instructions:** Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **Please print or type**, except for the signature on the last page of the application. All information you give on this application will be held in strict confidence.  **Application will be rejected if not signed.** | | | | | | | | |
| **Personal Data** | | | | | | | | |
| Last Name Here First Name Here Middle Name Here | | | | | | | | |
| **Last Name**  **First Name Middle Name**  Current Address Here City Here State Here Zip Here | | | | | | | | |
| **Current Mailing Address City State Zip**  Primary Phone Here Secondary Phone Here SSN Here | | | | | | | | |
| **Primary Phone Number Secondary Phone Number Social Security Number**  Email Address Here | | | | | | | | |
| **Email Address**  **When are you available for employment?** Answer Here | | | | | | | | |
| **Would you take a physical examination if required for the job for which you are applying?**  Yes  No | | | | | | | | |
| **General Information** | | | | | | | | |
| **Do you have a valid Driver’s License?**  Yes  No | | | | | | | | |
| **Driver’s License Number:** Type DL# Here **State:** Type DL State Here  **Emergency Medical Technician Rating:** Type EMT Rating Here  **State**: Type State Here **Expiration Date:** Type Exp Date Here  **Fire Instructor Level:** Type Instructor Level here  **Have you ever been convicted of or pleaded no contest to a felony?**  Yes  No  **If yes, please explain:** Type Explanation Here | | | | | | | | |
| **Are you currently OR expecting to be engaged in any other business or employment?**  Yes  No  **If yes, please explain**: Type Explanation Here | | | | | | | | |
| **Education** | | | | | | | | |
| **High School**  **Institution Name / City, State** | | | | **Highest Grade Completed** | | | | **Did you graduate?** |
| Type High School Info Here | | | | Type Here | | | | Yes  No |
| **College or University**  **Institution Name / City, State** | | | | **Highest Level Completed** | | | | **Did you graduate?** |
| Type College/Univ Info Here | | | | | | | | |
| **Major/Degree:** | Type Major/Degree Here | | | | Type Level Here | | | Yes  No |
|  | | | | | | | | |
| **Major/Degree:** | Type Major/Degree Here | | | | Type Level Here | | | Yes  No |
|  | | | | | | | | |
| **Major/Degree:** | Type Major/Degree Here | | | | Type Level Here | | | Yes  No |
| **Additional Educational/Vocational/Technical Training**  **Institution Name / City, State** | | | | | | | | **Did you complete coursework** |
| Type Additional Education Info Here | | | | | | | | |
| **Coursework:** | Type Coursework Here | | | | | | | Yes  No |
|  | | | | | | | | |
| **Coursework:** | Type Coursework Here | | | | | | | Yes  No |
|  | | | | | | | | |
| **Coursework:** | Type Coursework Here | | | | | | | Yes  No |
| **Employment History**  List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). **Please indicate month and year of employment.** | | | | | | | | |
| **Name of Employer:** Type Employer Name Here | | | | | | | **Employed from:**  Date to Date | |
| MO/YR MO/YR  **Address:** Type Address Here | | | | | | | | |
| **Supervisor:** Type Supervisor Name Here | | | **Telephone Number:** Type Phone Number Here | | | | | |
| **Your Position Title**: Type Position Title Here | | | | | | | | |
| **Duties:** Type Duties Here | | | | | | | | |
| **Reason for Leaving:** Type Reason for Leaving Here | | | | | | | | |
| **Employment History** (continued) | | | | | | | | |
| **Name of Employer**: Type Employer Name Here | | | | | | | **Employed from**:  Date to Date | |
| MO/YR MO/YR  **Address**: Type Address Here | | | | | | | | |
| **Supervisor**: Type Supervisor Name Here | | | **Telephone Number**: Type Phone Number Here | | | | | |
| **Your Position Title**: Type Position Title Here | | | | | | | | |
| **Duties**: Type Duties Here | | | | | | | | |
| **Reason for Leaving**: Type Reason for Leaving Here | | | | | | | | |
|  | | | | | | | | |
| **Name of Employer**: Type Employer Name Here | | | | | | | **Employed from:**  Date to Date | |
| MO/YR MO/YR  **Address**: Type Address Here | | | | | | | | |
| **Supervisor**: Type Supervisor Name Here | | | Telephone Number: Type Phone Number Here | | | | | |
| **Your Position Title**: Type Position Title Here | | | | | | | | |
| **Duties**: Type Duties Here | | | | | | | | |
| **Reason for Leaving**: Type Reason for Leaving Here | | | | | | | | |
|  | | | | | | | | |
| **Name of Employer**: Type Employer Name Here | | | | | | | **Employed from:**  Date to Date | |
| MO/YR MO/YR  **Address**: Type Address here | | | | | | | | |
| **Supervisor**: Type Supervisor Name Here | | | **Telephone Number**: Type Phone Number Here | | | | | |
| **Your Position Title**: Type Position Title Here | | | | | | | | |
| **Duties**: Type Duties Here | | | | | | | | |
| **Reason for Leaving**: Type Reason for Leaving Here | | | | | | | | |
|  | | | | | | | | |
| **References**  Give three references (exclude relatives and former employers). | | | | | | | | |
| **Name**: Type Name Here | | **Occupation**: Type Here | | | | **Telephone**: Type Phone # Here | | |
| **Address**: Type Address Here | | | | | | | | |
|  | | | | | | | | |
| **Name**: Type Name Here | | **Occupation**: Type Here | | | | **Telephone**: Type Phone # Here | | |
| **Address**: Type Address Here | | | | | | | | |
|  | | | | | | | | |
| **Name**: Type Name Here | | **Occupation**: Type Here | | | | **Telephone**: Type Phone # Here | | |
| **Address**: Type Address here | | | | | | | | |
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| I certify the information in this application and attachments are true and complete to the best of my knowledge. I am aware that any falsification, misrepresentation, or omission may result in my disqualification for employment or discharge from employment. I authorize my present and previous employers to release information regarding my job performance. I also authorize the hiring agency to obtain information of any past criminal activities through a police background investigation. I hereby waive my rights to claims or damages against any employer, police agency and the hiring agency, its officers, agents, and employees, in regard to this exchange of information concerning my past history and employment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | | | | |