

STALLINGS FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Stallings Fire Department is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.

Instructions: Please complete the application in blue or black ink. Stallings Fire Department will not accept incomplete applications. This application is incomplete unless all required information is supplied. Do not write "see resume" in any blank.

Position Applied For: _____

Date of Application: _____

SECTION ONE: PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street (PO Box) City State ZIP

Previous Legal Names – Identify the period and under what circumstances the name was used.

1. _____

2. _____

Social Security Number: _____

Drivers License Number: _____ State: _____ Class: _____ Exp. Date: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Work Phone: _____

Place of Birth City/State: _____ Current Age: _____

Male Female Height: _____ Weight: _____

SECTION TWO: ELIGIBILITY

Are you a citizen of the United States? _____ How long? _____ Birthplace: _____

Have you been naturalized? _____ Date: _____ Certificate Number: _____

Are you a South Carolina or North Carolina resident? _____ How long? _____

Have you ever been employed by Stallings FD? _____ Dates: _____

Have you ever been a member of Stallings FD? _____ Dates: _____

Have you ever filed an application with Stallings FD for membership or work? _____ Dates: _____

Chronologically list any fire department affiliation you have or have had in the past. Chiefs will be contacted. Failure to list a fire department affiliation here is grounds for termination should an affiliation be discovered after employment. Attach an additional sheet if necessary.

Department	Location City/State	Dates		Chiefs Name	Chief's Phone
		From	To		

To what extent do you use controlled substances (including Tobacco or Alcohol): _____

Have you ever been involuntarily terminated or forced to resign from any job? Yes No

If yes, provide details: _____

Have you ever been convicted of a felony? Yes No

If yes please give dates and explain conviction. _____

In the last 5 years, have you been convicted of a crime or misdemeanor other than a routine traffic violation? Yes No If yes please give dates and explain conviction. _____

Note: Disclosure of a criminal record will not necessarily disqualify you from employment consideration. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness in relation to the job you are applying for. Failure to disclose such information may result in disqualification of consideration from employment, or termination if employed.

Have you had your driver's license suspended or revoked within the last two years? Yes No
 If yes, give details: _____

Are you currently employed? _____ Employer: _____

May we contact your employer? Yes No Phone Number: _____

SECTION THREE: RESIDENCES

Present Address: _____
Street Address Apt. # City State Zip

Mailing Address: _____
Street Address / P.O. Box City State Zip

Chronologically list all of your residences for the past ten (10) years, including any address you had while attending school. Attach an additional sheet if necessary.

Dates		Street Address	Apt.	City	State	Zip
From	To					

SECTION FOUR: EDUCATION

Educational Background – Circle Highest School Year Completed: High School Diploma? Yes No
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 GED Certificate? Yes No

Chronologically list all of the schools you have attended. Attach an additional sheet if necessary.

School Attended	Location City/State	Field of Study	Dates Attended		Type of Degree & Date Received
			From	To	

Describe any specialized training, apprenticeship, skills, and extra-curricular activities: _____

List firefighting and medical certifications attained (submit transcripts or certificates with this application): _____

SECTION FIVE: REFERENCES

Provide two (2) professional references, not relatives, who are familiar with your job performance and have known you for at least five (5) years. Also provide two (2) personal references, not relatives, who have known you socially during the past five (5) years.

Professional Reference

Name: _____ Occupation: _____
 Address: _____ City: _____ Years Acquainted: _____
 State: _____ ZIP: _____ Home Ph: _____ Work Ph: _____

Professional Reference

Name: _____ Occupation: _____
Address: _____ City: _____ Years Acquainted: _____
State: _____ ZIP: _____ Home Ph: _____ Work Ph: _____

Personal Reference

Name: _____ Occupation: _____
Address: _____ City: _____ Years Acquainted: _____
State: _____ ZIP: _____ Home Ph: _____ Work Ph: _____

Personal Reference

Name: _____ Occupation: _____
Address: _____ City: _____ Years Acquainted: _____
State: _____ ZIP: _____ Home Ph: _____ Work Ph: _____

SECTION SIX: EMPLOYMENT HISTORY

Start with your present or last job. List previous employers including summer and part-time work. Attach additional sheets if necessary.

Employer: _____ **Position:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Dates: From _____ to _____ **Hourly Rate/Salary:** \$ _____
Supervisor's Name: _____ **Telephone Number:** _____
Job Duties: _____

Reason for Leaving: _____

Employer: _____ **Position:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates: From _____ to _____ **Hourly Rate/Salary:** \$ _____

Supervisor's Name: _____ **Telephone Number:** _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ **Position:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates: From _____ to _____ **Hourly Rate/Salary:** \$ _____

Supervisor's Name: _____ **Telephone Number:** _____

Job Duties: _____

Reason for Leaving: _____

Employer: _____ **Position:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Dates: From _____ to _____ **Hourly Rate/Salary:** \$ _____

Supervisor's Name: _____ **Telephone Number:** _____

Job Duties: _____

Reason for Leaving: _____

SECTION SEVEN: MILITARY RECORD

Have you ever served in the Armed Forces of the United States? Yes No

If Yes, which branch of service? _____ Highest rank attained: _____

Date of Enlistment: _____ Discharge Date: _____ Occupation: _____

Type of Discharge received: _____ Reserve Status: _____

Veteran's Preference Claimed? Yes No If Yes, what is the basis for the claim? _____

Describe any job-related training you received in United States Military: _____

SECTION EIGHT: APPLICANT DATA RECORD

(Please Print)

Your Name: _____

Position Applied For: _____

Date: _____

Check one: Male Female

Check one of the following race / ethnic groups (optional):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino (All races)
- Hispanic or Latino (White race only)
- Hispanic or Latino (All other races)

Check if any of the following are applicable:

- Veteran
- Disabled Individual

APPLICANT'S STATEMENT AND RELEASE OF INFORMATION PERMISSION

Applicants must read and sign below prior to submitting this application.

I certify that all answers given herein are true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my discharge if discovered at a later date.

I understand and agree that Stallings Fire Department may investigate my background including but not limited to work record, schooling, reputation, and any law enforcement records pertaining to criminal convictions, guilty pleas, or no contest pleas pertaining to felonies or misdemeanors involving dishonesty or theft. I further agree that this information, including that of a privileged or confidential nature, may be received or utilized by the Fire Chief in evaluating my suitability of as an applicant. I release employers, agencies, and persons named herein from any and all liability resulting from the furnishing of such information. A copy of this release is as valid as an original signature.

I agree to furnish any additional information and/or submit to oral, written or physical examinations as may be required to complete the pre-employment evaluation. I understand further consideration is precluded should I fail to provide requested information or for any reason not complete the examination procedures.

It is agreed and understood that this application for employment does not obligate Stallings Fire Department to employ the applicant. Further, I understand and agree that if employed, my employment is at will only, for no term or definite duration, and is subject to the rules, regulations, policies, and procedures adopted by Stallings Fire Department. At will employment means either Stallings Fire Department or the employee may end the employment relationship at any time, for any reason or for no reason at all. No oral representation by any representative of Stallings Fire Department or its employees will create a contract of employment.

I understand and agree that, if offered employment, I may be required to successfully pass a drug test, a criminal background check and a pre-employment physical exam.

I understand and agree that, if employed by Stallings Fire Department, I will be required to abide by all rules, regulations, policies, and procedures of Stallings Fire Department and Stallings Fire Department

This certifies that this application was completed by me, the undersigned, and that all entries and information on it are true and complete to the best of my knowledge.

Signature of Applicant

Date

Printed Name of Applicant