

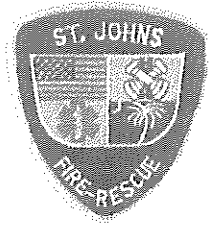
EMPLOYMENT APPLICATION

ST. JOHN'S FIRE DISTRICT

P.O. BOX 56 • 3327 Maybank Hwy.

JOHNS ISLAND, S.C. 29455

PHONE: (843) 559-9194 • FAX: (843) 559-3687



APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both sides of this page.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly; incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION
5. Provide only requested information. Failure to do so may result in disqualification of your application.

TODAY'S DATE: _____

NAME: _____

LAST

FIRST

M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____

STREET

CITY

STATE

ZIP

PRIOR ADDRESS: _____

STREET

CITY

STATE

ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____ What category would you prefer? Full-time Part-time Temporary Labor pool

For which schedules are you available?* Weekdays Weekends Evenings Nights Overtime Shift Other _____

* Reasonable efforts will be made to accommodate religious beliefs and practices.

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license?
Name on license _____ DL# _____ Type _____ State of issue _____

Yes No Have you had any moving violations? Please describe. _____
Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation? List languages in which you are fluent. _____

SECURITY

List states and counties of residence for the past seven years. _____

Yes No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

COMMENTS

(ASK FOR AN ADDITIONAL PAGE, IF NECESSARY)

PREVIOUS EMPLOYERS

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

	PHONE ()	
	FAX ()	

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

SALARY _____ PER _____
 (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

	PHONE ()	
	FAX ()	

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

SALARY _____ PER _____
 (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

	PHONE ()	
	FAX ()	

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
 DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

SALARY _____ PER _____
 (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

EDUCATION

NOTE: do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: _____

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL			
COLLEGE			
OTHER			

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability or for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____	DATE _____
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