

Voluntary Information

(Please Print)

Qualified applicants are considered for all positions, and employees are treated during employed without regard to race, color, religion, gender, national origin, age, martial or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely, to help us comply with government record keeping, reporting and other legal requirements, please fill out the data record.

This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment, **AND IS STRICTLY VOLUNTARY.**

Date: _____

Position (s) Applied for: _____

Referral Source: Advertisement Friend Relative
 Employment Agency Other _____

| | | | |
|-----------------|-------|--------|--------------|
| Name: Last | First | Middle | Phone Number |
| | | | |
| Address: Street | City | State | Zip |
| | | | |

Affirmative Action Survey

Government agencies require periodic reports on the gender, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: Male Female

Check one of the following:
Race/ Ethnicity White Black American Indian/Alaskan Native
 Hispanic Asian/ Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Handicapped Individual
 Disabled Veteran

Application For Employment

Tyger River Fire Department

355 Locust Street
Lyman, SC 29365
864-949-6061

We welcome you as a prospective employee of the Tyger River Fire Service Area. Completing the Employment Application is the first step in the selection process. You will not be considered unless you meet the minimum qualifications as posted in the advertisement. In order to be fairly considered, **answer all questions completely and accurately**, relating to your education, training and experience to the position for which you are applying. No information in this application is intended to be used for discriminatory purposes. **A resume may be attached, but not substituted.** We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print)

Position (s) Applied For: _____

Date of Application: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____
Home Work Cell

Social Security #: _____ DL # _____ State _____

(Last 5 digits)

Class: _____

Have you ever filed an application with us before? If Yes, give date. Yes _____/_____/_____
 No _____

Have you ever been employed with us before? If Yes, give date. Yes _____/_____/_____
 No _____

Are you currently employed? Yes _____
 No _____

May we contact your present employer? Yes _____
 No _____

If "No" please explain. _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes _____
 No _____

Proof of citizenship or immigration status will be required upon employment.

On what date will you be available for work? _____/_____/_____

Are you available to work: _____ Full time _____ Part-time _____ Shift work

Have you ever been convicted of a felony? Yes _____
 No _____

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

The Tyger River Fire Department is an Equal Opportunity Employer

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Education

| | High School | College/ University | Graduate/ Professional |
|--|-------------|---------------------|------------------------|
| School Name and Location | | | |
| Years Completed | | | |
| Diploma/Degree | | | |
| Describe Course of study | | | |
| Describe any specialized training, apprenticeships, skills and extracurricular activities | | | |
| Describe any honors you have received | | | |
| State any additional information you feel may be helpful to us in considering your application | | | |

Indicate any foreign languages you can speak, read, and/or write

| | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak | | | |
| Read | | | |
| Write | | | |

List professional, trade, business, or civic activities and offices held.

You may omit memberships which would reveal gender, race, religion, national origin, age, ancestry, handicap, or other protected status

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References

Give name, address, and telephone number of three references who are not related to you, and are not previous employers.

1 _____

2 _____

3 _____

Have you had any job-related training in the US Military? _____ Yes _____ No

If yes, please describe _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

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Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may omit organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

| | | | | |
|--------------------|------------|--------------------|-------|----------------|
| 1. | Employer | Dates Employed | From | Work Performed |
| | | To | | |
| Address | | | | |
| Telephone | | | | |
| Job Title | Supervisor | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |
| 2. | Employer | Dates Employed | From | Work Performed |
| | | To | | |
| Address | | | | |
| Telephone | | | | |
| Job Title | Supervisor | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |
| 3. | Employer | Dates Employed | From | Work Performed |
| | | To | | |
| Address | | | | |
| Telephone | | | | |
| Job Title | Supervisor | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |
| 4. | Employer | Dates Employed | From | Work Performed |
| | | To | | |
| Address | | | | |
| Telephone | | | | |
| Job Title | Supervisor | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |
| 5. | Employer | Dates Employed | From | Work Performed |
| | | To | | |
| Address | | | | |
| Telephone | | | | |
| Job Title | Supervisor | Hourly Rate/Salary | | |
| Reason for Leaving | | Starting | Final | |
| | | | | |

If you need additional space, please continue on a separate sheet of paper.

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time no to exceed 182 days whether or not applications are being accepted at that time.

I hereby understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at anytime with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview _____ Yes _____ No

Remarks: _____

Interviewer

Date

Employed _____ Yes _____ No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By: _____

Name and Title

Date

Notes: _____

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Application Checklist

Please be sure to include all of the required items in the checklist with your completed application.

| Required Items | Initials |
|---|----------|
| Completed Application | |
| Copy of Drivers License | |
| Copy of any transcripts or certificates | |
| Resume | |
| Voluntary Information | |