



Lesslie Fire Department

3191 Lesslie Highway

Rock Hill, S.C. 29730

Phone: 803-324-0828

Email: employment@lessliefire.com

APPLICATION

Name _____, _____, _____
Last First Middle

_____, _____, _____, _____
Address City State Zip Code

Phone (_____) _____ Business (_____) _____

Date of Birth _____ Social Security No. _____ - _____ - _____

Date of Application _____ Date of Hire _____ (OFFICE USE ONLY)

The Lesslie Fire Department does not discriminate on basis of Race, Color, National Origin, Religion, Age, Disability Status, Gender, Sexual Orientation, Or Any Other Legally Protected Status in Employment or the Provision of Services. The Lesslie Fire District will provide Reasonable Accommodations for Otherwise Qualified Individuals.

Position applying for: () Full Time Firefighter () Part Time Firefighter

Have you been convicted or pled guilty to a felony with-in the last ten years? (including DUI / DWI)

() Yes () No If Yes, give date, place, charge, and disposition: _____

If hired as Paid Personnel, Salary expected \$ _____ Per Year

Do you have a valid South Carolina driver's license? () Yes () No Out of State? () Yes () No
If Yes, License No. _____ Class _____ Endorsements _____
Restrictions _____ State _____ Expiration Date _____

Do you have any large vehicle driving experience? () Yes () No
If yes, Do you have a CDL () Yes () No

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EDUCATION

Do you have a High School Diploma or GED () Yes () No

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 5 6 7 8

Name and Location of School	Graduated?	Date of Graduation	Degree and/or Major
High School(s)			
Technical/Trade			
College(s)			

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List any specific South Carolina Fire Academy or Nationally recognized courses that you have completed and provide copies of any certificate or transcripts that you have relating to the Fire Service. _____

List any specific South Carolina Medical Training or Nationally recognized courses that you have completed and provide copies of any certificate of transcripts that you have relating to the Medical Service. _____

List all Fire Departments that you have been or are currently employed or volunteer(ed) with.

Department _____	Chief _____	Phone# _____
Department _____	Chief _____	Phone# _____
Department _____	Chief _____	Phone# _____

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MILITARY HISTORY

Branch of Service _____

Rank on Entry _____ Rank on Discharge _____

Are you currently in any Military Reserve Program? () Yes () No

If yes, what is your schedule for duty? _____

Type of Discharge (if applicable). _____

List any specialized training you received. _____

Do you have any physical limitations to restrict you from performing the duties of the position that you are applying for? () Yes () No

If yes, explain: _____

In case of an emergency contact _____ Phone # _____ Daytime # _____

PERSONAL REFERENCES

List (5) Five Personal References that are not relatives or that you are currently employed with.

Name _____
Address _____

Daytime Phone No. (_____) - _____ - _____

Name _____
Address _____

Daytime Phone No. (_____) - _____ - _____

Name _____
Address _____

Daytime Phone No. (_____) - _____ - _____

Name _____
Address _____

Daytime Phone No. (_____) - _____ - _____

Name _____
Address _____

Daytime Phone No. (_____) - _____ - _____

WORK HISTORY

Please list your work history beginning with your most recent position

Name of Company _____ Employed From _____ To _____
Month/Year Month/year

Position Title _____ Supervisor's Name _____
Address City State Zip Code

Work Phone No. (_____) _____ - _____

Description of Duties _____

Reason for Leaving _____

Name of Company _____ Employed From _____ To _____
Month/Year Month/Year

Position Title _____ Address _____ City _____ State _____ Zip Code _____
Supervisor's Name _____

Work Phone No. (_____) _____ - _____

Description of Duties _____

Reason for Leaving _____

Name of Company _____ Employed From _____ To _____
Month/Year Month/Year

Position Title _____ Address _____ City _____ State _____ Zip Code _____
Supervisor's Name _____

Work Phone No. _____)- _____ - _____

Description of Duties _____

Reason for Leaving _____

CERTIFICATE OF APPLICANT: I hereby declare the information provided by me in this application for Employment is true, correct and complete. I understand that if employed, any misstatement or omission of fact may result in my being disqualified or my being discharged. I also understand I must pass a medical examination and possible drug test if employment is conditionally offered. If employed, I understand my employment is "at will" and may quit at any time with or without notice or reason, and I may be terminated at any time with or without notice or cause. I also acknowledge nothing in my employment sign-up or the Fire District's Policies & Procedures, benefits materials or other documents shall be construed to constitute a contract, or implied contract, of employment; and, I acknowledge the Fire District's right to change from time to time any of the above at its sole discretion.

Applicant's Signature _____ Date _____

Notice to the Applicant: The following must be turned in not later than (3) Three day after turning in the application to the Fire Chief or his/her designee.

- 1. South Carolina 10 Year motor vehicle driving record.**
- 2. Copy of South Carolina Driver's License.**
- 3. Copy of Criminal Back-Ground Check (from the Law Enforcement Center)**
- 4. Copy of Birth certificate**
- 5. Copy of High School Diploma or Equivalency**
- 6. Copy of Social Security Card**
- 7. Copy of Advanced Degree(s) beyond High School**
- 8. Any Certifications or Professional Licenses that relate to the position to which you are applying.**

Also remember that if you do not include all of the documents required for the position for which you are applying, your application will be listed as "INCOMPLETE". In our application process, there will be no further processing until the application is complete.