



Boiling Springs Fire District

186 Rainbow Lake Road
Boiling Springs, SC 29316
Office (864) 578-6200 Fax (864) 814-6121

Equal Opportunity Employer

Type of position desired:

Full-Time Part-time Fill-in Volunteer DATE: _____

PERSONAL INFORMATION (please print)

Name: _____			
Last	First	Middle	Social Security Number
Address: _____ _____			
D.O.B _____	Marital status _____	Referred by: _____	
Phone # _____	Cell phone # _____	Cell Service Provider _____	
Emergency Contact Name & Number: _____		Email address: _____	

GENERAL INFORMATION (please print)

Have you ever been a member of another Fire or EMS Department? If yes, give Name, Address, and contact person:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ _____		
Are you legally eligibel for employment in this country? If no, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ _____		
Have you ever been Bonded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been refused Bond? If yes, explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ _____		
Have you ever pled "Guilty" or "No Contest" or been convicted of any crime? If yes, please explain (include dats & details):	Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ _____		
Do yo uhave any known physical limitations? If yes, please list:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ _____		
Has your driver's license ever been revoked? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ _____		
Diver's License # _____	State _____	Class _____
You must provide a copy of your driver's license and a copy of yout DMV driving record.		

Employment History (please print)

Start with your most recent employer

Employer _____	Date Employed From: _____ To: _____
Address/City/State/Zip _____	
Position _____	Contact Person _____ Phone # _____

Employer _____	Date Employed From: _____ To: _____
Address/City/State/Zip _____	
Position _____	Contact Person _____ Phone # _____

Employer _____	Date Employed From: _____ To: _____
Address/City/State/Zip _____	
Position _____	Contact Person _____ Phone # _____

Skills and Qualifications (Please print)

Mark all that apply

Fire Fighter I <input type="checkbox"/>	Fire Fighter II <input type="checkbox"/>	EMT <input type="checkbox"/>	Paramedic <input type="checkbox"/>	First Responder <input type="checkbox"/>
Other: _____				

Educational Background(Please print)

High school attended _____	Grade completed _____
Address/City/State/Zip _____	
College _____	Years attended _____
Other _____	Years attended _____

Fire Schools Certifications:

Applicant must attach copies of all fire school certifications.

Applicant statement:

I hereby certify that all off the statemtns set forth in the application are true and accurate and that any misrepresentation or ommission of facts may result in my being disqualified or being discharged. You are hereby authirozed to make any investigation of my personal employment, financial, or medical history, and or any other related matters considered necessary. I hereby release employers, schools, physicians, or persons from all liability in responding to inquiries in connections with my application. I understand that this application will remain active for three (3) months.

Applicant signature _____ **Date** _____