



SARDIS-TIMMONSVILLE FIRE DEPARTMENT

1513 Cale Yarborough Hwy Timmonsville, SC 29161

Application for Membership or Employment

Name: Last, First, Middle		"Nickname"		Phone Number(s)	
Address			City		State Zip
Emergency Contact			Relationship		Phone Number
Are you 18 or older?	Date of Birth	E-Mail		Social Security Number	SC Driver's License

EDUCATION

High School Diploma or GED Center Name				Did you graduate?	Year Graduated?
Address			Extra-curricular activities, clubs, honors, etc.		
City	State	Zip			
College / Other Education				Major / Area of Study	
Address				Degree Earned	
College / Other Education				Major / Area of Study	
Address				Degree Earned	

Have you ever been convicted of a crime, excluding traffic tickets?

If yes above, please explain

VOLUNTEER APPLICANTS ONLY

Please describe your current work schedule, and when you might be available to answer fire calls (i.e. Days, Evenings, Nights, Weekends, etc.)
Will you be able to regularly attend business meetings and training nights? (Every Tuesday at 7PM)

EMPLOYMENT

Company Name		Dates of Employment	
Address		Supervisor	
Contact Number	Reason for Leaving		
Company Name		Dates of Employment	
Address		Supervisor	
Contact Number	Reason for Leaving		
Company Name		Dates of Employment	
Address		Supervisor	
Contact Number	Reason for Leaving		

REFERENCES

Name		Occupation		E-Mail	
Address			Home Phone		Cell Phone
Name		Occupation		E-Mail	
Address			Home Phone		Cell Phone
Name		Occupation		E-Mail	
Address			Home Phone		Cell Phone

Previous Emergency Services Experience		Rank/Role/Position	
Address			Years Active
Previous Emergency Services Experience		Rank/Role/Position	
Address			Years Active

FIREFIGHTER, FIRST RESPONDER, AND EMS TRAINING

Course/Training	Date of Training
Agency Providing Training Name and Address	
Course/Training	Date of Training
Agency Providing Training Name and Address	
Course/Training	Date of Training
Agency Providing Training Name and Address	
Course/Training	Date of Training
Agency Providing Training Name and Address	
Course/Training	Date of Training
Agency Providing Training Name and Address	

***PLEASE PROVIDE COPIES OF ANY CERTIFICATIONS, TRAINING CARDS/CERTIFICATES, AND DRIVER'S LICENSE. ***

I hereby certify that the information recorded above, and all submitted documents related to the information recorded above, are true and factual. I understand that, if accepted or hired as a member of the Sardis-Timmons ville Fire Department, it will be for a probationary period of six months, and I understand that I may be released within the probationary period without cause. I agree to comply with the policies of the Sardis-Timmons ville Fire Department.

Signed: _____ Date: __/__/__

For Official Use Only

Reviewed by: _____ Title/Position: _____

Signed: _____ Date: __/__/__

Accepted / Rejected Reason (Attach additional documentation if necessary): _____
