



# JASPER COUNTY FIRE – RESCUE

## VOLUNTEER FIREFIGHTER

### APPLICATION

#### REQUIRED FIELDS \*

Email address \* \_\_\_\_\_

Date of application \* \_\_\_\_\_

Last name \* \_\_\_\_\_ First name \* \_\_\_\_\_

Middle initial \* \_\_\_\_\_

Street Address \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip code \* \_\_\_\_\_

Best contact number \* \_\_\_\_\_

Full Social Security Number: \* \_\_\_\_\_

Current occupation \* \_\_\_\_\_

Current employer \* \_\_\_\_\_

Employer contact name & number \* \_\_\_\_\_

#### DRIVING RECORD & CRIMINAL HISTORY

Driver's license number \* \_\_\_\_\_ Class \* \_\_\_\_\_

State of issue \* \_\_\_\_\_ Expiration date \* \_\_\_\_\_

CDL  Yes  No Class \_\_\_\_\_

Have you received a traffic violation in the past 5 years? \*  Yes  No

If yes explain \*

\_\_\_\_\_

Have you ever received a DUI/DWI? \*  Yes  No

**AS PART OF THE APPLICATION PROCESS A BACKGROUND CHECK WILL BE PERFORMED**

Have you ever been convicted of, plead guilty to, or plead Nola Contendre to a Felony? \*

Yes  No

Firefighters cannot perform duties in South Carolina if any of the above are true.

**EDUCATION**

High school graduate / GED? \*  Yes  No

High School name and city/state \* \_\_\_\_\_

Year graduated \* \_\_\_\_\_

College name and city/state \_\_\_\_\_

Course of study/degree: \_\_\_\_\_

Year graduated \_\_\_\_\_

**FIRE/EMS EXPERIENCE**

Are you currently a member of a fire department/EMS agency, paid or volunteer? \*

Yes  No If yes, please provide agency name \_\_\_\_\_

Have you ever been a member of a fire department/EMS agency, paid or volunteer? \*

Yes  No

If yes please provide the agency name, address, and contact information for all agencies you were associated with and the number of years served.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR TRAINING RECORD AND A LETTER OF RECOMMENDATION FROM YOUR PREVIOUS DEPARTMENT(S).**

**REFERENCES – Please provide 3 professional references, not related to you.**

1. Name \* \_\_\_\_\_  
Years known \* \_\_\_\_\_  
Phone number \* \_\_\_\_\_  
Relationship \* \_\_\_\_\_
2. Name \* \_\_\_\_\_  
Years known \* \_\_\_\_\_  
Phone number \* \_\_\_\_\_  
Relationship \* \_\_\_\_\_
3. Name \* \_\_\_\_\_  
Years known \* \_\_\_\_\_  
Phone number \* \_\_\_\_\_  
Relationship \* \_\_\_\_\_

**BY SIGNING BELOW, YOU ARE VERIFYING THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF YOUR KNOWLEDGE.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_