



Application

Bluffton Township Fire District

357 Fording Island Rd
Bluffton, SC 29910

Applicant Instructions

If you need help filling out this application form or for any other phase of the hiring process, please notify BTFD, Employee Services and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read the "Applicant Note" below.
2. Complete all pages.
3. If more space is needed to complete any question, use the comment section at the end of this form.
4. Print clearly; incomplete and illegible applications will not be processed. Please note "Not Applicable" if not answering a question.
5. Some packets may include an **Affirmative Action Questionnaire**. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.
6. Return complete Applications to Employee Services, 357 Fording Island Rd, Bluffton, SC 29910

Availability

Today's Date: _____ Check ONE: _____ Volunteer _____ Career

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security Number: _____

Home Phone: _____ Work Phone: _____

Current Address: _____
(Street)

(City) (State) (Zip)

Prior Address: _____
(Street)

(City) (State) (Zip)

Applicant Note

This application form is intended for use in evaluating your qualifications for employment; it is not a contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this application are grounds for terminating the application process or, if discovered after employment, termination. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve memberships, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. Per SC Code of Laws Section 40-80-20, a criminal background check will be performed; however, a felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting for work, you may be required to submit to medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

For which position are you applying? _____ Date can you start? _____
Desired Salary? _____

Job-Related Skills

NOTE: Do not fill out any part of this section that you believe to be non-job related.

- () Yes () No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL# _____ Type / State of issue _____
- () Yes () No Have you had any moving violations? Please describe. _____
Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company. _____
- () Yes () No Have you been given a job description or had the essential functions of the job explained to you?
() Yes () No Do you understand these essential functions?
() Yes () No Can you perform these essential functions with or without reasonable accommodation?
Please list languages in which you are fluent. _____

Security

List states and counties of residence for the past seven years. _____

- () Yes () No Have you used any names or Social Security Numbers other than given above? If so, please list in comment section.
() Yes () No Have you been convicted of a crime in the past 7 years? If so please describe in the spaces below. In accordance with company policy and SC Code of Laws Section 40-80-20, factors such as age at time of offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed before employment eligibility is determined.

Incident

City / State

Charge

1. _____
2. _____
3. _____

<u>Previous Employers</u>	Since we make every effort to contact previous employers, the correct telephone numbers of past employers are critical. Ask for a phone book or call information if you need. For employers outside of the U.S., a current fax number is mandatory.
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<u>Most Recent Employer</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Are you currently working for this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, may we contact?	Phone: _____ Fax: _____
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(Company Name)	(City)	(State)
From _____ To _____	(Job Title)	(Supervisor Name)
(Date Employed)		
(Duties)		
(Salary) _____ Per _____	(Hour, Week, Or Month)	(Reason For Leaving)

<u>Second Most Recent Employer</u>	Phone: _____ Fax: _____
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(Company Name)	(City)	(State)
From _____ To _____	(Job Title)	(Supervisor Name)
(Date Employed)		
(Duties)		
(Salary) _____ Per _____	(Hour, Week, Or Month)	(Reason For Leaving)

<u>Third Most Recent Employer</u>	Phone: _____ Fax: _____
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(Company Name)	(City)	(State)
From _____ To _____	(Job Title)	(Supervisor Name)
(Date Employed)		
(Duties)		
(Salary) _____ Per _____	(Hour, Week, Or Month)	(Reason For Leaving)

<u>References</u>

Name	Address / Phone	Years Known / Relationship

<u>Education</u>	NOTE: Do not fill out any section you believe to be non job-related Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16+ If your school records are under a different name than listed on page 1, please enter that name: _____ _____
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Name Of School	City / State	Graduate?	Degree?

What are your goals in this career? _____

Comments:

Certification And Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of this application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature: _____ **Date:** _____