

Name: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

# APPLICATION PACKET



# CHESTER

## FIRE DISTRICT

*To be Completed by Chester Fire District*

DATE RECEIVED _____	DATE REVIEWED _____	<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> LATERAL MOVE
POSITION _____	DATE APPROVED/NOT _____	BACKGROUND CHECK DATE _____	
COMMISSION BOARD		DRIVING RECORD CHECK DATE _____	
CHAIR _____	VICE-CHAIR _____	TREASURER _____	
SECRETARY _____	AT-LARGE _____	CHIEF _____	

Name: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_



# Chester Fire District

156 Columbia St. \* 988 McCandless Rd. \* Chester, South Carolina 29706

(803) 385-2123 \* [board@chesterfiredistrictsc.gov](mailto:board@chesterfiredistrictsc.gov)

## PERSONAL INFORMATION

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Are you at least 18 years of age or older? Yes  No  License Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Years at present address? \_\_\_\_\_ If less than 2 years at present address, list previous address

\_\_\_\_\_  
(Street) (City) (State) (Zip)

H. Phone (\_\_\_\_\_) \_\_\_\_\_ C. Phone (\_\_\_\_\_) \_\_\_\_\_

Have you ever received a moving violation? Yes  No

If so, please explain \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_\_\_

If so, please explain \_\_\_\_\_

Volunteer/Part-time: Please provide your Automobile Insurance Carrier Documentation.

## EDUCATION

### GED/HIGH SCHOOL

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

### VOCATION/TRADE SCHOOL

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

### COLLEGE/UNIVERSITY

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

NAME \_\_\_\_\_ CITY/STATE \_\_\_\_\_

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COMMISSION BOARD

CHAIR \_\_\_\_\_ VICE-CHAIR \_\_\_\_\_ TREASURER \_\_\_\_\_

SECRETARY \_\_\_\_\_ AT-LARGE \_\_\_\_\_ CHIEF \_\_\_\_\_



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**RELATED EXPERIENCE**

Have you ever served on a Fire District/Department? Yes  No

If Yes, list District/Department \_\_\_\_\_

Size of Department \_\_\_\_\_ Volunteer  Combo  Paid

List Previous Fire Service Training \_\_\_\_\_

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

Do you have a current South Carolina EMS License? Yes  No  if Yes \_\_\_\_\_

Do you have a current South Carolina Paramedic License? Yes  No  if Yes \_\_\_\_\_

List any other fire service/EMS/rescue related training \_\_\_\_\_

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

List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc.

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

**HEALTH**

The position of Firefighter is a physically demanding position including the ability to climb ladders, crawl in confined spaces, and wear safety equipment weighing up to 75-80 lbs. and perform strenuous activities for long periods of time. Can you perform the essential of the position for which you are applying? Yes  No

Do you have any back, heart or respiratory problems that would inhibit you from performing the duties of the position for which you are interviewing for? Yes  No

Please list out any health problems

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

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### APPLICANT EEO AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, disability or other legally protected status. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION PACKET.

Also, please check one box for the racial/ethnic category you most closely identify with (see the below definitions)

- White (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (Not of Hispanic Origin) All persons having origins in any of the original people of Africa or the West Indies.
- Hispanic All person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander All persons having origins in any of the original people of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (excluding the Philippine Islands.) This includes, for example, China, Japan, Korea, and Samoa.
- American Indian or Alaskan Native All person having origins in any of the original peoples of North American, and who maintain cultural identifications through tribal affiliation or community recognition. Please identify your tribal affiliation: \_\_\_\_\_
- Filipino All persons having origins in the Philippine Islands. Other (specify) \_\_\_\_\_

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**JOB HISTORY**

*Start with your present or last job. Include any job-related military service assignments and volunteer activities.*

Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number			
Job Title	Supervisor		
Reason for Living			

Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number			
Job Title	Supervisor		
Reason for Living			

Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number			
Job Title	Supervisor		
Reason for Living			

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COMMISSION BOARD

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SECRETARY \_\_\_\_\_ AT-LARGE \_\_\_\_\_ CHIEF \_\_\_\_\_

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Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number			
Job Title	Supervisor		
Reason for Living			

Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number			
Job Title	Supervisor		
Reason for Living			

Employer	Dates Employed		Work Performed
Address	Start	End	
Telephone Number			
Job Title	Supervisor		
Reason for Living			

What are your current hours? \_\_\_\_\_

Would you be able to respond from other work?  Yes  No

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SECRETARY \_\_\_\_\_ AT-LARGE \_\_\_\_\_ CHIEF \_\_\_\_\_



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**EQUAL OPPORTUNITY INFORMATION**

The Chester Fire District complies summary data from its applicants regarding characteristics related to equal employment opportunity. For the purpose of statistical analysis only, we are requesting that you complete and return this form. This is voluntary information, if provided, it will neither enhance nor detract from your opportunity for employment. Return of this form is optional and may be returned separately from the application, if you choose. Thank you.

Position applied for \_\_\_\_\_

Department \_\_\_\_\_ CHESTER FIRE DISTRICT \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Female \_\_\_\_\_ Male

Citizenship \_\_\_\_\_ Native USA \_\_\_\_\_ Naturalized \_\_\_\_\_ Non-USA Citizen

Also, please check one box for the racial/ethnic category you most closely identify with (see the below definitions)

White (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic Origin) All persons having origins in any of the original people of Africa or the West Indies.

Hispanic All person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander All persons having origins in any of the original people of the far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (excluding the Philippine Islands.) This includes, for example, China, Japan, Korea, and Samoa.

American Indian or Alaskan Native All person having origins in any of the original peoples of North American, and who maintain cultural identifications through tribal affiliation or community recognition. Please identify your tribal affiliation: \_\_\_\_\_

Filipino All persons having origins in the Philippine Islands. Other (specify)

ARE YOU A VETERAN? Yes  No  Discharge Date \_\_\_\_\_

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**DRUG USAGE AND HIRING GUIDELINES**

The Chester Fire District will use the following guidelines for rejection of fire fighter applicants.

**ANY USE OF ILLEGAL DRUGS FALLING UNDER THE FOLLOWING CATEGORIES MAY RESULT IN REJECTION.**

1. Any illegal drug use within the last two years.
2. Any illegal use of opiates/narcotics (heroin, morphine, etc.) or abuse of prescribed opiates/narcotics.
3. Any illegal use of amphetamines/methamphetamines.
4. Any illegal use of cocaine, crack cocaine, free-based cocaine/paste and any illegal injection of cocaine.
5. Any use of hallucinogenic drugs (mushrooms, LSD, PCP, etc.)
6. Participating in the manufacture, selling, offering to sell, distribution or transporting for sale any illegal drugs/narcotics, regardless of the time frame.
7. Any illegal use of drugs after submitting an application with any fire fighting agency within the last five years.
8. Any illegal use of drugs while employed by a fire fighting agency regardless of the time frame.
9. Any illegal use of non-prescribed oral or injectable steroids over five sequences/cycles within the last two years.

**YOU CANNOT BE A CHESTER FIRE DISTRICT FIREFIGHTER IF.**

1. You do not possess or cannot obtain a valid driver's license.
2. You do not meet the age requirements on the date of testing.
3. You are not a U.S. Citizen.
4. You have plead guilty to, been convicted of, or otherwise placed on deferred sentence to the offense of D.U.I. within the past five years of having two or more D.U.I. convictions.
5. You have plead guilty to, been convicted of, or otherwise placed on deferred sentence to any felony charges- Traffic or Criminal.
6. You have possessed or consumed any illegal drug in the past year.
7. You have ever manufactured, sold, offered to sell, distributed, or transported for sale any illegal drugs/narcotics.
8. You have been convicted of a domestic violence related crime.
9. You have been convicted of any crime involving falsity.
10. You Have been dishonorably discharged from the armed services.
11. You are not eligible to be licensed as an EMT/EMS.

**YOU ARE NOT LIKELY TO BE HIRED AS A CHESTER FIRE DISTRICT IF.**

1. Your traffic history shows a continuing and/or recent pattern of poor decision making.
2. You have a pattern of involvement with illegal drugs.
3. Your work history shows a pattern of unexcused absences, discipline, or discharge.
4. You have been involved in significant misdemeanor activity.

**Applicants are also cautioned that government clearances or success in another firefighting agency selection processes are no guarantee of success in our process. This list is not all inclusive and is intended only as a general guideline.**

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COMMISSION BOARD

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RELEASE FORM

RELEASE FORM

In connection with my application for employment with the CHESTER FIRE DISTRICT, I understand and hereby agree that investigative inquiries are to be made on myself which may include, but are not limited to: consumer credit, criminal convictions, motor vehicle history, educational transcripts, and other reports of any nature and type, including information in the public domain, These reports will include information as to my character, work, habits, performance, and experience together with reasons for termination of past employment.

I understand and agree that the CHESTER FIRE DISTRICT may request information from various federal, state, and local agencies that maintain records concerning my past activities related to my driving, credit, criminal, education, and other experiences.

I authorize without reservation all corporations, companies, municipalities, credit agencies, people, educational institutions, law enforcement agencies, and former employers to release information they may have about me and release them from all liability and responsibility for doing so.

This authorization, in original, copy, or facsimile form, shall be valid for this and any future reports that may be requested regarding this application.

I hereby authorize investigations of all statements made by me with no liability arising there from the CHESTER FIRE DISTRICT, or any of its agents, and hereby agree to hold harmless the CHESTER FIRE DISTRICT or any of its agents.

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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PHYSICAL FITNESS TEST WAIVER & RELEASE

**PHYSICAL FITNESS TEST WAIVER**

I hereby acknowledge that I understand that a physical fitness test is required prior to beginning employment with the Chester Fire District, South Carolina.

I further warrant that I am physically fit and able to take said physical fitness test. As such, I hereby agree to waive any and all liability and release and hold harmless the Chester Fire District, its employees (elected or appointed), the Chester Fire District Board of Commissioners, and any and all of their agents from and against any claim or claims arising as a result of my performance of the physical fitness test.

\_\_\_\_\_  
Date

**X**  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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State Fire Academy

Permission to Add Applicant to Chester Fire District Portal with the State Fire Academy

Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Authorization

I, [Applicant Full Name], hereby authorize Chester Fire District to submit my personal information and add me to the Chester Fire District portal with the State Fire Academy. I understand my information will be used for purposes related to training, certification enrollment, and official record management. I consent to the secure handling and sharing of my details for these purposes.

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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SECRETARY _____	AT-LARGE _____	CHIEF _____	

Name: \_\_\_\_\_

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**CONSENT/SIGNATURE**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

*I Testify that all information contained within this application is true to the best of my knowledge. I understand that Chester Fire District will verify all information contained within this application and perform the following requirements, Driver's License Record Check and Criminal Background Check. I understand that misrepresentation or omission of facts called for in this application may subject me to disqualification or dismissal. I understand that neither the acceptance of this application by the district nor any statements of the district confer or create any contractual rights of employment.*

*I Authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, Investigative Consumer Reports, driving record and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job if I am Hired.*

*I understand that compliance with Chester Fire District Code of Conduct is a condition of my employment.*

*I understand that I may be required to successfully complete and pass a drug-screening and physical examination. I hereby consent to pre- and post-employment drug screening and physical examination (where applicable) as a condition of my employment, if required.*

*I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period.*

*I have read, understand, and by my signature consent to these statements.*

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**Please attach a copy of your driver's license,  
High school diploma or GED and verification  
Of auto insurance to this application.**

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# CHECKLIST OF REQUIREMENT

## FOR APPLICANT USE

### Chester Fire District

Form	Signed	Returned
Signed, Application, Release Form And General Release Form	_____	_____
Release of Liability (Physical Fitness Test Waiver)	_____	_____

#### ADDITIONAL DOCUMENTATION.

In order for your application to be considered complete, copies of the following documents are required. Do not send originals. These documents become the property of the Chester Fire District Board of Commissioners.

Copy of Birth Certificate	_____
Copy of Driver's License	_____
Copy of proof of highest education completed	_____
Copy of DD214 (Military long form), <b>If applicable</b>	_____
Application on file prior to applicable deadline	_____

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