



West Columbia Fire Department

610 N. 12TH Street
West Columbia, South Carolina 29169
Phone (803)791-4440 Fax (803)739-6239

EMPLOYEMENT APPLICATION COVERSHEET

Name: _____

Home Address: _____

Telephone Number: (_____) _____ Email Address: _____

(NOTE: Application status updates will be sent to the email address listed above.)

Required Documents: Please check each box to indicate the required document is included with your application

Do not include copies of any other certificates you may have, however please do include in detail other certifications you may possess in the application package or on a resume.

Completed West Columbia Fire Department Application Packet

Copy of Driver's License

High School Diploma, GED Certificate or College Diploma

DD 214 (Only Applicable to US Military Veterans)

Firefighter I & II Certificates or EMT/Paramedic Certificates (If Applicable)

**** Failure to include copies of the above listed required items or not fully completing the employment application may result in your application not being processed for consideration. ****



City of West Columbia

Bridging Past, Present and Future



Application for Employment

PLEASE PRINT

Date of Application	Position Applied For	Date Available for Work	Desired Salary Range
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Last Name	First Name	Middle Name	
Address (Number/Street)	City	State	Zip Code
Social Security Number	Telephone Number(s)		Best time to contact you at home
	(Home)	(Other)	_____ AM _____ PM

In completing this application, you may exclude any organization or membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	May we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied for a position with us before? If Yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been employed with us before? If Yes, give date _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you available to work Full-time?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on lay-off status and subject to be recalled?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>	Are any of your relatives or friends employed with us?	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/>	<input type="checkbox"/>
How did you learn about us?			<input type="text"/>		

State and federal laws require all applicants to be considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

THE CITY OF WEST COLUMBIA IS AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG FREE WORKPLACE

Employment History

In the space furnished below give a record of every position held. **START WITH YOUR PRESENT POSITION AND WORK BACK.** Account for all periods of employment. Summarize the work performed and job responsibilities.

Employer	Work performed and job responsibilities:	Dates of Employment	
Address		From	To
Telephone Number Supervisor			
Job Title			
Reason for Leaving		\$	Per

Employer	Work performed and job responsibilities:	Dates of Employment	
Address		From	To
Telephone Number Supervisor			
Job Title		Salary / Hourly Rate	
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Employer	Work performed and job responsibilities:	Dates of Employment	
Address		From	To
Telephone Number Supervisor			
Job Title		Salary / Hourly Rate	
Reason for Leaving		\$	Per

If you need additional space, please continue on a separate sheet of paper.

Describe any job-related training received in past employment.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

Include any additional information you feel may be helpful to us in considering your application.

Additional Information

Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Terminal Spreadsheet _____ Other (list) _____
 PC/MAC Word Processing _____
 Typewriter (WPM _____) Shorthand (WPM _____) _____

References

Name	Name	Name
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone Number	Telephone Number	Telephone Number

Have you ever been convicted of a crime other than minor traffic offenses? ____ YES ____ NO

For purposes of this question, "convicted" includes a finding of guilty by a judge or court, pleas of nolo contendere or "no contest", and guilty pleas. List details of every conviction, including date convicted, court, offense charged, and sentence imposed.

Date Convicted	Court	Offense Charged	Sentence Imposed

Note to Applicants: DO NOT ANSWER THESE QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ____ YES ____ NO

A review of the activities involved in such a job or occupation has been given. ____ YES ____ NO

Applicant's Statement

Read Carefully and Sign

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment, and hereby release the City from any claims, causes of action or liability arising out of any investigation conducted by the City. This application is considered to be made for the position listed, and is not considered active after 45 days. Applicants seeking positions beyond this time period must fill out an updated application.

I understand that the City may require criminal history checks, background checks covered by the Fair Credit Reporting Act, and/or pre-employment drug testing. I acknowledge that such tests/investigations may be made and that employment is contingent upon the results of such checks and tests.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ALL EMPLOYEES OF THE CITY ARE EMPLOYEES-AT-WILL WHO MAY QUIT AT ANY TIME FOR ANY REASON AND WHO MAY BE TERMINATED AT ANY TIME FOR ANY OR NO REASON. NO ONE OTHER THAN THE CITY MAY MAKE ANY PROMISES OR ASSURANCES OR ENTER INTO ANY CONTRACT, WHETHER ORAL OR WRITTEN, EXPRESS OR IMPLIED, THAT IN ANY WAY IS CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH, AND ANY SUCH PROMISES, ASSURANCES, OR PURPORTED CONTRACTS SHALL BE INVALID AND NOT BINDING ON THE CITY UNLESS ADOPTED, ENDORSED, OR AGREED TO IN WRITING BY THE CITY ADMINISTRATOR AND APPROVED BY THE MAYOR.

In the event of employment, I understand that incomplete, false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

City of West Columbia Employment Application

Applicant Demographic Data

Federal regulations require the City of West Columbia to collect data regarding an applicant's race, sex and national origin for purposes of complying with federal non-discrimination laws. We are asking you to voluntarily disclose this data to help the city comply with this obligation. **Completion of this portion of the application is voluntary. This data will not be considered by the City in evaluating your application, nor will your refusal to fill out this portion of the application be held against you.** This portion of the application will be removed from the application prior to your being considered for employment.

Please indicate your gender: _____ Male _____ Female

Please indicate your ethnicity (race or national origin):

_____ White _____ Hispanic or Latino _____ Black or African-American

_____ American Indian or Alaskan Native _____ Asian

_____ Native Hawaiian or Other Pacific Islander _____ Two or More Races

_____ I do not wish to volunteer any demographic data information.