



SLATER-MARIETTA FIRE DEPARTMENT
3001 GEER HWY
MARIETTA, SC 29661
PHONE: (864) 836-3143 FAX: (864) 836-3142
FIRE CHIEF: ADAM BROWN

SLATER-MARIETTA FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER; WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY OR AGE. WE ASSURE YOU, THE APPLICANT, THAT YOUR OPPORTUNITY FOR EMPLOYMENT DEPENDS SOLELY ON YOUR QUALIFICATION.

**Applicants applying for positions with the Fire Department are required to meet the minimum qualifications Or and equivalent combination of training and experience in reference to the position which they apply, Before and application may be given consideration. Applicants will be subject to a background investigation And Firefighter Registration through the South Carolina Fire Marshal's Office per provisions of Title 40, Chapter 80< of the South Carolina Code of Laws.*

Use Black Ink Only – Please Print

Name _____
(Last) (First) (M) (Social Security #)

Address _____
(Street) (City) (State) (Zip Code)

Phone No. (Home) _____ (Business) _____

Date of Birth _____

Drivers License # _____ Class _____

List the position which you wish to apply for: _____

When could you begin employment? _____

Please list machinery or equipment you can operate: _____

EDUCATION:

Circle the highest level completed:
1 2 3 4 5 6 7 8 9 10 11 12

Circle the highest year completed:
HS Diploma/Equivalent; Associate; Bachelors; Masters; Doctorate; Law

Major: _____

Please list any job related certifications or license you currently hold:

Have you ever been convicted of a crime other than a minor traffic violations? _____

Date	Where Convicted	Nature of Charge	Disposition
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EMPLOYMENT HISTORY

Note:

1. Resumes are accepted, but applications must be filled out in its entirety.
2. Incomplete applications will not be processed
3. Begin with your most recent position. List all military service, if any.

Name of Company: _____ Phone: _____

Address: _____

Employed From: _____ To: _____ Title: _____

Reason For Leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

Duties: _____

Name of Company: _____ Phone: _____

Address: _____

Employed From: _____ To: _____ Title: _____

Reason For Leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

Duties: _____

Name of Company: _____ Phone: _____

Address: _____

Employed From: _____ To: _____ Title: _____

Reason For Leaving: _____

Name and Title of Supervisor: _____ May we contact? _____

Duties: _____

List three (3) references, who are not relatives, that you have known for at least two Years. Complete mailing address required.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

RELATED TRAINING

List all South Carolina Fire Academy, National Fire Academy, or NFPA Courses

Cert: _____

Cert: _____

Cert: _____

Cert: _____

Cert: _____

Cert: _____

Cert: _____

Cert: _____

Cert: _____

Cert: _____

INSURANCE REQUIREMENTS

Slater-Marietta Fire District

The signature below authorizes the named person to be their beneficiary on the Life Insurance policy provided through our State Firemen’s Association.

Beneficiary Name _____

Member Name _____

Signature _____

Date _____

PLEASE READ THIS STATEMENT CAREFULLY

I do hereby affirm that all the information provided by me in this application are true, complete and accurate; any Misrepresentation, omission, or untrue statements may result in my being disqualified from consideration or termination if hired; my background may be investigated; I may be required to undergo fingerprinting; I may be required to pass a physical examination depending on the nature of the job; I authorize all employers to answer any and all information asked and information sought in the connection with the application. If I have indicated my present employer not to be contacted, an offer of employment may be conditioned upon acceptable information and verification from that employer.

Signature: _____

Date: _____