

APPLICATION FOR MEMBERSHIP

LEXINGTON COUNTY FIRE SERVICE

436 Ball Park Road
Lexington, SC 29072

Drug and Smoke Free Workplace
Pre-Selection Drug Screening
Pre-Selection Background Investigation

EMAIL ADDRESS: _____

Date _____ Station Preference _____

NAME Last	First	Middle	Other Name You May Be Known By
Present Address	City	State	Zip
TELEPHONE Home _____	Cell _____ Work _____	SSN _____	
Are you legally eligible for employment in the US? () Yes () No			
Are you employed by Lexington County () Yes () No If yes, what department? _____			
Do you have a valid SC Driver's License? () Yes () No State _____ Number _____ Class D Class E CDL			
Have you ever been convicted, pled guilty, or pled nolo contendere to any crime other than a minor traffic violation? () Yes () No If yes, explain charge(s), date(s), and disposition(s) in detail: (Conviction is not an automatic bar from membership - circumstances will be considered.) _____ _____			
In case of injury, notify Name: _____ Relationship _____ Address: _____ Telephone # _____			
Were you in the Armed Forces? () Yes () No Branch? _____ Dates of Duty _____ Rank at Discharge _____ List Duties and Special Training _____			

EDUCATION

Name & Location of School	Course of Study	Years Completed	Did You Graduate?
Elementary			
High School			
College			
Post Graduate			
Technical/Business/ Other			

SKILLS: List any special skills: _____

EMPLOYMENT HISTORY

Employer: _____

Address: _____

Telephone Work: _____

Specific Duties: _____

List Hours of Work:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM	_____						
PM	_____						

Average Number of Hours per Week _____

PERSONAL REFERENCES: (List three references who are not relatives or previous employers)

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED	PHONE NUMBER
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READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN, APPLICATIONS WHICH ARE NOT SIGNED WILL NOT BE CONSIDERED FOR MEMBERSHIP

I hereby affirm that all statements made herein are true and correct. I authorize the County to conduct whatever investigations it deems necessary to confirm the statements submitted on this application. I understand that any misstatement or omission of fact on this application shall be sufficient grounds for refusal or separation from service. I also authorize and request my employer to answer any and all questions that may be asked and to give any and all information that may be sought in connection with applications concerning my work habits. I agree to submit myself for physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for membership. The use of this application form does not indicate that there are any positions available, and in no way obligates the County. **I understand and agree that if I am selected, I may terminate my membership at any time, with or without notice and with or without cause. I understand that the County has the same right.**

All tentatively selected candidates with Lexington County Fire Service will be required to submit to a background check, driver's record check, and pass a pre-selection drug test for membership.

Signature _____ Date _____

Application Reviewed By:
Station Officer or Operations Chief _____ Date _____

Fire Coordinator _____ Date _____

(Answer All Questions - Please Print)

Qualified applicants are considered for membership in the Lexington County Fire Service without regard to race, color, religion, sex, national origin, age, or marital status.

To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer questions below.

This membership information form will be kept in a confidential file separate from the attached Application for Membership.

Date _____

Position(s) Applied For _____

Name (Print) _____
Last First Middle

Address _____
Street City SC Zip

Birthday: _____ Age: _____ Telephone: _____

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Sex: Male Female Number of Children _____

Marital Status: Single Married Divorced Widowed

Are you a Vietnam Era Veteran? Yes No

Are you a Disabled Veteran? Yes No

If Yes, What is your VA Disability Rating? _____%

Referral Source: Advertisement County Employee
 School Placement Job Service
 Employment Agency Other _____

INFORMATION RELEASE

I authorize Lexington County to obtain any background information, which may include employment, education, character, arrest and conviction records.

I hereby release from all liability or responsibility all persons or organizations supplying such information; and request that you release information as requested.

Signature _____

Name _____

Other Names Used _____

Current Address _____

Telephone (Home) _____ (Work) _____

Date of Birth _____

Social Security Number _____