



# Seneca Fire Department

321 W. South 4<sup>th</sup> Street  
Seneca, South Carolina 29678  
(864) 885-2738 Fax -(864) 885-2747 www.senecafd.com

## Application / Personal Information Sheet

**Position Desired – Full Time Part Time Volunteer Explorer**

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in membership based on race, age, color, sex, religion, or any other protected classification.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Are you currently employed or a member of another Fire Department \_\_\_\_\_

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Education, circle highest completed level 8 9 10 11 12 13 14 Associate Bachelors Masters

Name and location of last school attended \_\_\_\_\_

EMT Level \_\_\_\_\_ EMT License # \_\_\_\_\_ Driver License Number \_\_\_\_\_

Do you hold an EVDT certification? \_\_\_\_\_ CPR certified? \_\_\_\_\_

Do you have any fire service experience? \_\_\_\_\_ If Yes, Years? \_\_\_\_\_

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Current Employer \_\_\_\_\_ Date Hired \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ Current Supervisor \_\_\_\_\_

Past Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ *If Yes, Please describe conditions on back of page.*

Ever been dismissed or terminated from a job or volunteer position \_\_\_\_\_ If Yes, please explain

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

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Please list three references, non related, that you have known for at least five years

1.	Name	Relationship	Years Known	Phone Number
2.	Name	Relationship	Years Known	Phone Number
3.	Name	Relationship	Years Known	Phone Number

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***Please list any fire service certifications that you have obtained with date and credited institution***

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I declare that all of the above information is true to the best of my knowledge; any diversion of the truth will forfeit my application from the Seneca Fire Department.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For volunteer membership

I understand that my membership with the Seneca Fire Department relies on my dedication to the stated monthly hours referenced in the Seneca Fire Department's SOG/P. If at any time I am resign or terminated that I will turn in all of my assigned city equipment and financially liable for what I have lost or misplace.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

From here your application will be reviewed by the Seneca Fire Department's Personnel Committee. This committee is responsible for selection of all volunteer and paid members of the fire department. You application will be reviewed during periods of vacancy.

When your application is selected and you are considered favorable for a position you must complete the following:

- Oral interview with the Seneca Fire Department Personnel Committee
- Job Task – Performance based physical agility exam
- SLED background check
- Medical Physical
- Drug Screen