

New Ellenton Fire Department

* P.O. Box 459 * New Ellenton, SC 29809 *
Phone 803.652.2222 Cell 803.507.4856

Date _____

Dear Members:

I hereby wish to apply as a (**Circle one: Firefighter, Service member, or Cadet**) with the New Ellenton Fire Department, New Ellenton, SC. Refer to section 4.1A and 4.1B of the attached By-Laws for the training requirements of each position.

Name _____
First Middle Last

Cell Phone# _____ Cell Carrier _____

Email Address _____

Address _____
Street and Number City State Zip

How long have you lived at this address? _____

If less than one (1) year, previous address _____
Street and Number City State Zip

Date of Birth (MM/DD/YY) _____ Social Security Number _____

Gender _____ Height _____ Weight _____ Ethnicity (Not Mandatory) _____

Blood Type _____ Marital Status _____ Number of Dependents _____

Dependents Names and Address _____
(If Different from Applicant)

Name of nearest relative not living with you _____

Address _____
Street and Number City State Zip

Phone Number of relative _____

Area Code and Number

Name and phone number of whom we may contact in case of an emergency _____

Education: Highest Grade Completed: _____ High School Attended _____

Technical Training _____

Training related to fire or medical service _____

Sizes: S/S t-shirt _____ L/S t-shirt _____ Sweatshirt _____ Hoodie _____ Polo _____ Coat _____

Have you ever been or currently enlisted in the United States armed services? _____

If so, give (a) Branch _____

(b) Date of Entrance _____

(c) Date and type of discharge _____

Present Occupation _____

Employer _____

Employer's Address _____

Street and Number

City

State

Zip

Phone Number _____

Area Code and Number

Supervisor's Name _____

South Carolina Driver's License Number _____ Expiration date _____ Class _____

Were you ever a member of a fire department anywhere else? _____

If so, where and give dates of membership? _____

Chief's name _____

Phone _____

Area Code and Phone Number

Do you have any firefighting certifications? _____

If so, list them or (provide copies): _____

Firefighting is a stressful job and requires someone in good physical and mental condition.

List any illnesses or injuries you may have had in the last five years _____

Do you have any restrictions at time of application? _____

If so, explain _____

A background check is required by the SC Firefighter's Association and will be performed by the South Carolina Law Enforcement Division to determine the trustworthiness of applicant. It is understood that by signing this application the applicant gives the New Ellenton Fire Department the authority to seek background information.

Have you ever been arrested, indicted, or convicted of a crime _____?

If so, explain what for _____

A minimum **3-year MVR** (driving record) is required at time of applying, as well as all signatures obtained for the process to be considered complete.

I (Applicant) understand that upon acceptance of membership, I have one year to complete the necessary training for the job I am applying for, which will be provided by the New Ellenton Fire Department. Such training may or may not take place at a New Ellenton location.

List at least two (2) references that we may contact:

Name, address, and phone number:

I hereby certify that there are no wrongful misrepresentations in, misleading information, or statements in this application. I am aware that should investigation disclose such misleading statements; my application will be rejected, and I will be disqualified from further consideration of membership.

Applicant's Signature

Date

New Ellenton Fire Department Use Only

Background check requested (Initial and date): _____

E Dispatch: _____

Receipt of MVR (Initial and date): _____

Goggle Calendar: _____

180 Day Probation Approved (Initial and date): _____

SCFFA Roster (Date added): _____

Fire Marshal Roster (Date added): _____

Full Membership Approved or Denied, Circle (Date) _____

NEW ELLENTON
FIRE DEPT.

180 Day Probationary Agreement

I, _____ understand the provisions of the 180-day probationary period set forth by the New Ellenton Fire Dept. The provisions have been provided to me by receiving a copy of the New Ellenton Fire Dept. by-laws. At end of such time if my application for full membership status isn't approved then I will return all equipment that has been assigned to me by the New Ellenton Fire Dept.

Furthermore, I understand if not returned within 7 days of my termination I can be held in breach of trust and susceptible to consequences under the law by the state of South Carolina.

Print name

Date

Reviewed By:

Date

Applicant's Signature

New Ellenton Fire Department By-Law Agreement

I _____ have read and understand the by-laws of the NEFD. I agree to adhere to all written policies and procedures of the NEFD. I also understand that I am responsible for my actions. By signing this document, I agree to implement the rules and regulations of the NEW ELLENTON FIRE DEPARTMENT and except all consequences of these said actions.

SIGNATURE

DATE

NEW ELLENTON
FIRE DEPT



CONFIDENTIALITY AGREEMENT

Working alongside the Aiken County Sheriff's Office involves access to confidential criminal and medical information. The information may be in either written, computerized formats, or verbal; and persons working with these records may receive or become aware of confidential information through several mechanisms, including written, verbal, or computer-based sources. The information, and all records and their contents, must be maintained in a secure and confidential manner at all times, and must be used only for the necessary and legitimate purposes for which the information was gathered and provided for. By signing this form, I acknowledge my understanding of the above Confidentiality Agreement, and agree to adhere to this Agreement, for the use and release of confidential information.

Print Name

FIRE DEPT

N/A

Phone number

Fax number

Signature

Date

Witness Signature