



FIRE CHIEF
Brent McClellan
ASSISTANT CHIEF
James Crawford

Midway Fire Rescue

67 St. Pauls Place
Pawleys Island, South Carolina 29585
(843) 545-3620



COUNTY ADMINISTRATOR
Angela Christian

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
(Please Print)

Position(s) Applied For:		Date:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Friend: _____			
<input type="checkbox"/> Walk-In <input type="checkbox"/> Internet <input type="checkbox"/> Phone <input type="checkbox"/> Other: _____			
Last Name:		First Name:	
Middle Name:			
Address:	Number	Street	City
	State		Zip Code
Telephone Number(s):		Social Security Number: _____ - _____ - _____	
Personal Email:			



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Standard Questions

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filled an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, give date: _____
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, give date: _____
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <small>Proof of citizenship or immigration status will be required upon employment with Midway Fire Rescue</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available to work?	
Are you available to work: (Circle Which Apply)	Full Time - Part Time - Shift Work - Temporary
Are you currently on "Lay Off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain: _____



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Education

	Name Address of School	Course of Study	Years Completed	Diploma or Degree Completed
Elementary Highest Grade Completed (Circle) 1 2 3 4 5 6 7 8				
High School Highest Grade Completed (Circle) 9 10 11 12				
Undergraduate College				
Graduate Professional				
Other (Specify)				



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Foreign Languages

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities. (utilizing the box below)

Describe any job-related training received in the United States Military. (utilizing the box below)

Additional Information

Other Qualifications: Summarize special job related skills and qualifications from employment or other experience.
(utilizing the box below)



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State any additional information you feel may be helpful to us in considering your application.
(utilizing the box below)

Note to Applicants: DO NOT ANSWER THIS QUESTION BELOW 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 the activities involved in the job or occupation for which you have applied?

☐ **Yes** ☐ **No**

A description of the activities involved in such a job or occupation is available upon request.



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References

Last Name:

First Name:

Middle Name:

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Last Name:

First Name:

Middle Name:

Address

Number

Street

City

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Zip Code

Telephone Number(s)

Last Name:

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Last Name:

First Name:

Middle Name:

Address

Number

Street

City

State

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Position(s) Applied For IS Open:

☐

Yes

☐

No

Position(s) Considered For:

Date: _____



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Employer	Dates Employed	Work Performed	
	From: To:		
Job Title	Supervisors Name	Hourly Rate/Salary Starting : Final	
Reason for Leaving:			

Address	Number	Street	City
	State		Zip Code
Telephone Number(s)			

Employer	Dates Employed	Work Performed	
	From: To:		
Job Title	Supervisors Name	Hourly Rate/Salary Starting : Final	
Reason for Leaving:			

Address	Number	Street	City
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	From: To:		
Job Title	Supervisors Name	Hourly Rate/Salary Starting : Final	
Reason for Leaving:			

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

Address	Number	Street	City
	State		Zip Code
Telephone Number(s)			

Employer	Dates Employed	Work Performed	
	From: To:		
Job Title	Supervisors Name	Hourly Rate/Salary Starting : Final	
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List Professional, Trade, Business or Civic Activities and Offices

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.



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Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Georgetown County.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant: _____

Date: _____



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Arrange Interview

☐ **Yes** ☐ **No**

Remarks:

Interviewer: _____

Date: _____

Employed: ☐ **Yes** ☐ **No**

Date of Employment:

Job Title:

Hourly Rate/Salary:

Department:

By: _____

Name & Title

Date: _____

NOTES

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