

MURRELLS INLET-GARDEN CITY FIRE DISTRICT
P.O. Box 648, 3641 Hwy. 17 Bus. Murrells Inlet, SC 29576

EMPLOYMENT APPLICATION

Date _____ (Please Print)

Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Business Phone _____

Alternate Phone or E-Mail Address _____ Are you over 18 years of age? _____

Position Desired: _____

(Check one) Part Time
Full Time

Date Available: _____

Referral Source: Employment Agency
(Check all that apply) School Y N

Walk-in Applicant Advertisement
Employee Referral Other

Have you ever applied for a position with us?

If "Yes", when? _____

Have you ever been employed by us?

If "Yes", when? _____

Do you have a relative working here?

If "yes", who and how related? _____

Are you currently employed?

Education:

School	Name & Address	Number Yrs. Completed	Degree	Major Course of Study
--------	----------------	-----------------------	--------	-----------------------

High School _____

College _____

Graduate School _____

Trade, Business or Correspondence _____

Other _____

Professional, trade, business or civic activities and offices held:

Employment – Beginning with your current or most recent employer, **provide a minimum of 10 years employment** history. Use back of application if needed.

Name of Company _____ Address _____

Type of Business _____ Job Title _____ Salary _____

Starting Date _____ Termination Date _____ Immediate Supervisor _____ Tel # _____

Reason for Leaving _____

Description of Duties _____

Name of Company _____ Address _____

Type of Business _____ Job Title _____ Salary _____

Starting Date _____ Termination Date _____ Immediate Supervisor _____ Tel # _____

Reason for Leaving _____

Description of Duties _____

Name of Company _____ Address _____

Type of Business _____ Job Title _____ Salary _____

Starting Date _____ Termination Date _____ Immediate Supervisor _____ Tel # _____

Reason for Leaving _____

Description of Duties _____

May we contact your present employer? Yes No May we contact previous employers? Yes No

If you answered "No" to either question, please identify exceptions and reasons for not contacting. _____

Are you capable of performing the essential functions of the job for which you are applying with or without accommodations? _____

Are there other experiences, skills or qualifications you feel would especially support your application with the department? _____

Have you ever been convicted of a crime? Yes No If "yes", please explain _____

Convictions of a crime will not necessarily disqualify you from the job for which you are applying. Each conviction will be judged on its own merits with respect to time and job-relatedness.

References – List 3 references who are not family or former employers:

Name	Occupation	Address	Phone
------	------------	---------	-------

Who should we notify in case of an accident or an emergency?

Name	Relationship
------	--------------

Address	Phone #
---------	---------

The Fire District is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, citizenship, handicap, disability, pregnancy or veteran status. We assure you that your opportunity for employment with this District depends solely on your qualifications.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN:

I UNDERSTAND THAT MY EMPLOYMENT IS TERMINABLE-AT-WILL, THAT I AM NOT BEING EMPLOYED FOR ANY SPECIFIED TIME, AND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT FOR EMPLOYMENT FOR A DEFINITE PERIOD OF TIME.

I hereby authorize Murrells Inlet-Garden City Fire District to conduct whatever investigation it deems necessary to confirm statements submitted on this application. If investigation determines any untrue statement or answer is made, I accept this as sufficient grounds for refusal to hire.

In the event of employment, I understand that false and misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of my employer. I authorize and request each former employer, person, firm or corporation given as a reference to answer any and all questions related to my past work performance and character.

I agree to submit myself, upon request, for a physical examination by a physician selected by the Fire District and I understand that failure to meet the physical requirements may disqualify me for employment.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

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

Signature of Applicant

Date

