



### Application for At-Will Employment

This application must be completed by applicant in full. Incomplete or unsigned applications **will not be considered**. Mark all areas that do not apply with "N/A" so as not to leave it to our interpretation as to why it was left blank. Be aware that certain information contained in this completed application may be subject to the **SC Freedom of Information Act**. Thank you for your interest in employment with the City of Hartsville.

PLEASE PRINT. (This application is not, and is not intended to be, a contract of employment.)

**FIRE**

POSITION APPLIED FOR (One position per application) \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_ State & Exp Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle or had your license, permit or privilege suspended or revoked?  Yes  No  
If yes, provide details: \_\_\_\_\_

Have you been convicted, pled no contest, or pled not guilty of a crime other than a minor traffic violation?  Yes  No  
NOTE: Conviction is not necessarily a bar to employment. Circumstances surrounding the conviction and job applied for are considered.  
If yes, please explain. \_\_\_\_\_

Are there any charges or indictments now pending against you?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No Are you an alien lawfully authorized to work in the United States?  Yes  No

Have you ever worked for the City of Hartsville?  Yes  No  
If yes, what department, position and when? \_\_\_\_\_

Have you ever been terminated or forced to resign from any job?  Yes  No  
If yes, please explain: \_\_\_\_\_

#### AVAILABILITY

<input type="checkbox"/> Immediately	<b>Are you willing to work (check all that apply):</b>	<input type="checkbox"/> Inclement Weather	<input type="checkbox"/> Outdoors
<input type="checkbox"/> After two week notice		<input type="checkbox"/> Full time (40 hr per week)	<input type="checkbox"/> Nights/Weekends
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Part time (Less than 30 hr per week)	<input type="checkbox"/> Rotating Shifts
			<input type="checkbox"/> Overtime
			<input type="checkbox"/> Holidays

#### EDUCATION

What specific academic, vocational, technical or professional education(s) have you had that relates to this job?  
Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 13 14 15 16 / Graduate School 17 18 19

NAME & LOCATION OF SCHOOL	DATES ATTENDED	GRADUATE	DEGREE	MAJOR
		Yes _____ No _____		
		Yes _____ No _____		
		Yes _____ No _____		

#### MILITARY SERVICE

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

#### SKILLS

<b>Computer Software</b>	Indicate the types of software you are skilled in using: <input type="checkbox"/> Windows <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Access <input type="checkbox"/> Outlook <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus 1-2-3 <input type="checkbox"/> AutoCAD <input type="checkbox"/> Other: _____
<b>Equipment</b>	Indicate the types of equipment you are skilled in operating: <input type="checkbox"/> Trucks/Dump trucks <input type="checkbox"/> Backhoes <input type="checkbox"/> Motor Graders <input type="checkbox"/> Other _____
<b>Professional Registrations/Licenses/Certifications</b>	Please list (Examples: CPA, EMT, CPR, Water and Wastewater certifications):
<b>Other Training (Include Military)</b>	

(Not a Contract)

Page 1 of 3

**REFERENCES**

List three (3) persons (not former employers or relatives) whom you have known for at least three (3) years.

Name	Address	Phone	Occupation

List any relative(s) employed by the City of Hartsville (give name, department, and relationship to you). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please include part-time and temporary employment, as well as job-related military service. List any self-employment. **Attach additional sheets if necessary.**

**May we contact your current employer?**  Yes  No

Current Employer:  
 Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Detailed Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Name and Title of Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Previous Employer:  
 Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Detailed Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Name and Title of Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Next Most Recent Employer:  
 Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Detailed Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Name and Title of Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Next Most Recent Employer:  
 Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Detailed Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Name and Title of Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Next Most Recent Employer:  
 Name of Company \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone Number ( ) \_\_\_\_\_  
 Starting Date \_\_\_\_\_ Entry Job Title \_\_\_\_\_ Entry Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Ending Date \_\_\_\_\_ Ending Job Title \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
 Detailed Description of Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Name and Title of Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS AND SIGN**

**Student Loan:** State Law (59-111-50) prohibits employment with any subdivision of the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Selective Service:** All males between the ages of 18 and 25 are required to be registered with Selective Service. By my signature, I certify that I have registered with Selective Service.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**SECTION A:**

It is the policy of the City of Hartsville to select an applicant deemed most suitable to fill each position based on educational background, related work experience, and other work related factors. The City of Hartsville is an Equal Opportunity Employer.

It is further the policy of the City of Hartsville to recruit, hire, train and promote employees and applicants without regard to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s).

The City of Hartsville has designated the following (person or office) as the contact to coordinate efforts to comply with this requirement. Inquiries should be directed to:

Rebecca Mejia-Ward, Human Resources Manager  
Post Office Drawer 2497  
Hartsville, South Carolina 29551  
(843) 383-3026

**SECTION B:**

- I hereby affirm that all statements made herein or attached hereto are true and correct. I understand that all statements are subject to verification and any omission, false, misleading or incomplete statements are grounds to bar me from employment or for dismissal.
- I agree to submit to a urine drug screen, physical or other medical tests, if required for this position. I agree to submit to background screenings including but not limited to criminal, credit and/or other screenings if required for this position. The results of such may be grounds for disqualifying me or terminating my employment.
- I understand and agree that if employed, I will be an employee "at-will" and will have the right to terminate my employment at any time, with or without notice and with or without cause, and that the city has the same right.
- I understand that if hired, I must meet the eligibility verification requirements of the U.S. Citizen and Immigration Services and submit appropriate documentation to satisfy the requirements of completing USCIS Form I-9. This documentation will be provided to the Department of Homeland Security to confirm work authorization through E-Verify.
- I authorize and request each former employer and person, firm or corporation, given as a reference, to answer any and all questions that may be asked, and to give any and all information that may be sought in connection with this application concerning my work habit, character and/or skill.
- The use of this application form in no way obligates the City of Hartsville.
- I certify that I have read, understand and agree to all the statements listed above.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENTS**

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## City of Hartsville

### Fire Department Physical Agility Test

The subject will begin by having vitals taken before beginning. You will begin at the starting line wearing the proper PPE required for the test. Once the time has started the subject will proceed to the first skill station.

**Station 1:** The subject will pick up the nozzle which is connected to 100' of 3" hose and place the nozzle on your chest with the hose draped over your shoulder and walk across the lot toward the cone. You will walk around the cone and return to where you picked up the nozzle and place it back on the concrete. Then continue to station 2.

**Station 2:** The subject will pick up the two fire extinguishers and walk carry them across the lot toward the cone. You will walk around the cone and return to where you picked up the extinguishers and put them back in the squares on the ground. Then continue to station 3.

**Station 3:** The subject will pick up the sledge hammer and straddle the cross tie. You will then swing the sledge hammer over your head striking the crosstie 15 times. Then you will sit the sledge hammer down and continue to the end of the concrete and walking around the cones to station 4.

**Station 4:** The subject will reach down and grab the end of the ladder and walk it up and place it against the building. Once against the building the subject will climb the ladder and touch the top rung and then climb down. Then walk around the cone and continue to station 5.

**Station 5:** The subject will grab the ropes connected to the tire and drag it down across the line and back past the line where this station started. Then continue to the cones and turn to station 6.

**Station 6:** The subject will approach the front door of the burn building, there you will pick up the high rise pack and enter the building and turn right and walk up the stairs. Once at the top of the stairs continue through the door way, turn left, then turn left in the next doorway and place the high rise pack on the floor beside the window. Grab the rope and hoist the roll of hose up into the window and touch the floor then lower it back down hand over hand until the roll touches the ground. Complete this two more times for a total of three reps. Pick up the high rise pack and make your way back down the stairs and out the door and sit the high rise pack down. Continue to the finish line.

**Finish Line:** Continue back to the cones on the concrete walkway and turn left. Finish by walking to the end. Once you cross the line, time will be stopped. You will then report to rehab to have vitals taken again.

**Proper PPE:** Hartsville Fire Department members will wear bunker coat, SCBA, helmet and gloves. New prospects will wear a 45pound weight vest, helmet and gloves.

## Applicant Data Record

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

The information requested below is needed for state and federal reporting and internal personnel research. This information will be kept in a confidential file within the Human Resources Office.

Qualified applicants are considered for all positions and are treated without discrimination as to age, disability, national origin, race/color, religion, sex, or any other unlawful discriminator(s).

DATE OF BIRTH \_\_\_\_\_ SEX  Male  Female

ETHNIC BACKGROUND (check one)  White  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Asian  
 Hispanic or Latino  
 American Indian or Alaska Native  
 Two or more races

**How were you referred to the City of Hartsville? Check which one(s) apply.**

Walk-In  Friend or Relative  College Placement  City Employee  Newspaper Ad  
 Internet  Agency  Other \_\_\_\_\_

**In cooperation with the Family Independence Act of 1995, we are actively recruiting Family Independence, Welfare and food stamp recipients. If you are eligible, you may also qualify for special job training.**

Are you currently receiving AFDC or food stamps?  Yes  No

**To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:**

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

Vietnam Era Veteran (served between 1964-1975)  Disabled Veteran  Individual with a disability



**An Equal Opportunity Employer**

Please contact Rebecca Mejia-Ward at (843) 383-3026 to give advance notice if you need a reasonable accommodation.