



11. Have you ever been convicted of a crime? \_\_\_\_\_

If yes, explain giving dates: \_\_\_\_\_

\_\_\_\_\_

12. **Education:**

Schools Attended	Address	Years	Diploma or Degree

13. Experience: (Full particulars must be given and all time accounted for) list chronologically - last employer first.

a. Name and address of employer \_\_\_\_\_

\_\_\_\_\_

Position and kind of work \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

b. Name and address of employer \_\_\_\_\_

\_\_\_\_\_

Position and kind of work \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

c. Name and address of employer \_\_\_\_\_

\_\_\_\_\_

Position and kind of work \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

d. Name and address of employer \_\_\_\_\_

\_\_\_\_\_

Position and kind of work \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

14. Give five personal references who are not relatives, former employers, former employees or school teachers. Personal references should be at least (25) years of age, head of household or property owners, or business men or women, including your family physician or any person of good standing in the community who you have known well during the past three years.

a.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number
b.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number
c.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number
d.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number
e.	_____	_____
	Name	Number of years known
	_____	_____
	Residence Address	Telephone Number
	_____	_____
	Business Address	Telephone Number

15. PLEASE LIST ALL PREVIOUS ADDRESSES FOR THE PAST 10 YEARS

1. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

2. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

3. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

4. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

5. Address: \_\_\_\_\_

Dates: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

16. You may indicate on the back of this sheet any experience or training that you have had or specialized ability which, in your opinion, may qualify you for this position.
17. Will you authorize us to ask your present employer about your work? \_\_\_\_\_

IF YOUR ADDRESS OR PHONE NUMBER CHANGES AFTER FILING THIS APPLICATION, IT IS YOUR RESPONSIBILITY TO NOTIFY THE ADMINISTRATION OFFICE (304-348-8137) OF THE CHANGE. FAILURE TO NOTIFY THIS OFFICE COULD FORFEIT YOUR APPLICATION FOR EMPLOYMENT.

I hereby certify, under penalty of law, that the information contained in the attached application is true, correct, and complete to the best of my knowledge and belief. I am aware that should an investigation at any time show any such misrepresentation or falsification, my application will be rejected, my name will be removed from the eligibility list or I will be dismissed from service. Further, I also authorize the Charleston Fire Department to make all necessary and appropriate investigations to verify the information contained and to verify my transcripts as needed with the appropriate university or college, concerning my achieved education.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

\* Applicant must furnish the Charleston Fire Department with copies of the following items:

- Birth certificate with state seal
- Valid driver's license
- High school diploma or G.E.D. equivalent
- Transcripts of college credits and/or degree, if applicable
- DD Form 214 Military Discharge Papers, if applicable
- Paramedic or Advanced Care Technician certification, if applicable

## NOTICE REGARDING BACKGROUND INVESTIGATION

The City of Charleston may obtain information about you from a third-party consumer reporting agency for pre-employment screening purposes. An investigative consumer report is a compilation of information which may include information about your character, general reputation, personal characteristics, and/or mode of living, as well as an investigation which may include your criminal history, social security number validity, motor vehicle records, verification of your education or employment history (including income), or other information with public or private information sources.

These searches are conducted by the National Center for Safety Initiatives (NCSI); 1853 Piedmont Road Suite 100, Marietta, GA 30066; tel. # 866-996-7412; www.solutions.ncsisafe.com.

Please initial here \_\_\_\_\_ if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the City. The report will be sent by NCSI or its designee to the email address you provide below.

NAME: \_\_\_\_\_

ADDRESS: (NO PO BOXES PLEASE): \_\_\_\_\_  
Street #/Name

\_\_\_\_\_  
City State Zip Code

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE # (include area code): \_\_\_\_\_

By my signature below (including electronic), I hereby acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and authorize the City of Charleston to request an investigative background check on me as outlined above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date