

# City of Seneca, South Carolina

DEPARTMENT OF FIRE  
APPLICATION FOR FIREMAN

**All Applicants  
Subject To  
Drug Testing**

All Applicants Must  
Attach Photo and  
Record on Date  
Of Birth.

**Duties:** To be personally responsible in an assigned district or beat during a specified period for the maintenance of order, the enforcement of laws and ordinances, and the protection of life and property, to handle other related assignments by superior officers.

**Minimum Qualifications:** Age: \_\_\_\_\_ Education: \_\_\_\_\_  
Graduate of High School or more. No particular experience required. Special Knowledge, Abilities or Skills: Good social and general intelligence; medical and physical well-being; a fitness to be out of doors under adverse conditions; ability to treat the public with courtesy but when occasion demands with firmness; aptitude for police work or fireman work if applying for fireman work; tact; good character; ability to understand and carry out complex directions.

**Salary:** Maximum salary shall be reached after service of 3 months probation.

I understand and agree that I will be on probation until I shall have successfully completed the course of instruction prescribed for all probationary firemen in the Firemen Training School or Police Training School if applying for Police work of said City and further, I understand and agree that my appointment will not be confirmed and made final unless I satisfactorily complete said course.

(Use typewriter or ink. Applications not properly filled out will not be accepted; they may be rejected or returned for correction.)

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVERS LICENSE NUMBER \_\_\_\_\_

1. Name (print) \_\_\_\_\_  
FIRST MIDDLE LAST

2. Present Address \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_ CITY STATE PHONE NUMBER

3. How long at this address? \_\_\_\_\_

4. Give address for past ten years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Date and place of birth \_\_\_\_\_

6. Are you an American citizen? \_\_\_\_\_ 7. If naturalized, give date \_\_\_\_\_

8. Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

9. Single, married, divorced, widowed, or estranged? \_\_\_\_\_
10. How many persons dependent upon you for support? \_\_\_\_\_
- \_\_\_\_\_
11. Is your life insured? \_\_\_\_\_ 12. Are you in perfect health? \_\_\_\_\_
13. What illnesses have you had in the past? \_\_\_\_\_
14. Name nature of illness and give name of doctor \_\_\_\_\_
- \_\_\_\_\_
15. Is your hearing perfect \_\_\_\_\_
16. Do you wear glasses? \_\_\_\_\_ Regularly \_\_\_\_\_ Part time \_\_\_\_\_
17. Is any member of your family in poor health? \_\_\_\_\_
- \_\_\_\_\_
18. Are your parents living? \_\_\_\_\_ If dead, give age at demise and cause of death \_\_\_\_\_
- \_\_\_\_\_
19. What part have you taken in athletics; what branch and in what capacity? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
20. Were you ever in the U. S. Army, Navy, or Marine Corps? \_\_\_\_\_ If so, give date of enlistment, date of discharge, what rank or ranks attained and whether or not you saw active service
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
21. Can you speak, read, or write any foreign language? \_\_\_\_\_ If so, which and to what degree? \_\_\_\_\_
- \_\_\_\_\_
22. Do you drink intoxicating liquors? \_\_\_\_\_ In excess? \_\_\_\_\_ Moderately? \_\_\_\_\_
23. Have your employers usually treated you right? \_\_\_\_\_
- \_\_\_\_\_
24. Do you know of anyone who may try to injure you in any way and why? \_\_\_\_\_
25. Give the names of firms with whom you have had charge accounts \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
26. Have you ever been arrested? \_\_\_\_\_ If so, what for and what was the disposition of the case? \_\_\_\_\_
- \_\_\_\_\_

27. Can you operate an automobile? \_\_\_\_\_ Motorcycle? \_\_\_\_\_ Typewriter? \_\_\_\_\_  
touch or sight? \_\_\_\_\_ Radio? \_\_\_\_\_ Telephone switchboard? \_\_\_\_\_ Write shorthand? \_\_\_\_\_

28. What experience have you had with fire-arms? \_\_\_\_\_

29. Do you read much? \_\_\_\_\_ What books, type of literature, fiction, and authors do you prefer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. What are your hobbies? \_\_\_\_\_

31. Give in the blanks below a detailed statement of your education, including dates:

High School: Name and location \_\_\_\_\_

Attended from \_\_\_\_\_, 1\_\_\_\_, to \_\_\_\_\_, 1\_\_\_\_. Year in which you were graduated \_\_\_\_\_

Name and location (City and State)	From (Year)	To (Year)	Diploma or Degree	Major
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College \_\_\_\_\_

Graduate Course	Course	Where taken	Mos. of Work
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What business or other special training, apprenticeship, correspondence courses, etc., not shown above, have you had?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. References: Give the names and addresses of three reliable persons, other than relatives or your past employers, who know you well enough to give information about you.

Name	Address	Occupation
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. If now employed, are you willing for us to ask your present employer about your work?

Yes ( ), No ( )

34. Past employment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. You may indicate in the space below and on additional blank sheets, if necessary, such experience and training you have had or specialized ability, which in your opinion, will qualify you for the position for which this application is filed. Describe fully positions you have held which required executive ability, the exercise of authority, and the ability to lead other men.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Do you know of anything that would disqualify you for appointment to the Department of Police or Fireman or prevent your full discharge of the official duties of such a position ?

\_\_\_\_\_  
\_\_\_\_\_

37. What prompts you to make application for appointment to the Department of Police or Fire? Write 25 words or more:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. Have you any special interest in Police or Fire work? \_\_\_\_\_  
\_\_\_\_\_

39. Would you accept temporary work? \_\_\_\_\_

40. All applicants must sign the following certificate:

I hereby certify that there are no willful misrepresentations in and falsifications of the above statements and answers to questions. I agree that should investigation disclose any such misrepresentation or falsification, my application will be rejected, and I will be disqualified from applying in the future for any position in the City of Seneca, South Carolina; and that if any such misrepresentation or falsification is disclosed after election to the position applied for that shall be sufficient cause for my immediate dismissal.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)