



# Gowensville Fire Department

2201 W. Old Highway 14

Landrum, SC 29356

Phone (864) 895-4452

Fax (864) 895-6662

Position Applying for: \_\_\_\_\_ How Many Days do you wish to work? \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL#: \_\_\_\_\_ Class/Endorsements: \_\_\_\_\_

HS Graduate: Yes/No    Highest Grade Completed: \_\_\_\_\_

College: Yes/No/Some    How Many credit hours? \_\_\_\_\_

Current Certifications (circle all that apply):

OSHA FF

CPR

FF I

CDL/Class E DL

FF II

First Responder

SCFA Instructor

EMT-B

Fire Marshall

EMT-I

Fire Officer I

EMT-P

FLAG

Hazmat : Tech/Ops

Fire Inspector

Auto Extrication

Wildland FF

Advanced Auto

RIT

Trench Rescue

EVDT

Confined Space

Pumper Ops

Rope Rescue (High or low Angle)

NIMS

ICS 100 & 200

Pumper Testing

Water Rescue

Last Name: \_\_\_\_\_



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Brief summary in your own words explaining all skills and qualifications not listed above. Please describe yourself, and what you have to offer our organization. Also include your long term & short term goals.

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Please list 3 non family references with contact information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

May we contact: Yes/No

Last Name: \_\_\_\_\_



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## Work History (Starting with present)

Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Duties:

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Reasons for leaving:

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Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Duties:

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Reasons for leaving:

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Employer: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Duties:

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Reasons for leaving:

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Last Name: \_\_\_\_\_



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## **Application signature form**

All information provided to GFD will be held in the most confidence, and will only be used where applicable for fire department operations. All pages of this form must be initialed next to your last name on bottom left corner. This page must be signed once completed and copied for employee records.

By signing this page, you claim the information you have provided to be accurate to the best of your knowledge. Any false information provided will be grounds for discipline including possible immediate termination.

By signing this page you also give GFD permission to contact previous employers, references, and to make inquiries on the behalf of the department regarding your character, skills, and history.

By signing this page you give GFD permission to obtain and maintain your training records from other departments for our files. Be advised that you may be required to sign documents giving permission for GFD to obtain other information (e.g., driving records, criminal background check, etc.) at anytime during employment.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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Last Name: \_\_\_\_\_