

# APPLICATION FOR MEMBERSHIP

## LEXINGTON COUNTY FIRE SERVICE

212 South Lake Drive, Suite 502  
Lexington, SC 29072

Drug and Smoke Free Workplace  
Pre-Selection Drug Screening  
Pre-Selection Background Investigation

Date \_\_\_\_\_ Station Preference \_\_\_\_\_

NAME Last	First	Middle	Other Name You May Be Known By
Present Address	City	State	Zip
TELEPHONE Home	Work	SSN	
Are you legally eligible for employment in the US? ( ) Yes ( ) No			
Are you employed by Lexington County ( ) Yes ( ) No If yes, what department? _____			
Do you have a valid SC Driver's License? ( ) Yes ( ) No State _____ Number _____ Class D Class E CDL			
Have you ever been convicted, pled guilty, or pled nolo contendere to any crime other than a minor traffic violation? ( ) Yes ( ) No If yes, explain charge(s), date(s), and disposition(s) in detail: (Conviction is not an automatic bar from membership - circumstances will be considered.) _____ _____			
In case of injury, notify Name: _____ Relationship _____ Address: _____ Telephone # _____			
Were you in the Armed Forces? ( ) Yes ( ) No Branch? _____ Dates of Duty _____ Rank at Discharge _____ List Duties and Special Training _____			

### EDUCATION

Name & Location of School	Course of Study	Years Completed	Did You Graduate?
Elementary			
High School			
College			
Post Graduate			
Technical/Business/ Other			

SKILLS: List any special skills: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_

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

Telephone Work: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

List Hours of Work:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM	_____						
PM	_____						
Average Number of Hours per Week _____							

**PERSONAL REFERENCES: (List three references who are not relatives or previous employers)**

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED	PHONE NUMBER
_____				
_____				
_____				

**READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN, APPLICATIONS WHICH ARE NOT SIGNED WILL NOT BE CONSIDERED FOR MEMBERSHIP**

I hereby affirm that all statements made herein are true and correct. I authorize the County to conduct whatever investigations it deems necessary to confirm the statements submitted on this application. I understand that any misstatement or omission of fact on this application shall be sufficient grounds for refusal or separation from service. I also authorize and request my employer to answer any and all questions that may be asked and to give any and all information that may be sought in connection with applications concerning my work habits. I agree to submit myself for physical examination by a physician selected by the County and understand that failure to meet the physical requirements may disqualify me for membership. The use of this application form does not indicate that there are any positions available, and in no way obligates the County. **I understand and agree that if I am selected, I may terminate my membership at any time, with or without notice and with or without cause. I understand that the County has the same right.**

All tentatively selected candidates with Lexington County Fire Service will be required to submit to a background check, driver's record check, and pass a pre-selection drug test for membership.

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

Application Reviewed By:  
Station Officer or Operations Chief \_\_\_\_\_ Date \_\_\_\_\_

Fire Coordinator \_\_\_\_\_ Date \_\_\_\_\_

(Answer All Questions - Please Print)

Qualified applicants are considered for membership in the Lexington County Fire Service without regard to race, color, religion, sex, national origin, age, or marital status.

To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer questions below.

This membership information form will be kept in a confidential file separate from the attached Application for Membership.

Date \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Name (Print) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City SC Zip

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_

Race/Ethnic Group:  White  Black  Hispanic  
 American Indian/Alaskan Native  Asian/Pacific Islander

Sex:  Male  Female Number of Children \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Are you a Vietnam Era Veteran?  Yes  No

Are you a Disabled Veteran?  Yes  No

If Yes, What is your VA Disability Rating? \_\_\_\_\_ %

Referral Source:  Advertisement  County Employee  
 School Placement  Job Service  
 Employment Agency  Other \_\_\_\_\_

## INFORMATION RELEASE

I authorize Lexington County to obtain any background information, which may include employment, education, character, arrest and conviction records.

I hereby release from all liability or responsibility all persons or organizations supplying such information; and request that you release information as requested.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION



## RECORDS CHECK (Type or Print Clearly in Ink)

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

AKA AND/OR MAIDEN NAMES: \_\_\_\_\_

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

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

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily.)

A FEE OF TWENTY-FIVE DOLLARS (\$25.00) FOR EACH CRIMINAL HISTORY RECORD REQUEST IS REQUIRED BY STATE LAW. PAYMENT SHALL BE MADE TO SLED EXCLUDING CASH AND PERSONALIZED CHECKS. MONEY ORDERS OR COMPANY CHECKS ARE ACCEPTED

**\*WARNING! ALTERATION OF THIS DOCUMENT MAY BE SUBJECT TO CRIMINAL PROSECUTION. DO NOT ACCEPT THIS FORM UNLESS IT BEARS AN ORIGINAL PROCESSING STAMP BY SLED.**

(CJ-022)

SIGNATURE: \_\_\_\_\_

RANDOM DRUG SCREENS, INC.  
1345 GARNER LANE, 303A  
COLUMBIA, SC 29210  
803-772-0027 FAX: 803-772-0095

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REQUEST FOR DMV REPORT ONLY  
(DRIVING LICENSE)

PLEASE COMPLETE THE FOLLOWING INFORMATION

DRIVER'S NAME:

\_\_\_\_\_  
(Please print)

ADDRESS:

\_\_\_\_\_  
(Please print)

DATE OF BIRTH:

SOCIAL SECURITY:

DRIVER LICENSE #:

STATE: \_\_\_\_\_

DRIVER'S SIGNATURE:

(If applicable)

**COUNTY OF LEXINGTON**