



PINE RIDGE FIRE DEPARTMENT
565 Myers Rd. Summerville, SC 29483



Benjamin S. Waring
Fire Chief

Ryan Hall
Deputy Fire Chief

“An Equal Opportunity Employer”

Applicant,

Thank you for showing interest in becoming a member of Pine Ridge Fire Department.

Please consider submitting an online application at <https://www.pineridgefd.org/membership-opportunities>.

If you prefer paper, please complete this form and attach all the following required paperwork prior to submitting your application for review. Check each category once it is completed and attached.

_____ **Completed Application**

_____ **Completed Job Related Pine Ridge Physical Agility Test Forms**

_____ **Current Driver's License**

_____ **Copy of High School Diploma/GED**

_____ **Copy of Associate's/Bachelor's/Master's/etc. Degree (if applicable)**

_____ **Copy of any Fire/EMS Related Training Transcript/Certifications not obtained through SC Fire Academy**

Bring your Driver's License and Social Security Card (not a copy) or other documentation for completing your I-9 with you to your interview. We participate in eVerify.

****Any application packet not completed correctly and entirely, will be discarded****



Pine Ridge Fire Department

565 Myers Rd

Summerville, SC 29483

(843) 845-1822

APPLICATION FOR MEMBERSHIP

Personal Information

Name: _____ Date of Application: _____

Email Address: _____ Social Security Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Cell Phone Operating System: IOS or Android (Circle One) Cell Phone Service Provider: _____

(Failure to provide this information will delay onboarding on our apps that we use for important departmental communication.)

Home Address including city, state and zipcode: _____

Date of Birth: _____ Marital Status: _____ Number of Dependents: _____

Driver's License Number: _____ State: _____ Class: _____

Position desired: ___ Volunteer; ___ Paid Part-Time FFII; ___ Paid Part-Time Engineer; ___ **Paid Full-Time Engineer**

Formal Education

Did you complete High School? _____ If No/GED? _____ If Yes/Year: _____

Where High School or GED Completed: _____

Did you attend College? _____ If so, where: _____

Degree and Field of Study/Major(s): _____ Graduation year _____

Experience

List the last 3 Emergency Service Agencies (Fire, Rescue, EMS) with which you have been employed by or served as a volunteer with:

1. Department Name: _____ Department Phone Number _____
Department Address/City/ Zip Code: _____
Fire Chief or Supervisor's Name: _____ Length of Employment: _____
2. Department Name: _____ Department Phone Number _____
Department Address/City/ Zip Code: _____
Fire Chief or Supervisor's Name: _____ Length of Employment: _____
3. Department Name: _____ Department Phone Number _____
Department Address/City/ Zip Code: _____
Fire Chief or Supervisor's Name: _____ Length of Employment: _____

Emergency Services Education

YES	NO	Are you certified in the following?	If so, where (state and agency)?	If so, when?
		OSHA Firefighter		
		IFSAC Firefighter 1		
		IFSAC Firefighter 2		
		First Responder		
		EMT- Advance- Paramedic		
		HazMat Operations (24 hr course)		
		HazMat Technician (40 hr course)		
		HazMat Specialist		
		Auto Extrication		
		Flammable Liquids/Gases Firefighting		
		Emergency Vehicle Driver Training		
		Pump Operations 1		
		Pump Operations 2		
		NIMS ICS for the Fire Service		
		FEMA ICS 100, 200, 700, 800		
		FEMA ICS 300,400		
		Fire Instructor		
		Fire Officer 1		
		Fire Officer 2		
		Fire Inspector/ Marshal		

List any other Emergency Services Training you have attended and successfully completed that may benefit Pine Ridge Fire Department by having you as a member: _____

Employment Information

List your last 2 employers starting with your current employer or most recent employer worked for:

1. Provide your current employer and location: _____
Length of Employment (Start to End or Start to Still Employed): _____
Phone Number _____ Supervisor's Name: _____
Your Position/ Job Title: _____ Can you be called at work? _____

2. Provide your past employer and location: _____
Length of Employment (Start to End or Start to Still Employed): _____
Phone Number _____ Supervisor's Name: _____
Your Position/ Job Title: _____ Can you be called at work? _____

References

List 3 people that we may contact, that are not related to you and are not previous employers, that you have known for at least 2 years:

1. Name: _____ Relationship: _____
Phone Number: _____ Address: _____

2. Name: _____ Relationship: _____
Phone Number: _____ Address: _____

3. Name: _____ Relationship: _____
Phone Number: _____ Address: _____

Background Information

Have you ever been convicted or pled nolo contendere to any criminal offense? _____

If yes, explain the circumstances and outcome, including the offense: _____

Are you currently charged with any criminal offense? _____ If yes, explain the charges: _____

Have you ever been convicted of any traffic violation? _____ If yes, list the dates and offenses, and indicate if any remain outstanding: _____

- I give Pine Ridge Fire Department my permission to conduct a background check of my criminal, driving and other pertinent history (such as employment) at the time of the submission of this application through the end of my membership with Pine Ridge Fire Department. Pine Ridge Fire Department participates in E-Verify.

Applicant Signature: _____ Date: _____

- Volunteer Applicants: I realize that Pine Ridge Fire Department is an organization operating for the purpose of serving the community. As a member, there are certain time requirements that must be met for me to maintain membership status with the department. These times requirements may include, but are not limited to: Training, Meetings, Classes, Responding to Calls, Work Details, etc., for which I will not receive compensation as a volunteer member.
- All Applicants: The information included in this application is true and complete to the best of my knowledge. Providing false information on this form may be grounds for disciplinary action or dismissal from the department.

Applicant Signature

Applicant Printed Name

Date

Pine Ridge Fire Department does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Pine Ridge Fire Department is an equal opportunity employer.

Any applications not filled out completely or correctly will be discarded

Job Related Pine Ridge Physical Ability Test

Applicant Waiver of Claim for Injury

By signing this form, you are agreeing to voluntarily participate in the physical ability test. This test will be administered by the Pine Ridge Fire Department. The purpose of this test is to determine whether you do or do not correctly possess the minimal physical abilities necessary to perform the job of a firefighter.

I understand that the Job Related Pine Ridge Physical Ability Test (JR PRPAT) requires a high level of physical exertion. I also understand that there is a potential for injury while participating in such a test. I also understand that I may decide to stop at any time during the course of the test. To the best of my knowledge, I am physically able to safely participate in the test. Considering all of these points, I agree to voluntarily participate in the Job Related Pine Ridge Ability Test as part of my consideration for employment. In addition, I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of my participation.

LAST NAME (print)

FIRST NAME

MIDDLE

APPLICANT SIGNATURE

DATE

SOCIAL SECURITY NUMBER

In case of emergency, I authorize the Pine Ridge Fire Department to contact:

Name: _____

Address: _____

Telephone: _____