



Pine Ridge Fire Department
565 Myers Road
Summerville, SC 29483
(843) 875-1822

Application for Membership

Personnel Information

Name: _____ Date of Application: _____
 Email Address: _____ Social Security Number: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Home Address: _____
 Date of Birth: _____ Marital Status: _____ Number of Dependents: _____
 Driver's License Number: _____ State: _____ Class: _____

Physical Information

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

_____ Do you have any physical condition, medical history or disability that would limit your participation in extremely hazardous and/or physically demanding activities?

Answer the following questions:

YES	NO	Do You:	YES	NO	Have you:
		Wear glasses?			Ever had a heart emergency?
		Wear contact lenses?			Ever had a respiratory emergency?
		Have a heart condition?			Ever had a seizure?
		Have epilepsy?			Ever had a broken bone?
		Have asthma?			Ever had a dislocated joint?
		Have COPD?			Ever been treated for alcohol abuse?
		Have any other respiratory condition?			Ever been treated for drug abuse?
		Have a liver problem?			Ever had a back injury?
		Have kidney or urinary problems?			Ever had a neck injury?
		Take any prescription medications?			Ever converted to a PPD skin test?
		Have any food or drug allergies?			
		Use any illegal drugs?			

Explain any yes answers from above (i.e. glasses are for reading): _____

Formal Education

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

Where High School or GED was completed: _____

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

Major(s): _____ Did you Graduate? _____ If Yes/Year: _____

Provide information of your post-graduate college education (Master’s, PHD, etc.) if applicable:

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 – Basic, Intermediate, 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: _____

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/Location: _____
2. Department Name: _____ Department Phone Number: _____
 Department Address/Location: _____
3. Department Name: _____ Department Phone Number: _____
 Department Address/Location: _____

Employment Information

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

1. Provide you 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 you 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: _____

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 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.

Applicant Signature: _____ Date: _____

- 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 time 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.
- 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