



Orangeburg County Fire District

FIRE DEPARTMENT Volunteer Fire Department Member Application

Orangeburg County Fire District (OCFD) serves as the administrative agent for new member hires. The local department is responsible for the hiring process. OCFD will need all information below to register all new hires. All information in this application is required in order to complete the process. The local department may use this application in whole or part, but pages one and two must be submitted to OCFD along with any other documents required by your local department, including items listed on page two. All positions are subject to availability in membership.

SECTION A: Applicant must answer all blanks in this section

First Name	Middle Name	Last Name	Suffix
Date of Birth	Preferred Name	Social Security Number	
Home Address	City	RACE	Number of Years
Home Phone #	Mobile Phone #	Phone Carrier	Android/ iPhone
E-Mail Address	Valid Driver License #	State	DL Class

Are you currently or have you previously been a member of any Orangeburg County Volunteer Fire Department? Specify
 Yes / No Specify: _____

Can you, upon employment, submit documentation verifying your identity
 Yes / No Specify: _____

Are you able to perform all the essential functions of the job for which you are applying, with, or without reasonable accommodations?
 Yes / No Specify: _____

If hired, can you show proof of a high school diploma or GED?
 Yes / No If following the Firefighter Career Path Diploma or GED highly suggested

SECTION B: Answer all questions.

Have you ever been convicted of a crime (misdemeanor, felony, or military court martial)?
 Yes / No Explain: _____

Have you ever been placed on probation?
 Yes / No Explain: _____

Have you had any traffic accidents/ moving violations during the past three years?
 Yes / No Explain: _____

Are there any current or pending charges against you?
 Yes / No Explain: _____

For Section B, list all type or offense, fine or sentence received.

SECTION C: Professional References

Name	Relationship / Occupation	Phone Number
1		
2		
3		

Falsification of Information: I hereby certify that all statements made on this application and any attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview (s) could cause me to be ineligible for employment or termination from employment.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract.

I agree to submit to medical examination and drug screening, if required.

Yes / No

I agree that I must provide my immunization records to the designated officer before performing any job duties.

Yes / No

I understand that I may be required to be administered various immunization if required.

Yes / No

I understand a ten year driving record is required with this application.

Yes / No

I authorize the department to process a back ground check on me prior to hire.

Yes / No

List any relevant training and certifications you have obtained.

I have read the above referenced information and understand the content. Please initial

Applicant Signature

Date

Items to be included at time of application

- Copy of drivers license, front and back
- Copy of Social Security Card
- Copy of High School Diploma/ or GED
- Official 10 year driving record
- All immunization Records - Childhood and current

Position (s) Appling for:

- | | |
|--|--|
| <input type="checkbox"/> Office Staff/Clerical | <input type="checkbox"/> Rescue - Extrication |
| <input type="checkbox"/> Fire Ground Support | <input type="checkbox"/> Hazmat |
| <input type="checkbox"/> Driver or Operator | <input type="checkbox"/> Confined Space Rescue |
| <input type="checkbox"/> Emergency Medical Responder | <input type="checkbox"/> Trench Rescue |
| <input type="checkbox"/> Exterior firefighting | |
| <input type="checkbox"/> Interior Firefighter I | <input type="checkbox"/> Jr FF - 14/15 years Old |
| <input type="checkbox"/> Interior Firefighter II | <input type="checkbox"/> Jr FF - 16/17 Years Old |
| | <input type="checkbox"/> Other |

SECTION D: Department/ District Use Only

Review of Applicant				
Application Received		Date: _____		
		/ /		
Reviewed by a hiring committee	Accepted []	Rejected []	On Hold []	
Committee Members Present _____				
Presented to membership:	Date:	Accepted	Rejected	
First Reading	/ /	[]	[]	
Second Reading	/ /	[]	[]	
Approved by membership on:	Date: _____			
	/ /			
Approved by BOD	Date: _____			
	/ /			
Background Check:	Submitted on Date:	Results - Background Check:		
	/ /			

Active911
Fire Chief authorizes this member to be added to Active911?
YES or NO
_____ Fire Chief Signature

AFTER HIRE: Official Hire Date: _____

Immunization Records Requested	/ /
Requested []	
Received []	

This applicant has been added to the fire district insurance on the above date.

REGISTRATION:	Fire ID Number Generated
SC Fire Marshal Office - Firefighter Registration []	_____
SC Firefighters Association []	
Industry Safe []	
Active911 / Page Gate []	
FD Roster (Not FSO) []	
New Member Badge []	

Separation of Employee

Termination _____
 Voluntary Termination _____
 Retirement _____
 Inactive _____
 Other (Explain) _____

Additional Comments: _____



ORANGEBURG COUNTY FIRE DISTRICT
FIRE SERVICES OFFICE
131 FIREFIGHTER LANE
ORANGEBURG, S.C. 29115
TELEPHONE 803-533-6218
FAX 803- 539-2073

Active 911 / Cell page Member change order

Member to receive Active 911 _____ Member to receive cell page _____

(MARK ONE OF THE OPTIONS ABOVE)

Name: _____ Department: _____

Phone #: _____ Carrier: _____

Phone type (I phone, Android): _____

Email Address: _____

Fire Chief Approval: _____

ALL Above Information MUST be complete before request can be processed.

To be completed by FSO staff

Active 911 code: _____ Date added: _____ Added by: _____