



For a listing of City Jobs:  
[www.columbiasc.net/departments/42](http://www.columbiasc.net/departments/42)

## CITY OF COLUMBIA FIRE DEPARTMENT

### GENERAL INFORMATION – “NOT A CONTRACT”

# PROBATIONARY FIREFIGHTER & FIREFIGHTER VERY IMPORTANT INFORMATION FOR APPLICANTS

NOTE: A complete background investigation for criminal convictions and driver license violation records will be conducted through local, state and national criminal record agencies. The City of Columbia Fire Department **WILL NOT** consider applicants for Firefighter positions who have:

1. a felony conviction in a criminal court (except minor traffic offenses);
2. a record of driving under intoxication (DUI); or, driving under suspension (DUS); or, any driving suspension that occurred within the past seven (7) years.

#### **MINIMUM QUALIFICATIONS:** You must:

1. be **eighteen (18)** years or older as of date of application;
2. have a **high school diploma**; or, a **state GED certificate**; or a college diploma;
3. posses (and maintain) a **valid Class “D” Driver’s License**; and have an acceptable driving record.

#### **REQUIRED DOCUMENTATION:** You must submit the following documents:

1. Completed City of Columbia Employment Application **with** the following documents (provided in the application packet):
  - a) Signed original & **NOTARIZED** “Personal Inquiry Waiver - Authority for Release of Information Form@; and
  - b) Signed original “Conditional Offer of Employment Form@; and
  - c) Signed original “Conditional Offer of Employment Medical Consent Form”; and
  - d) Signed original “Attachment to City of Columbia Firefighter Application for Employment Form@; and
  - e) Previous Employment Continuation Form (if appropriate); and
  - f) EEO Reporting & Research Form.
2. Valid Driver’s License (See Notice - below)\*,
3. Ten (10) Year Driving Record (no order than thirty (30) days prior to date of application (ORIGINAL)
4. DD Form 214 (for ex-military personnel) – (See Notice – Below)\*
5. SLED Background Check - **Must get from the state where you reside.** (See Notice - below)\*,
6. Social Security Card - (See Notice - below)\*,
7. Birth Certificate - (See Notice - below)\*,
8. (a) High School Diploma; or, GED Certification - (See Notice below)\*; **OR,**  
(b) College Diploma (Transcript required if within five (5) years of Employment Application Date) (See Notice below)\*;

**\*NOTICE:** **DO NOT** send originals of any of these documents -- they will **NOT** be returned to you.

#### **VERY IMPORTANT**

ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION PACKET  
THE CITY CANNOT MAKE COPIES AT TIME OF SUBMITTAL.

#### **CITY OF COLUMBIA HUMAN RESOURCES OFFICE**

1225 Lady Street  
Columbia, SC 29201



For a listing of City Jobs:  
[www.columbiasc.net/departments/42](http://www.columbiasc.net/departments/42)

**PROBATIONARY FIREFIGHTER & FIREFIGHTER APPLICANTS**  
**VERY IMPORTANT INFORMATION CONTINUED**

**RETURN COMPLETED FIREFIGHTER APPLICATION PACKET TO:**

CITY OF COLUMBIA  
HUMAN RESOURCES OFFICE  
1225 Lady Street (Corner of Sumter and Lady Streets)  
P.O. BOX 147  
COLUMBIA, SC 29217-0147  
Phone: (803) 545-3010  
Office Hours are 8:30 AM - 5:00 PM (EST) - Monday thru Friday

**NOTICE TO ALL FIREFIGHTER APPLICANTS**

Applicants who have been notified of missing required document(s) will have 30 calendar days from the date of the notification letter to provide the required documents. Application packets that do not have all of the required document(s), or missing documents have not been received in the appropriate time frame, will be no longer be considered.

**INITIAL PHASE OF THE RECRUITMENT PROCESS**

All Firefighter Applications that are forwarded to the Fire Department will be considered candidates and may be invited to participate in the following:

1. Written Examination.
2. Agility Test (copy of tasks to be preformed and the time frame for completing same attached).
3. Structured Oral Interview

Following completion of the Initial Phase of the Recruitment Process, Firefighter candidates will be contacted by the Fire Department of their status and the process that will follow.

**NOTE: THE INITIAL PHASE OF THE RECRUITMENT PROCESS MAY NOT BEGIN UNTIL 3 TO 6 MONTHS FROM THE DATE OF YOUR COMPLETED APPLICATION PACKET. THE SELECTION PROCESS MAY TAKE FROM 6 TO 18 MONTHS FOR COMPLETION.**

**FIREFIGHTER**

This is skilled fire fighting work in combating, extinguishing and preventing fires to protect life and property. Incumbents are required to learn and participate in the operation of apparatus and performance of hazardous tasks under emergency conditions which may require strenuous exertion under such conditions as fire, heat, smoke and cramped surrounds. Although fire fighting and emergency rescue work are the most responsible and difficult areas of activity, a major portion of time is spent performing drills and studying methods, techniques and organization, and in routine duties in the care and maintenance of fire department property and equipment. Work also involves routine custodial maintenance of fire department equipment, apparatus, buildings and quarters.

**NECESSARY SPECIAL REQUIREMENTS**

Selected applicants must successfully complete all pre-employment requirement, i.e., Physical Agility Test and any other testing as may be administered. Also, as a condition of employment, selected applicants must successfully complete the Columbia Fire Department Sixteen (16) Week Training Program within the first six (6) months of employment.



For a listing of City Jobs:  
[www.columbiasc.net/departments/42](http://www.columbiasc.net/departments/42)

## Salary and Fringe Benefits

### **GENERAL INFORMATION – “NOT A CONTRACT”**

All policies concerning salary and benefits are subject to change as the need arises and nothing in this outline creates a contract of employment or continuation of benefits for any term.

Effective: 08-01-2008

Work Hours: Firefighters are scheduled to work 24 hour shifts; one on; two off.  
Pay Day: Every other Friday (every two weeks). Paid by check. Direct deposit is available.

### FRINGE BENEFITS

Vacation: 1 (one) through 5 (five) years of continuous service 5 (24-Hour) days per year.  
6 (six) through 20 (twenty) years of continuous service 1 (one) additional 24-hour day per year  
Maximum: 25 (twenty-five) Days

Holidays: 10 (ten) paid holidays per year

Sick Leave: 11.2 Hours Per Month Maximum: 42 Days (1008)Hours

Military Leave: 15 (fifteen) calendar days per year to fulfill military obligations

Retirement: 25 (twenty-five) years in the South Carolina Police Retirement System  
Employee contributes a percentage of salary and the City contributes a percentage of salary.

Deferred Compensation: Employee may contribute up to 25% of annual salary. Part of the South Carolina Retirement System Deferred Compensation Plan.

Social Security: Employee contributes a percentage of salary and the City contributes a percentage of salary.

Health/Dental Insurance: Blue Cross/Blue Shield. Additional coverage for dependents may be employee paid through payroll deduction.

Life Insurance: The equivalent amount of one (1) year salary. Employee also has the option of purchasing additional insurance through payroll deduction.



For a listing of City Jobs:  
[www.columbiasc.net/departments/42](http://www.columbiasc.net/departments/42)

## **Salary and Fringe Benefits (continued)**

### **GENERAL INFORMATION – “NOT A CONTRACT”**

All policies concerning salary and benefits are subject to change as the need arises and nothing in this outline creates a contract of employment or continuation of benefits for any term.

Long Term Disability	Employee has the option of purchasing Long Term Disability (LTD) insurance coverage through payroll deduction.
Workers' Compensation:	Employee is covered by the City for injuries, accidents, or illness that is job-related
Unemployment:	Covered by the State of South Carolina, Employment and Security Commission Compensation, for employees who leave City employment and who meet the State's eligibility requirements of the law.
Overtime:	Scheduled Overtime is paid at the rate of time-and-one-half.
Uniforms:	All Uniforms and Equipment are furnished by the Fire Department
Merit Increase:	Yearly merit raises based upon performance evaluations.

### **TRAINING - DUTIES AND RESPONSIBILITIES OF THE NEW FIREFIGHTER**

Upon employment with the City of Columbia Fire Department, the new employee will be required to participate and successfully meet the requirements and standards affixed to each Training Program. Areas of training include, but are not limited to:

Columbia Fire Department Sixteen (16) Week Training Program

The new Firefighter will be expected to successfully complete this training program; failure to do so will be grounds for summary dismissal.

### **SPECIAL ASSIGNMENT AND CAREER ADVANCEMENT**

Assignment to specialized units will be made at the discretion of the Fire Chief.

The vitality of the Department is maintained through the selection and promotion of qualified personnel to positions of increased responsibility. It is the policy of the Department to establish standards specifying conditions for the evaluation and selection of candidates for promotion and advancing of those qualified candidates. The promotional process will be free of adverse impact and is designed to ensure fairness in the selection of employees for promotion.



For a listing of City Jobs:

[www.columbiasc.net/departments/42](http://www.columbiasc.net/departments/42)

## CITY OF COLUMBIA FIRE DEPARTMENT AGILITY TEST

The Agility Test is a series of five (5) tasks; each a simulation of what firefighters might be called upon to perform in the line of duty. None of these tasks require special training nor, pose any special hazard to the applicant. Candidates must complete these tasks in no more than (7) minutes or be taken out of consideration for hiring.

The tasks are timed events which are completed sequentially (one follows the other during timing). The course and time start when the participant first touches the object (high-rise hose pack) to be carried up the interior stairs and, stops only when the five tasks are completed. The applicant will wear a **30 lb weight vest**, helmet, and firefighting gloves. The five tasks, in order of appearance, are described as follows:

### **TASK 1:      Stair Climb with High-rise Pack**

The applicant will lift a high-rise hose pack (100 feet of **1 1/2** inch fire hose) to the shoulder and carry it up **(4)** flights of stairs in the drill tower. This task will end when the high-rise hose pack is dropped at the top of the stairs on the fifth floor. The clock will continue to run.

### **TASK 2:      Hose Hoist**

From the fifth floor window of the drill tower, utilizing a hose roller and a hand-over-hand motion, the applicant will pull a 3/4 inch rope to hoist a 50 foot rolled length of **2 1/2** inch fire hose to the window edge on the **forth** floor. This task will end when the hose touches the roller itself. The clock will continue to run.

### **TASK 3:      Forcible Entry**

The applicant will descend the outside fire escape on the drill tower, reaching the ground. The applicant will then walk to the **Keizer** machine, take the 8-pound sledge hammer and, while straddling the 170-pound slide, will strike it with the sledge hammer. This task will end when the slide completely crosses the five feet line. The clock will continue to run.

### **TASK 4:      Hose Advance**

The applicant will walk 140 feet and pick up a nozzle attached to a charged **1 1/2** inch fire hose. The applicant will move the hose and nozzle 100 feet. **The applicant will then place the nozzle on the ground and, at this point, the task will end.** The clock will continue to run.

### **TASK 5:      Victim Rescue**

The applicant will walk to the 150-pound victim (dummy), take hold of it and drag it a distance of 100 feet. This task, the entire course and the timing will end when the victim and candidate **completely** clear the finish line.

**ALL Applications for Employment MUST be returned to:**  
**City of Columbia Employment Office**  
 1225 Lady Street (corner of Lady and Sumter) - (PO Box 147), Columbia, SC 29217-0147  
**THIS APPLICATION, OR ANY PART THEREOF, IS NOT A CONTRACT FOR EMPLOYMENT**

**I. POSITION APPLIED FOR (CHECK ONE):**

**PROBATIONARY FIREFIGHTER**

**FIREFIGHTER**

**EMPLOYMENT OFFICE USE ONLY**

Dept/Div	EEOC	STATUS*	COMMENTS:
<b>FIRE DEPARTMENT</b>	<b>04/05</b>		

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

\*STATUS: **HIRING AUTHORITY:** You **MUST** contact Human Resources **PRIOR** to making a job offer to an applicant in the Drug Program.  
 \* Q = **Qualified/Re:** Meets applicable experience &/or special requirement. . DQ = **Disqualified/Re:** Lacks applicable experience &/or special requirement.

**II. APPLICANT'S DATA:**

**Social Security Number:** \_\_\_\_\_

**Provide your SSN on Page \*\*4A\*\* of this application packet**

Failure to complete all sections or to sign this application will cause delay or disqualification for employment.

**Date Of Application:** \_\_\_\_\_

**APPLICANT'S NAME (Print)**

PRINT LAST NAME | PRINT FIRST NAME | Middle Initial

Current Home Address:

Street Number - Street Name | City | State | Zip Code

Telephone Numbers:

Home Phone: (AC)	Work Phone: (AC)	May we call you at work?	/Yes	/No
Cell Phone: (AC)	Pager Number: (AC)	Instructions:		

E-mail Address: \_\_\_\_\_

**II. (1) ARE YOU A CURRENT CITY OF COLUMBIA** /YES /No

**\*If "YES" YOU MUST COMPLETE SECTION VIII ON PAGE 3 - ITEM (1) Present Employer**

**II. (2) Do you possess a VALID driver's license?** /Yes /No State License #:

**II. (3) Class Type (Check One):** /A /B /C /D /E /F /G /M Expiration Date:

**II. (4) Endorsements?** /Yes \* /No \*If Yes, Identify: Restrictions? /Yes\* /No \*If Yes, Identify:

**Work schedule Preferred:** /Full-Time /Part-Time Part-Time Hours: /Temporary

The City of Columbia adheres to and complies with the Drug Free Workplace Act. All applicants selected for employment are offered a "Conditional Offer of Employment" contingent upon successful completion of all Pre-Employment screening processes such as, but not limited to the following: Drug/Alcohol Screening Test, Health Screening, SLED/NCIC Background Check, Driver's License Check, etc. Failure to successfully complete this process will be cause for the City to withdraw its "Conditional Offer of Employment".

This information is a general guide to those seeking employment with the City of Columbia. It is not intended to set forth, express, or imply in any manner or implicit or explicit contractual obligation for employment by any agency, department, or commission of the City of Columbia. If you are hired by the City of Columbia, your employment and compensation are "at will" in that you can be terminated with or without cause and with or with notice, at any time, for any or no reason at the option of either the City of Columbia or yourself except as provided by law.

**APPLICATIONS WILL REMAIN ACTIVE IN THE EMPLOYMENT OFFICE FOR ONE (1) YEAR (or longer depending on the Fire Department's hiring process) FROM THE DATE SUBMITTED. YOU MAY SUBMIT A RESUME WITH YOUR FULLY COMPLETED EMPLOYMENT APPLICATION PACKET.**

It is to your benefit to follow the application procedures since there are often many applicants for each job opening. To be considered, you must possess the required minimum qualifications, i.e., the related education, training & experience and any special requirement(s). Testing is not usually required; however, special testing is required for applicants seeking positions with the Columbia Police Department and the Columbia Fire Department.

**THE CITY OF COLUMBIA FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER**

III. (1) Are you age 18 or older?  /Yes  /No **III. (2) Are you authorized to work in the United States?**  /Yes  /No

III. (3) :Are you a **PREVIOUS** City of Columbia Employee?  /Yes\*  /No \*If Yes, complete the following:

**NOTE:** If you are a **CURRENT** City of Columbia Employee – YOU MUST COMPLETE SECTION VIII. On PAGE 3 – ITEM (1)/Present Employer.

Department/Division	Supervisor's Name	Position	From (Month/Year)	To (Month/Year)

Describe your duties:

Reason for leaving (be specific)

III.(4) **DO YOU HAVE ANY RELATIVES EMPLOYED WITH THE CITY OF COLUMBIA?**  YES\*  NO \*If Yes, complete the following.

Employee's Name	Department/Division	Relationship

**IV. EDUCATION**

**TELL US ABOUT YOUR EDUCATION:**

Name of High School, Technical or Trade School, College	City	State	Check Year Completed				Graduated		Type & Name of Degree or Certificate	If College: Major/Minor
			1	2	3	4	Yes	No		
High School:										If you did not graduate from high school complete Section IV. (1) below.
Technical School:										
Trade School:										
College:										
College:										

IV. (1) If you did **not** graduate from high school, do you possess a valid GED High School Certificate?  /Yes\*  /No  
 \*If Yes, provide the following: Date Obtained: \_\_\_\_\_ State: \_\_\_\_\_

**V. SKILLS (Complete this section if required for the job)**

DO YOU TYPE?		WORD PROCESSING?		DATA ENTRY?		SPREADSHEET?		Other Computer Software?	
/Yes*	/No	/Yes*	/No	/Yes*	/No	/Yes*	/No	/Yes*	/No
/*CWPM		*List Types Below:		*Speed Strokes:		*List Types Below:		*List Types Below:	

V.(1) LIST ANY SKILLS, QUALIFICATIONS, LICENSES OR CRTIFICATIONS THAT WILL BE OF BENEFIT IN THE JOB(S) FOR WHICH YOU ARE APPLYING.

V.(2) LIST ALL TYPES OF EQUIPMENT YOU HAVE OPERATED, TYPE TRUCKS YOU CAN DRIVE THAT ARE REQUIRED FOR THE JOB FOR WHICH YOU ARE

V Did you serve in the Armed Services? Check  /Yes  /No

VII. Have you ever worked under another name?  /Yes\*  /No \*If Yes, what name(s):

**NOTE: Failure to complete all sections or to sign this application will cause delay or disqualification for employment.**  
 (If this application has been downloaded from the City's Web Page – make sure this is all on Page 2 ONLY)

**VIII. Employment HISTORY - WORK EXPERIENCE**

List jobs **STARTING WITH YOUR PRESENT or LAST JOB**. You may list work history such as volunteer, part-time, temporary, self-employment and military. **Provide work history for at least the past 10 years.**

**NOTE: CURRENT CITY EMPLOYEE'S MUST COMPLETE ITEM (1) BELOW.**

Have you included a Resume?  /Yes\*  /No **\*If yes, you still MUST complete the following information.**

<b>(1) Present or Last Employer/Company's Name</b> <small>Note: Current City Employee List Current Div.</small>		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address <b>(Current City Employee: List Current Division Location)</b>		Position Title:		Describe your duties:			
Company City & State/Zip Code <b>(Current City Employee: List Current Division Location)</b>							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/Reason:					
Check One	<input type="checkbox"/> FT	<b>Reason for Leaving or Wanting to Leave (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>					
	<input type="checkbox"/> PT						

<b>(2) Previous Employer/Company's Name</b>		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address		Position Title:		Describe your duties:			
Company City & State/Zip Code							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/Reason:					
Check One	<input type="checkbox"/> FT	<b>Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>					
	<input type="checkbox"/> PT						

<b>(3) Previous Employer/Company's Name</b>		From		To		Starting Salary	Last Salary
		Month	Year	Month	Year		
Company Address		Position Title:		Describe your duties:			
Company City & State/Zip Code							
Telephone Number	AC:						
Supervisor's Name:							
May We Call?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/Reason:					
Check One	<input type="checkbox"/> FT	<b>Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>					
	<input type="checkbox"/> PT						

Have you included **additional** Employment History - Work Experience Page?  /Yes/See Continuation Page 3A  /No

<b>APPLICANT'S NAME (PRINT)</b>			
	<small>(Last Name)</small>	<small>(First Name)</small>	<small>M.I.</small>

**STOP - READ THIS CAREFULLY**  
**YOU MUST COMPLETE PAGE \*\*3\*\* OF THE APPLICATION FIRST**  
**THIS IS A CONTINUATION OF PAGE \*\*3\*\* ONLY**

Did you complete Page 3 of the application?	/Yes Continue below:	/No/STOP and go back to Page 3
---	----------------------	--------------------------------

(4) Previous Employer/Company's Name				From		To		Starting Salary	Last Salary
				Month	Year	Month	Year		
Company Address				Position Title:		Describe your duties:			
Company City & State/Zip Code				Describe your duties:					
Telephone Number	AC:								
Supervisor's Name:									
May We Call?		/Yes	No	/Reason:					
Check One	FT	<b>Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>							
	PT								

(5) Previous Employer/Company's Name				From		To		Starting Salary	Last Salary
				Month	Year	Month	Year		
Company Address				Position Title:		Describe your duties:			
City & State/Zip Code				Describe your duties:					
Telephone Number	AC:								
Supervisor's Name:									
May We Call?		/Yes	No	/Reason:					
Check One	FT	<b>Reason for Leaving (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>							
	PT								

(6) Previous Employer/Company's Name				From		To		Starting Salary	Last Salary
				Month	Year	Month	Year		
Address				Position Title:		Describe your duties:			
City & State/Zip Code				Describe your duties:					
Telephone Number	AC:								
Supervisor's Name:									
May We Call?		/Yes	No	/Reason:					
Check One	FT	<b>Reason for Leaving or Wanting to Leave (BE SPECIFIC) - (Note: Must also be completed if submitting a resume)</b>							
	PT								

If more space is needed, attach additional sheet of paper for continuation of Previous Work History		/Yes		/No	<b>Page 3**A**</b>
---	--	------	--	-----	--------------------



For a listing of City Jobs:  
[www.columbiasc.net/departments/42](http://www.columbiasc.net/departments/42)

## I. PERSONAL INQUIRY WAIVER - AUTHORITY FOR RELEASE OF INFORMATION

TO: Concerned Person of Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME (PRINT): \_\_\_\_\_

PRINT Last Name

PRINT First Name

MI

DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I respectfully request and authorize you to furnish the Columbia Fire Department any and all information that you have concerning my work record, school record, reputation, financial and credit status and military records. Please include any record of detainment, arrest, and conviction by any law enforcement agency including any information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist the Columbia Fire Department in determining my qualifications and fitness for the position I am seeking.

I have been advised and am fully aware that I will be requested to submit to a polygraph examination. The purpose of the examination is to assist in verifying all information furnished in this application and obtained during applicant investigation. I am fully aware that my refusal to submit to the polygraph exam will terminate further consideration for employment. I am willing to take the polygraph examination:

YES  NO

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested above. I agree that a photostatic copy of this authorization shall be as valid as the original.

Applicant's Signature:	_____	Date:	_____
Address:	_____		
City:	_____	State:	_____
		Zip Code:	_____

### AFFIDAVIT

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

COUNTY: \_\_\_\_\_

Personally appeared before me, the said applicant, \_\_\_\_\_, who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Notary Public): \_\_\_\_\_ My Commission expires: \_\_\_\_\_.



For a listing of City Jobs:  
[www.columbiasc.net/departments/42](http://www.columbiasc.net/departments/42)

**II. CONDITIONAL OFFER OF EMPLOYMENT**  
**MEDICAL CONSENT FORM**

I hereby acknowledge and agree, by my signature below, that, prior to being accepted for employment by the City of Columbia Fire Department, I will be required to undergo a physical examination, by a physician selected by the City, to determine whether I am physically qualified to perform the duties of the position for which I am applying. I understand that during such an examination, I will be required to provide blood and urine samples under the observation of medical personnel employed by or selected by the City of Columbia, and that such samples may be used to determine whether controlled or illegal substances including, but not limited to, marijuana, cocaine, heroin, opiates, PCP or amphetamines are present in my body. By my signature below, I consent to the examination and laboratory tests described and to the use of the City of Columbia of the results obtained from such examination and tests in determining my qualifications for employment.

**PRINT  
NAME**

Print LAST Name

Print MI

Print FIRST Name

**PHONE NUMBER**

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

**DATE OF BIRTH**

		-			-				
--	--	---	--	--	---	--	--	--	--

**SOCIAL SECURITY NUMBER**

			-			-				
--	--	--	---	--	--	---	--	--	--	--

**Applicant's  
Signature:**

**Date  
Signed**



For a listing of City Jobs:  
[www.columbiasc.net/departments/42](http://www.columbiasc.net/departments/42)

**City of Columbia - FIREFIGHTER Applicant**

**III. SLED / CRIMINAL RECORDS & DRIVER'S LICENSE INVESTIGATION CHECK**

<b>APPLICANT</b>	
<b>PLEASE COMPLETE THE FOLLOWING INFORMATION:</b>	Date: <input style="width: 100%;" type="text"/>

Name (**PRINT**):

PRINT LAST NAME	PRINT First Name	PRINT MI
-----------------	------------------	----------

AKA and Maiden Name(s):

RACE:	<input style="width: 100%;" type="text"/>	SEX:	<input style="width: 100%;" type="text"/>	DOB:	<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	-	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
			(Year)			Month		(Day)		

SS NO:	<input style="width: 100%;" type="text"/>	HGT.	<input style="width: 100%;" type="text"/>	ft.	<input style="width: 100%;" type="text"/>	in.	<input style="width: 100%;" type="text"/>	WGT.	<input style="width: 100%;" type="text"/>	lbs.	<input style="width: 100%;" type="text"/>
--------	---	------	---	-----	---	-----	---	------	---	------	---

Present Street Address:

City:  State:  Zip Code:

**I understand that the above information will be used to conduct a criminal records check and by my signature below, I hereby give my permission for criminal records check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.**

Signature:	<input style="width: 100%;" type="text"/>	Date Signed:	<input style="width: 100%;" type="text"/>
------------	---	--------------	---

**APPLICANT: PLEASE COMPLETE THE FOLLOWING DRIVER'S LICENSE INFORMATION**

D.L. Number	State	Class Type (Check One)					Endorse'nts (If Any)	Expiration Date			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> A CDL	<input type="checkbox"/> B CDL	<input type="checkbox"/> C CDL	<input type="checkbox"/> D Reg.	<input type="checkbox"/> None	<input type="checkbox"/> Other (Identify):	<input style="width: 100%;" type="text"/>			

**◀◀◀STOP – DO NOT WRITE BELOW THIS LINE ▶▶▶**

**THE FOLLOWING IS COMPLETED BY THE CITY OF COLUMBIA *FIRE* DEPARTMENT REPRESENTATIVE**

Location #	Location Name	Position Title	Department Charge To:
<input style="width: 100%;" type="text"/>			

**Fire Department Representative: Attach this completed form to the Memo to Hire and send to the Employment Office with the copy of the SLED / Criminal Investigation Records Check and (Out-of-State) Driver's License Check (if applicable).**

**THE FOLLOWING IS TO BE COMPLETED BY THE POLICE DEPARTMENT STAFF**

Status of SLED/CI Records Check (check  below):  Date:

Convictions	No Convictions	Charges/No Disposition	Charges Currently Pending	Status:	OK	Rejected	Did Not Disclose	Verified by:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Status of Driver's License Check (check <input checked="" type="checkbox"/> all that apply)</b>				OK	Suspended	Unacceptable	Verified by:	
<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>				

PD Comment:  Date:

NOTE: The original of the SLED/Criminal Investigation Records Check is maintained in the HR-Employment Office.



ALL APPLICANT'S **MUST** COMPLETE THE FOLLOWING SECTIONS OF THIS REPORTING FORM

NAME:			S.S. #:																	
(Print Last Name)	(Print First Name)	MI																		

How did you **FIRST** hear about this position? **CHECK OR X ONE** of the following?

<input type="checkbox"/>	A	City's Job Posting (Location):	<input type="checkbox"/>	J	Job Fair – Urban League	<input type="checkbox"/>	S	Referred by – Name:
<input type="checkbox"/>	B	City Hall Walk-In	<input type="checkbox"/>	K	Job Fair – Identify Where:	<input type="checkbox"/>	T	School – Name:
<input type="checkbox"/>	C	City's Jobs Line (545-3001)	<input type="checkbox"/>	L	Job Fair – Mayors Committee/ Employment of People w/Disabilities	<input type="checkbox"/>	U	TV Channel – Identify:
<input type="checkbox"/>	D	City's Web Site columbiasc.net –CITY JOBS	<input type="checkbox"/>	M	Job Service – One Stop	<input type="checkbox"/>	V	Urban League
<input type="checkbox"/>	E	Community Relations Council	<input type="checkbox"/>	N	Journal/Publication – Name:	<input type="checkbox"/>	W	Vocational Program
<input type="checkbox"/>	F	Department of Corrections	<input type="checkbox"/>	O	Newspaper:	<input type="checkbox"/>	X	WIP – Work Initiative Program
<input type="checkbox"/>	G	Employment Agency (Name):	<input type="checkbox"/>	P	Newspaper – Name of Newspaper:	<input type="checkbox"/>	Y	Works Program
<input type="checkbox"/>	H	Internet (Site) – Identify:	<input type="checkbox"/>	Q	Other – Identify:	<input type="checkbox"/>	Z	City Use Only
<input type="checkbox"/>	I	Job Corps	<input type="checkbox"/>	R	Radio Station – Identify:	<input type="checkbox"/>		

**NOTE:** The information requested ABOVE is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. **YOUR SIGNATURE IS REQUIRED (SEE BELOW).**

**EQUAL EMPLOYMENT OPPORTUNITY REPORTING AND RESEARCH FORM**

**THIS FORM IS RETAINED IN THE HR/EMPLOYMENT OFFICE FOR RECORD KEEPING PURPOSES ONLY.**

SEX (Check or X One):	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DATE OF BIRTH:																
-----------------------	-------------------------------	---------------------------------	----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POLICE OFFICER APPLICANTS ONLY: Are you 21 Years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	All applicants Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------	------------------------------	---	------------------------------	-----------------------------

**ETHNIC GROUP (Check or X ONE of the following):**

<input type="checkbox"/> Caucasian (White) Non-Hispanic (W)	<input type="checkbox"/> Asian or Pacific Islander (AP)
<input type="checkbox"/> African-American (Black) Non-Hispanic (B)	<input type="checkbox"/> American Indian or Alaskan Native (AI)
<input type="checkbox"/> Hispanic (H)	

**MISCELLANEOUS:** Identify any **REASONABLE ACCOMMODATIONS** that would be needed to perform the essential functions of the position(s) for which you are


**NOTE:** The information requested **above** regarding race, color, sex, age, national origin, disability status and reasonable accommodation, for qualified individuals with disabilities, **is needed** to analyze and assure compliance with Federal Equal Employment Opportunity laws, as well as meet the reporting requirements of those laws. Your cooperation in providing this information is important to the success of our equal employment opportunity and affirmative action programs.

This EEO Reporting and Research Form will be retained in the HR/Employment Office with your original application. The HR/Employment Office only sends a **copy** of your **application** to the Hiring Authority. The information contained in this form will **not** be used in the hiring or interviewing process and will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information **will not** subject you to adverse treatment.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT.

(APPLICANT'S SIGNATURE - IN INK)	Today's Date
----------------------------------	--------------

**EMPLOYMENT OFFICE USE ONLY - DO NOT COPY - DO NOT SEND**  
(If this application has been downloaded from the City's Web Page – make sure this is all on Page 4 A Only)

Have you **EVER** been **CONVICTED** of **ANY** criminal offense(s) **EVER**\*\*:

**YES\* (If yes, list below)**

**No**

**\* If yes, you MUST provide the following information for ALL CONVICTIONS**

Conviction(s)	Where Convicted/Arresting Authority & City/State	Date (Mo/Yr)	Court Disposition

If more space is needed, attach addition sheet(s) of paper – **BE SURE TO LIST ALL CONVICTIONS.**

**\*\*NOTE: Include above if you were EVER CONVICTED of an offense including, but are not limited to a FELONY, MISDEMEANOR, ETC. Examples: Driving Under the Influence of Intoxicating Beverages, Possession of Drugs, Bad or Fraudulent Checks, Non-Payment of Child Support, Failure to Appear, etc. List every conviction since you were 18 years of age or older even if you believe you made restitution, i.e., paid a fine, etc. You MUST list ALL convictions. Do not list minor vehicle violations, such as non-payment of parking tickets or any offense committed before your 17<sup>th</sup> birthday, which was adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense does not disqualify you for employment in all cases. Each case is considered individually, based on a number of factors including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient or satisfactory work record has been established since the crime and/or release from incarceration, and the position applied for. HOWEVER, failure to disclose ALL criminal CONVICTIONS WILL disqualify you for employment with the City.**

**ATTENTION – READ THIS**

The City of Columbia runs a SLED or NCIC check on applicants selected for employment as part of the “Conditional Offer of Employment” process. You need to know that the City will withdraw its “ Conditional Offer of Employment” if the City receives a report that has ANY convictions and you have not listed them above -- **IF IN DOUBT, LIST IT.**

**X. REFERENCES**

Name	Address / City/State / Zip Code	Phone w/Area Code
1.		
2.		
3.		

**XI. SIGNATURES**

**Authority to Release Information:** By my signature, I consent to the release of information to duly authorized officers, agents and/or employees of the City of Columbia, S.C. This may include, but not be limited to, information concerning my past and present work including my official personnel files, attendance records, evaluations, educational records including transcripts, military service, law enforcement records, and/or any personnel record deemed necessary to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

**X. (1) - Original Signature:**

**Date:**

**Certification of Applicant:** By my signature, I affirm, agree and/or understand that all statements on this application or attachments hereto, are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application or attachments hereto, may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work. If employed by the City of Columbia, S. C., I agree to adhere to the City’s Drug Free Workplace policy. I further certify that I have/or I am adhering to all outstanding government student loan commitments.

**X. (2) - Original Signature:**

**Date:**

**NOTE: Failure to complete all sections or to sign this application will cause delay or disqualification for employment.**