Riverview Fire Department

Station 1: 1899 Harris Rd, Fort Mill, SC 29708 Station 2: 141 Grant Farm Dr Fort Mill, SC 29708 803-547-5921

Application for Membership/Employment

Please fill out each space completely. If an area does not apply to you, write N/A in the space.

Last name:	First name:				MI:
Street:					
How long at current address: _		_			
Age: DOB:	Martial Sta	atus:	SSN:		
Phone:	Email:				
Emergency Contact:		Relat	ionship:		
Contact address:			Phone:		
Current employer:			How lon	g:	
Employer address:					
Supervisor's name:					
Hours and days you work:					
Previous employer:				ng:	
Reason for leaving:					
Do you have any physical or m	edical impairment	ts that would p	orohibit you froi	m doing yo	ur job?
Please mark one:	[]Yes	[] No			
If yes, please list impairments:					

Previous experience in fire	fighting? Mark one:	[]Yes	[] No		
Previous experience in EM	[] Yes	[] No			
Prev. department/organiza	tion:				
Date joined:					
Reason for leaving:					
Prev. department/organiza	tion:				
Date joined:					
Reason for leaving:					
	Certific	ations			
EMS Licensure:				Exp:	
Firefighter certifications:					
List any other formal educa					
A copy of your ce	ertifications must accor	mpany this ap	olication wh	nen submitte	∍d
		_			
	Military		5		
Branch:			_ Date left:		
Type of discharge:					
Are you a member of any i	eserve or national gua	ard unit? Mark	one:	[] Yes	[] No
If yes, what branch:					
Have you ever been: arre proceeding; ever been cor to deposit bail or collater violations), where a fine or	nvicted, fined, imprisonal for the violation of	ned, or placed any law or d	l on probat ordinance (ion; ever be (excluding n	en ordered ninor traffic
If yes, please give details i	ncluding dates and loo	cations:			
Have your driving privilege	s ever been suspende				[] No
Driver's license #:		State:	Exp da	ate:	

References

Please provide three ch	aracter references (no	relatives):
Name:		Relationship:
		:
Name:		Relationship:
Phone:	Email	:
Name:		Relationship:
Phone:	Email	:
I have applied for empl		I before signing*** a volunteer, with the Riverview Fire Department.
the Riverview Fire Depa know that I have a righ inaccurate information. Department and its em inaccurate information. Guidelines of the Depar	artment with any record to inspect my criminal of I do not exercise that ployees from any claid I agree that if accept tment. I will attend the actions when possible	ent of Labor, Licensing, and Regulation will provide rd I may have for conviction of any felony crime. It all history record and to request correction of any it right, I agree to hold harmless the Riverview Firem for damages arising from the dissemination of ted, I will abide by the Policies, Procedures, and required amount of training and meetings and I will. I further agree to obey all lawful orders from the
issued to me, remains	the property of the Riv	ment, including pagers, turnout gear, uniforms, etc. verview Fire Department and that I shall return al , become inactive, or my membership is terminated
Applicant's Printed Nam	ıe:	
Applicant's Signature: _		
Date signed:		

South Carolina Firefighter Registration Form South Carolina State Fire Marshal's Office

141 Monticello Trail

Columbia, South Carolina 29203

Α.	Name:	First		Middle	
	Last Home Address				
	Social Security Number:	D	ate of Birth:		
	Driver's License Number:	State:	Mont Class D/L: (Circ	h Day Year le One) A B C D E F M G	
	Name of Employing Fire Department:				
	Fire Department Mailing Address:				
	City:				
	Telephone Number: ()		Status:P	aidVolunteer	
	Background Check Completed Date: (Necessary if Employed On or A	[Lifter July 1, 2001)		d Prior to July 1, 2001 nent Date:	
	By Signature I certify that the above name Chapter 80, South Carolina Code of Laws		istration under the	provisions of Title 40,	
EMAI	L ADDRESS:	Fire Chief (Print)	Jame)	Date	
		Fire Chief (Signat	ure)	Date	
B.		ACTION TAKEN	***************************************		
	(For Al Please Check	l Actions Taken On or After Ju	ly 1, 2001)		
	Employment Date (See Section	40-80-10.B.2) Effective	Date:	_	
	Termination Voluntary Separation	Effective	Date:	-	
	Voluntary Separation Retirement	Effective	Date:	-	
	Inactive	Effective	Date:	_	
	Member of Multiple Departmen				
C.	Do Not Write Below This Line (For SCFM Use Only)				
	The named individual			is	
	Registered as a firefighter in the	State of South Carolina			
	Registration Number:		Date:		
	Denied registration based on:				
FR1 7/	/1/01				
//		Authoriz	ed Signature		



South Carolina Department of Labor, Licensing and Regulation Division of Fire and Life Safety • Office of State Fire Marshal



Rev: 04/04/12

141 Monticello Trail Columbia, S.C. 29203 Phone: 803-896-9800 • www.scfiremarshal.llronline.com

Firefighter Registration Name Based Criminal Records Check Request

The "South Carolina Firefighters Employment and Registration Act" requires a criminal records check prior to employment of a paid or volunteer firefighter. No later than 60 days after the start of his employment date as a paid or volunteer firefighter, each firefighter must be registered with the Office of the State Fire Marshal (OSFM) by his fire chief or other employer. The criminal background check must be conducted before registration.

After June 30, 2001, a person may not perform firefighting duties in South Carolina if the person has been convicted of, or pled guilty to, or pled nolo contendere to: (a) a felony; (b) arson or another offense provided in Article 3, Chapter 11 of Title 16; or (c) an offense involving a controlled substance as provided for in Chapter 53 of Title 44. The prohibition applies for 10 years after the conviction or plea of guilty or nolo contendere.

After the expiration of the 10-year period, a fire chief or other employer may determine whether to allow a person with a criminal record to perform firefighting duties; except no person may volunteer as a firefighter, be employed as a firefighter, or perform firefighting duties if he has been convicted of, pled guilty to, or pled nolo contendere to arson.

A firefighter who works for or serves more than one fire department must be registered by each department. A firefighter previously registered with the Office of the State Fire Marshal, but not actively engaged with a fire department or as a firefighter for a period of six months, must apply for registration and must submit a criminal records check. Firefighters that are being reinstated to their last registered department within a period of not more than three years are exempted.

If a firefighter becomes separated from employment or membership or becomes inactive, the fire chief or other employer within 60 days must notify the OSFM of the firefighter's separation or inactive status. Notification of separation of a firefighter from employment must be on a form as provided by the OSFM.

This does not apply to individuals engaged in firefighting duties during a declared state of emergency.

Note: This criminal records check request should be completed only on the firefighter being hired, and is not to be used as a screening tool. Accountability for these requests will be based on Firefighter Registration Records. Missing information may result in a background check that cannot be completed.

BACKGROUND REQUEST FOR:	Request Date:					
Name:	Middle	Last				
Also know as and/or maiden name(s):						
Gender: Male Female SSN: Date of Birth:						
REQUESTED BY: Fire Chief □ or Other Empl The fire chief or other employer must ensure the enforcement agency. A "fire chief" means the hig some other title. An "employer" means any fire de or assigns any person to work or to official duties as	oyer □ nat a prospective firet thest ranking officer or partment or other enti a firefighter whether o	fighter undergoes a criminal official in charge of a fire de ity which puts an individual or on the firefighter receives for not the	partment, whether or not called by employee in service as a firefighter financial compensation.			
Name:		12. Nelms @ y forward OSFM response an	ork County gov. Com			
Department:	FDID#:		-			
Phone:	Fax:					
Mailing Address:						