



C&B FIRE DEPARTMENT
P. O. BOX 113
LADSON, S. C. 29456
(843) 873-0714



APPLICANT					
PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)					DATE OF BIRTH (MO/DAY/YR)
POSITION APPLIED FOR:			____ Volunteer ____ Paid (P/T)		
STREET ADDRESS			CITY, STATE AND ZIP		
EMAIL ADDRESS			U.S. CITIZEN ____ YES ____ NO If no, City and country of Birth:	ENTHIC GROUP	
HOME PHONE	CELL PHONE	EMERGENCY CONTACT NAME/PHONE NUMBER			
YOUR DRIVERS LICENSE NUMBER (Copy DL frt/back)	EXPIRATION DATE (MO/DAY/YR)	CLASS	STATE	SSN	

EDUCATION HISTORY			
NAME OF HIGH SCHOOL	LOCATION	YR GRADUATED	
NAME COLLEGE OR UNIVERSITY	LOCATION	YR GRADUATED	DEGREE/MAJOR
FIREFIGHTER SPECIFIC LIST ONLY IFSAC/ PRO BOARD CERTIFICATIONS FF1, FF2, FO1, etc.			
PLEASE LIST YOUR AREAS OF HIGHEST PROFICIENCY, SPECIAL SKILLS OR OTHER ITEMS THAT MAY CONTRIBUTE TO YOUR ABILITIES IN PERFORMING DUTIES RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING			

CURRENT/PREVIOUS EMPLOYEMENT (Please list beginning from most recent, include all other fire department affiliations)

Dates Employed	Employer	Location	Role/Title
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Job notes, tasks performed and reason for leaving:

Dates Employed	Employer	Location	Role/Title
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Job notes, tasks performed and reason for leaving:

CHARACTER REFERENCES and PHONE #

My signature affirms that this information is true and correct and I consent to a background check as required by C&B FD.

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