



EMPLOYMENT APPLICATION

The City of Goose Creek is an Equal Opportunity Employer. Applicants will be considered for positions without regard to age, race, color, religion, national origin, gender or disability.

Applicant Information			
Name	Last	First	Middle
Address	Street		
	City	State	Zip
Phone	E-mail address		

Employment Desired	
Position/Department	
Salary Required	Date you can start

Education	Name and Location of School	No. of Years Attended	Graduate or GED?	Major
Grammar School				
High School				
College				
Trade, Business, Correspondence				

Employment History

List your last four employers, beginning with your current or most recent first. **Please complete each section.**

Date, Month, Year	Employer Name/Address/Phone	Supervisor's Name	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

May we contact your current employer? Yes No

May we contact your past employer(s)? Yes No

References

List three persons, **not related to you**, whom you have known for at least one year.

Name	Address	Business/Phone	Years Acquainted
1.			
2.			
3.			

Additional Information

Driver's License

State _____

Class _____

Number _____

Have you ever been convicted of a felony? Yes No

If yes, please explain, _____

Are you related (by blood or marriage) to a current City of Goose Creek employee?

Yes Name: _____ No

I certify that information contained in this application is correct and complete to the best of my knowledge. I understand that misrepresentation of facts or false statements on this application shall be grounds for disqualification of this application or dismissal if hired.

Signature _____

Date _____



APPLICANT DATA

The City of Goose Creek is an equal opportunity employer. Applicants are considered for positions without regard to race, color, gender, religion, national origin, marital status, age or disability. The following information is gathered to comply with equal employment opportunity record keeping and reporting. Completion of this form is voluntary, will not be kept with your application for employment, and will not be used in any hiring decision. This information will be kept confidential.

Name: _____ Date: _____

Position applied for: _____ Dept: _____

Applicant Source:

- Walk-In City's website
 Monster.com Advertisement, source _____
 City employee, please print name _____
 Other, please specify _____

Ethnic Data (Please check one)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Hispanic or Latino
 Native Hawaiian or Pacific Islander
 Two or more races
 White

Gender: Female Male Are you age 40 or over? Yes No



Fire Department

DRIVER'S RECORD CHECK

Date: _____

License Number: _____

State: _____

Social Security Number: _____

Date of Birth: _____

I, _____, hereby authorize City of Goose Creek Fire Department to obtain copy of my driving record.

Address: _____

City: _____

Requested By: **City of Goose Creek Police Department**

Address: **P.O. Drawer 1768
Goose Creek, SC 29445-1768**

Reason for Records Desired:

- Driving under the influence, more than first offense
- Driving under suspension – Date of Subject's arrest: _____
- Other – explain: **EMPLOYMENT**

Attach to employment application – **do not** mail to City of Goose Creek Police Department.



South Carolina
Department of Labor, Licensing and Regulation



141 Monticello Trail
Columbia, SC 29203
(803) 896-9800

FAX: (803) 896-9806 (Fire Marshal)
FAX: (803) 896-9856 (Fire Academy)
www.llr.state.sc.us

Mark Sanford
Governor

Adrienne Riggins Youmans
Director

Division of Fire and Life Safety

**Firefighter Registration
Named Based Criminal Records Check Request**

Note: This named-based criminal records check request should only be completed on those being hired, and not used as a screening tool. Accountability for these requests will be based on Firefighter Registration Records.

Please complete this form either by typing or printing legibly.

Date of Request: _____

Requesting a Background Check on:

Name: _____
 First Name Middle Name Last Name

AKA and/or Maiden Names: _____

Date of Birth: _____ Gender _____

SSN: _____

Requested by:

Person Requesting: Steve Chapman - Fire Chief

Department Requesting: City of Goose Creek Fire Department

Department FDID#: 08308

Phone #: 843-553-8350 Fax #: 843-863-5214

Mailing Address: PO Drawer 1768
Goose Creek, SC 29445-1768

Please furnish an e-mail address (if one is available) as the response will be returned via E-mail.

E-mail Address: dhicks@cityofgoosecreek.com

Note: Any missing information may mean that a background cannot be completed.