

**Moncks Corner Rural Fire Department  
1201 Edward Drive  
Moncks Corner, SC. 29461**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

S.C. Driver's License #: \_\_\_\_\_ Class: \_\_\_\_\_

Do you have any PHYSICAL or MENTAL impairment(s)?  YES  NO

If YES, Briefly explain: \_\_\_\_\_

Please list Firefighter training and related experience: \_\_\_\_\_

**EDUCATION**

Type of School	Name of School	Locations of School	Highest Grade Completed	Diploma / Degree
Grade School				
High School				
College/Technical				
Other				

I, the undersigned, certify that the answers given herein are true and complete to the best of my knowledge. I also authorize the investigation of any and all information contained in this application as may be necessary to arrive at a decision for acceptance. In the event of acceptance, I understand that any false or misleading information contained herein or stated in an interview, shall be grounds for immediate discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not write below this line (Department use only)

Date Received	By	Interview Date	By
Date Approved	By	Date Rejected	By
Date Terminated	By	Reason	