



St. Andrews Fire Department

A division of St. Andrews Public Service District

safdinfo@standrewspsd.org

Dear Candidate,

Thank you for your interest in St. Andrews Fire Department (SAFD). At SAFD, we believe a firefighter is a foundational position that becomes a cornerstone in our organization. We seek to hire motivated individuals that wish to become a part of our team, individuals that will work to enhance our effectiveness, and someone who exemplifies the mission, vision, and values of SAFD.

Please complete the below requirements and submit to 1775 Ashley River Road, Charleston, SC 29407 or via email at safdinfo@standrewspsd.org.

1. Application for employment
2. Copies of any pertinent certifications (ex. FFI, FFII, EMT)
3. Copy of your current driver license
4. Copy of your high school diploma (or equivalent)
5. Copy of your social security card
6. Original copy of your three year driving record

Upon completion and submission of your application and the documents listed above, you will be eligible for the following evaluation process:

1. A written general knowledge evaluation (passing score of 70%).
2. An integrity evaluation (must receive a “pass” from the third-party evaluator).
3. SAFD’s “Job Related Physical Ability Test” (must complete in 7 minutes or less).

Failure of any of the three evaluations will result in being removed from consideration for employment. In the event we have openings, and you have successfully completed the three evaluations listed above, you may be afforded an opportunity to interview with a member(s) of the SAFD’s senior staff. It will be the final decision of the Fire Chief and/or designee of the possibility of employment with the department. In fairness to all applicants, we do not meet with candidates at all prior to the interview process. In the event, you are offered conditional employment with the fire department, the following conditions must be met:

1. Completion of a background check with the state law enforcement from your state of residency.
2. Completion of a physical exam and drug screen at Concentra or other facility designated by St. Andrews Public Service District (SAPSD). Cost is the responsibility of SAPSD.

Best wishes to you and thank you again for your interest in SAFD.

Very respectfully,

Charles G. Lamoreaux
Chief of Department



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Employment Application

Drug test required

Personal Information

Name _____ SSN _____
Last First Middle
Address _____
Street _____
City State Zip Code
Phone () _____ Email _____

Questionnaire

Please answer the following questions with a detailed response on a separate piece of paper. Be sure to attach your answers with the rest of your completed application before submitting it.

1. Why do you desire to be employed with St. Andrews Fire Department?
2. What experiences, whether personal or professional, have prepared you for a position within the fire service?
3. What are three strengths you exhibit in your personality and why do you feel that way?
4. Everyone has weaknesses, describe two of your weakness and explain why you feel that way.
5. Why would you be an asset to St. Andrews Fire Department?



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Military Experience

Have you served in the U.S. Armed Forces? Yes _____ No _____

If yes, what branch? _____

Dates Employed From _____ to _____
Month/Year Month/Year

Specialized training in _____

Are you active U.S. Reserve or U.S. Guard? Yes _____ No _____

Education

	Name & Location of School	# of Years Attended	Graduate or GED (if applicable)
High School			
College			
Technical College			
Trade			

Please list any additional skills: _____

List your highest Firefighting Certifications and type (IFSAC, Pro Board): _____



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Employment History

*Please list your last **four** employers, beginning with your most recent. Include any military, part-time or volunteer work and any periods of unemployment.*

Company Name _____ Address: _____

Dates Employed From _____ to _____ Job Title _____
Month/Year Month/Year

Job Description _____

Reason for leaving _____

Supervisor Name _____

Supervisor Phone Number () _____ May we contact? _____

Company Name _____ Address: _____

Dates Employed From _____ to _____ Job Title _____
Month/Year Month/Year

Job Description _____

Reason for leaving _____

Supervisor Name _____

Supervisor Phone Number () _____ May we contact? _____

Company Name _____ Address: _____

Dates Employed From _____ to _____ Job Title _____
Month/Year Month/Year

Job Description _____

Reason for leaving _____

Supervisor Name _____

Supervisor Phone Number () _____ May we contact? _____

Company Name _____ Address: _____

Dates Employed From _____ to _____ Job Title _____
Month/Year Month/Year

Job Description _____

Reason for leaving _____

Supervisor Name _____

Supervisor Phone Number () _____ May we contact? _____



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1775 Ashley River Rd., Charleston, SC 29407 (843) 556-8951 safdinfo@standrewspsd.org

Driver' License Information

Do you possess a valid Driver's License? Yes _____ No _____
Driver's License Number _____ State _____ Class _____

Criminal Record

Have you ever been convicted of a felony? Yes _____ No _____
If yes, please explain _____

Signature and Certification

St. Andrews Public Service District is an equal opportunity employer. Applicants will be considered for positions without regard to age, race, color, religion, national origin, gender, or disability.

I hereby affirm that the information provided on this application (and any accompanying resume and/or documentation, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further understand this application becomes the property of St. Andrews Public Service District and will not be returned.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of St. Andrews Public Service District or myself. I understand that no management official other than the St. Andrews Public Service District has any authority to enter any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current and/or recent employers and organizations named in this application and accompanying resume and/or documentation, to provide any relevant information that may be required to arrive at an employment decision.

Signature _____ Date _____