



Kershaw County Fire Service Application

Last Name First Name Middle
(Name as seen on Drivers License)

Mailing Address _____

City _____ State _____ Zip _____

Home Phone() _____ Cell Phone() _____

Email address _____

Birth Date _____ Age _____

Do you possess a valid driver's license? Yes() No() State _____

Driver's License # _____ **Expiration Date** _____

Class: A B C D E M G (circle one)

Social Security # ____ - ____ - ____

Place of Employment _____

Can you leave your employment to attend fires? Yes () No ()

Do you have any experience in Fire/Rescue/EMS? Yes () No ()

Please list experience to include training courses taken in the past:

Department requesting to join. _____

Applicants Signature _____ Date _____