

JAMES ISLAND PUBLIC SERVICE DISTRICT

1739 Signal Point Road, Charleston, SC 29412

P O Box 12140, Charleston, SC 29422

PLEASE WRITE LEGIBLY**FIREFIGHTER ATTACHMENT****JIPSD is an Equal Opportunity Employer and Provider,
an At-Will Employer, and a Drug-Free Workplace.****We Participate in E-Verify.**

PRINT YOUR NAME: _____ VACANCY REQUISITION NUMBER: _____ - _____

By checking the box(es) below, I certify that I have successfully completed and currently possess the following NFPA certification requirements (IFSAC, Pro Board, DOD, SCFA, or out-of-state equivalent) for this position as of today's date:**Section 1 – Minimum Certification Requirements Required Prior to Appointment - Check all that you have as of today:**

CERTIFICATION NAME (Check only those you have as of today):	ISSUING AUTHORITY (Check one - Specify "Other"):	DATE ISSUED:
<input type="checkbox"/> CPR & First Aid (minimum required)		____/____/____
<input type="checkbox"/> 1 st Responder/EMR OR <input type="checkbox"/> EMT/Basic (<i>preferred</i>)	State: _____ National Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No – State: _____	____/____/____ ____/____/____
<input type="checkbox"/> NFPA 472 Hazmat Operations Level (Chapters 4 & 5)	<input type="checkbox"/> IFSAC <input type="checkbox"/> Pro Board <input type="checkbox"/> DOD <input type="checkbox"/> SCFA <input type="checkbox"/> Other:	____/____/____
<input type="checkbox"/> NFPA 1001 Firefighter II Level (Chapters 4, 5 & 6)	<input type="checkbox"/> IFSAC <input type="checkbox"/> Pro Board <input type="checkbox"/> DOD <input type="checkbox"/> SCFA <input type="checkbox"/> Other:	____/____/____

Section 2 – Additional Certifications Required within 18 Months of Appointment - Check all that you have as of today:

CERTIFICATION NAME (Check only those you have as of today):	ISSUING AUTHORITY (Check one - Specify all "Other"):	DATE ISSUED:
<input type="checkbox"/> South Carolina Class E Driver's License	SC DMV	____/____/____
<input type="checkbox"/> NFPA 1006 Vehicle & Machinery Rescue Level 1 (Chapter 10)	<input type="checkbox"/> IFSAC <input type="checkbox"/> Pro Board <input type="checkbox"/> DOD <input type="checkbox"/> SCFA <input type="checkbox"/> Other:	____/____/____
<input type="checkbox"/> NFPA 1407 Rapid Intervention Crew/Team & Rescuing the Rescuer	<input type="checkbox"/> IFSAC <input type="checkbox"/> Pro Board <input type="checkbox"/> DOD <input type="checkbox"/> SCFA <input type="checkbox"/> Other:	____/____/____
<input type="checkbox"/> NFPA 1002 Driving/Operating Vehicles (Chapter 4)	<input type="checkbox"/> IFSAC <input type="checkbox"/> Pro Board <input type="checkbox"/> DOD <input type="checkbox"/> SCFA <input type="checkbox"/> Other:	____/____/____
<input type="checkbox"/> NFPA 1006 Rope Rescue Level I (Chapter 6)	<input type="checkbox"/> IFSAC <input type="checkbox"/> Pro Board <input type="checkbox"/> DOD <input type="checkbox"/> SCFA <input type="checkbox"/> Other:	____/____/____
<input type="checkbox"/> NFPA 1561 Incident Management Systems	<input type="checkbox"/> IFSAC <input type="checkbox"/> Pro Board <input type="checkbox"/> DOD <input type="checkbox"/> SCFA <input type="checkbox"/> Other:	____/____/____
<input type="checkbox"/> SCFA 1161 Truck Company & Support Operations	<input type="checkbox"/> IFSAC <input type="checkbox"/> Pro Board <input type="checkbox"/> DOD <input type="checkbox"/> SCFA <input type="checkbox"/> Other:	____/____/____
<input type="checkbox"/> NIMS 100	FEMA	____/____/____
<input type="checkbox"/> NIMS 200	FEMA	____/____/____
<input type="checkbox"/> NIMS 700	FEMA	____/____/____
<input type="checkbox"/> NIMS 800	FEMA	____/____/____
<input type="checkbox"/> Successfully Completed ALL JIPSD-Required Firefighter Competencies	JIPSD FD Position Manual	____/____/____

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NOLO CONTENDERE TO A CRIMINAL OFFENSE IN ADULT COURT (OTHER

THAN A TRAFFIC VIOLATION)? ☐ Yes ☐ No **GIVING FALSE OR MISLEADING INFORMATION OR OMISSIONS MAY BE GROUNDS FOR WITHDRAWAL OF JOB OFFER OR TERMINATION OF EMPLOYMENT.** IF "YES," PLEASE EXPLAIN, LISTING ALL CONVICTIONS – ATTACH ADDITIONAL DOCUMENTATION IF NECESSARY. *Section 10-80-20 of SC Code of Laws provides (in part) after June 30, 2001, a person may not perform firefighting duties in SC if the person has been convicted of, or pled guilty or pled nolo contendere to: (a) a felony; (b) arson or another offense provided in Article 3, Chapter 11 of Title 16; or (c) an offense involving a controlled substance as provided for in Chapter 53 of Title 44. This prohibition applies for a period of 10 years after the conviction or plea of guilty or nolo contendere. After 10 years, the employer may determine whether to allow a person with a criminal record to perform firefighting duties; however, no person may be employed as a firefighter or perform firefighting duties if he has been convicted of, pled guilty to or pled nolo contendere to arson.*

(CRIMINAL OFFENSES INCLUDE ALL FELONIES, MISDEMEANORS, AND SUMMARY JUDGMENTS (I.E., DUI, DUS, BAD CHECKS, DISTURBING THE PEACE, ETC.)

I certify that the above information is true and correct to the best of my knowledge as of today's date. I understand that giving false or misleading information, or omissions, may be grounds for withdrawal of job offer or termination of employment.

JOB SEEKER'S SIGNATURE _____

TODAY'S DATE _____