

Newberry County Emergency Services

Thomas Long, Emergency Service Director 540 Wilson Road • Newberry, SC 29108 (803) 321-2135 • Fax (803) 321-2173



August 16, 2023

Effective immediately:

All applications will need a color copy of applicants South Carolina drivers license and a color copy of their Social Security Card for all applications to be processed by Newberry County Emergency Sevices. If all forms are not completed in the application package the application will not be processed until completed.





Thank you, Newberry County Emergency Services



NEWBERRY COUNTY EMERGENCY SERVICES



VOLUNTEER FIRE/RESCUE APPLICATION FOR MEMBERSHIP

APPLICATION FOR MEMORIAN Squad HazMat CER Imergency Service Applying to: Fire Department Rescue Squad HazMat CER Date: Date:	
tation Applied to: Fill out entire application. Please print or type. A valid email account must be provided. A copy of your Social Security Card and Driver's License are required with Application. Personal Information Email: Last First Middle Must provide valid email account must be provided. Apt. or Unit	
A copy of your Social Security Cura and Disconnection Personal Information Email: Must provide valid email accounts Apt. or Unit	113
A copy of your Social Security Cura and Disconnection Personal Information Email: Must provide valid email accounts Apt. or Unit	
Vame: Last First Middle Must provide valid email account Apt. or Unit Apt. or Unit	
Name: Last First Middle Must provide valid email accounts Apt. or Unit	
Last First Address: Apt. or Unit	nt
Street Address: Apt. or Unit	Martingo
7 mm #	
City: DOB:	
Phone:	CHARLE
Home Cell Class	
SS #: State Number	
Military Service Yes □ No	$\overline{\neg}$
	å
Did you serve in the Military?	
Branch: Arrest/Traffic Violations	
Arrest Fame Violation Yes No	
Have you ever been convicted of a Felony within the United States? Yes No (Conviction will not necessarily disqualify applicant.)	
If yes, explain: No	
a support violations/noints against your univer 3 hours	
Do you give your consent for an investigation of your give your consent for an investigation of your give your give your driving record and criminal history? Yes No include a check of your driving record and criminal history? Yes No include a check of your driving record and criminal history? Yes No include a check of your driving record and criminal history? Yes No include a check of your driving record and criminal history?	
Drug Policy	
i it is a pro assignment drug test? Yes U No	
Do you give your consent to submit to a pre-assignment investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing below indicates my consent for a full background investigation including driving no My signature appearing the my signature appearin	
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Signature Date	
Modical/Emergency Infolliation	
Current physical condition Excellent Good Fair Po	or L
Current Medical Conditions:	
In case of emergency, contact: 1) Primary; 2) Secondary	
Kelationanip.	
ADVUNIL	
Street Address: State: Zip:	
City: State: 2:ip. Page 1	

Work -	Cell/Other
Phone: Home -	
edical/Emergency Information continued	Relationship:
Name:	
Street Address:	State: Zip:
City: Work -	Cell/Other -
Phone: Home -	Information
Emergency Service No you or have you ever had any prior Emergency	Service experience? Yes 🗌 No 🗆
o you or have you ever had any product of the poly.)
VCS, HUICALC WITHOUT	Years -
☐ Fire Rank/ Position -	
Rescue Rank/ Position -	Years -
☐ EMT Rank/ Position -	Yes 🗆 No 🗆
☐ EMT Rank/ Position Do you hold current Fire Department Identification?	Yes □ No □
Do you hold current Rescue Squad Identification.	
If any, describe any Emergency Service Training y (Include Fire Training, Rescue Training, E	
(Include 1 no 110 mily)	
Training Type / Course Nam	
	To a second
List below any Emergency/Special Skills not list	ed above:
List below any Emergency/Special Cidio 1134	
Indicate when you are available to respond:	(Check all that apply)
☐ Day ☐ Night ☐ Weekend ☐	Holiday Any time
	Deep 2 of 2

voe is vour salarvi	wage affected?			Yes 🗆		
yes, is your salary/wage affected? Education						
Please list your education information below:						
	School Name	Dates Attended	Degree(s) Earned	Did you g	raquates	
Elementary						
High School			☐ Diploma☐ GED	Yes □	No 🗆	
Technical School			go-phonos constraints	Yes □	No □	
College/University			The second secon	Yes □	No □	
Other (specify):				Yes 🗆	No □	
entra successiva de la constanta de la constan					NO SCORE	
The undersigned has appl	read the following state	mployers and references	for the purpose of acq	uiring informa	the Newberr tion regarding vberry Count mer employer	
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Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

partment of the Treasury	▶ Go to www.irs.gov/FormW9 for instruct	tions and the lates	t information.			
ernal Revenue Service	Go to www.irs.gozii crimini line; do no	t leave this line blank.				
1 Name (as shown	 Go to www.irs.gov/rentiles to on your income lax return). Name is required on this line; do no 		10 mag			
2 Business name/o	lisregarded entity name, if different from above					
		- 4 01-	at only one of the	4 Exemptions (codes apply only to		
-	te box for federal tax classification of the person whose name is	s entered on line 1. One	SCIC GIBY GILLS OF GILL	certain entities, not individuals; see instructions on page 3);		
Check appropriate following seven	is pox lot tennish sax crisement			instructions on page of		
following seven		Partnership	☐ TrusVestate	Exempt payee code (if any)		
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Single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Limited liability company. Enter the tax classification of the single-member owner. Do not check Note: Check the appropriate box in the line above for the tax classification of the single-member owner of the LLC is LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. tederal tax purposes, Otherwise, a single-member LLC that another LLC that is not disregarded from the owner for U.S. tederal tax purposes, Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. Other (see instructions) Requester's name and address (optional) Address (number, street, and apt. or suite no.) See instructions.						
Limited liability company. Enter the tax described in the line above for the tax classification of the single-member owner. Of the LLC is Note: Check the appropriate box in the line above for the tax classification of the owner unless the owner of the LLC is code (if any) LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that another LLC that is not disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. tederal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. tederal tax purposes.						
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Note: If the account	s in more than one name, see the instructions to the		parte			
Number To Give the	s in more than one name, see the momber to enter. Requester for guidelines on whose number to enter.		A COUNTY OF THE PERSON OF THE			
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3. I am a U.S. citize	or other U.S. person (defined below); and	not from FATCA repo	orting is correct.	to the beatern withholding because		
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m. 1.67 - Branch ton orders and	t or other U.S. person (defined below), the U.S. person (defined below) indicating that I am exerctions. You must cross out item 2 above if you have been report all interest and dividends on your tax return. For real contrall interest and dividends on your tax return. For real content of secured property, cancellation of debt, contributed dividends, you are not required to sign the certification,		134 C	r. Fut that the property of the instructions for Part II, later.		
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Sign Signatur Here U.S.por				Il Seem otacke or metual		
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after they were published, go to www.irs.gov/FormW9.		 Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions) 				
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VOLUNTEERS

OFFICIAL NOTIFICATION OF WAGE LIMITATION

NOTICE: Under the South Carolina Workers' Compensation Law, South Carolina General Statute 42-7-65, the average weekly wage used to calculate compensable workers' compensation benefits for volunteer firefighters, volunteer rescue squad members, volunteer deputy sheriffs (reserve officers) and volunteer coroners is limited to thirty-seven and one-half percent (37.5%) of the average weekly wage in the State for the preceding fiscal year.

The wages for these volunteers may not be increased as a basis for any computation of benefits because of employment other than as a volunteer.

I acknowledge that I have been notified of the volunteer wage limitation which states that in the event of a work-related injury where there is lost time from work with accompanying lost wages, the wages used to calculate my average weekly wage are limited to 37% of the State average weekly wage in the preceding fiscal year. The wages earned due to my employment other than as a volunteer are not considered in the calculation of my compensation rate.

Signature	Date
Print name	