

JAMES ISLAND PUBLIC SERVICE DISTRICT

1739 Signal Point Road, Charleston, SC 29412
P O Box 12140, Charleston, SC 29422

FIREFIGHTER ATTACHMENT

JIPSD is an Equal Opportunity Employer and Provider,
an At-Will Employer, and a Drug-Free Workplace.
We Participate in E-Verify.

PLEASE WRITE LEGIBLY

PLEASE 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 apply as of today:

CERTIFICATION NAME (Check only those you have as of today):	ISSUING AUTHORITY (Check one - Specify "Other"):	DATE ISSUED:
<input type="checkbox"/> 1 st Responder/EMR (<i>minimum required</i>) OR <input type="checkbox"/> EMT/Basic (<i>preferred</i>)	State: _____ National Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No – State: _____	____/____/____ ____/____/____
<input type="checkbox"/> CPR		____/____/____
<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: _____	____/____/____
<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: _____	____/____/____

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

CERTIFICATION NAME (Check only those that 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 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 1160 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 Deputy Chief Competencies	JIPSD FD Position Manual	____/____/____

***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 _____