Charlton County Fire & Rescue

The Desire to Serve
The Courage to Act
The Ability to Perform

Personnel File

Name: _____
Last First Middle (A.K.A.) Date of Birth

High School Diploma/GED: ☐ Yes ☐ No Date of Graduation: _____

Social Security No.: _____ Driver License No.: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Employer: _____ Address: _____

City/Town: _____ State: _____ Zip: _____

Employer Phone Number: _____

Married: ☐ Yes ☐ No Year: _____

Spouse: _____
Name Date of Birth

Dependents: _____ _____ _____ _____
Name DOB Name DOB

_____ _____ _____ _____
Name DOB Name DOB

Date Joined Dept.: _____ Date Resigned/Terminated: _____

Offices Held

Title	From - To	Remarks	By