

FERN CRIE
Fire Department

Application for membership

Name _____

Office Use Only:

Date rec'd _____

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****PLEASE PRINT****

Date _____

Name _____
(Last) (First) (MI)

Address _____
(No & Street) (City if different from Louisville & zip) (how long?)

Previous Address _____
(No & Street) (City if different from Louisville & zip) (how long?)

Phone _____ Other Phone _____

Date of Birth _____ Social Security No _____

High School diploma or GED? _____ Current student & where? _____

Any previous firefighter or EMT experience? _____ If yes, where & how long?

(Dept) (Contact phone) (Dates)

Military service? _____
(Branch) (Dates)

Driver's License No _____ ST _____ Expires _____

List **ALL** traffic and criminal citations and arrests:

Charge	Location (City, State)	Date	Disposition of Charge

The information I have provided is true and complete to the best of my knowledge.

Respectfully submitted,

EMERGENCY SERVICES REQUEST

Organization: Fern Creek Fire Department

Address: PO Box 91025 Louisville KY 40291

Contact person: Mike Schmidt, Chief

Phone Number: 502-239-7075

Tax Exempt Number: SD-56-01

Administrative Office of the Courts
Pretrial Services
100 Millcreek Park
Frankfort, Kentucky 40601
(800) 928-6381

The records requested will be returned to the mailing address on the postage paid self-addressed return envelope. A separate addressed envelope on each person requested is required. If you have any questions, please contact Pretrial Services at (800) 928-6381.

PLEASE PRINT OR TYPE INFORMATION CLEARLY

Social Security Number: _____

Date of Birth: _____

Full Name: _____

Maiden or Alias Names: _____

Street Address / PO Box: _____

City, State, Zip Code: _____