

**FERN CREEK**  
**Fire Protection District**

**Application for membership**

**Name** \_\_\_\_\_

Office Use Only:

Date rec'd \_\_\_\_\_

AOC \_\_\_\_\_

Ref \_\_\_\_\_

Sta/Notes \_\_\_\_\_

Next Avail \_\_\_\_\_

Follow Up \_\_\_\_\_

# FERN CREEK FIRE PROTECTION DISTRICT APPLICATION FOR MEMBERSHIP

**\*\*PLEASE PRINT\*\***

Date \_\_\_\_\_

*Circle one*

Career or Volunteer

Position Applied For: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (MI) (Maiden or Alias)

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
(No. & Street) (City, State Zip) (How long?)

Previous Address \_\_\_\_\_  
(No. & Street) (City, State Zip) (How long?)

Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_

Email address \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Are you over the age of 18? \_\_\_ yes \_\_\_ no If no, when will you be 18? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a high school diploma or GED? \_\_\_ yes \_\_\_ no

Are you currently in school? \_\_\_ yes \_\_\_ no If yes, where \_\_\_\_\_

Do you have any previous firefighter or EMT experience? \_\_\_ yes \_\_\_ no

## **Firefighter and/or EMT/Paramedic Training and History**

\_\_\_\_\_  
Department *include City/State* Dates of Service Contact Name and Phone #

\_\_\_\_\_  
Department *include City/State* Dates of Service Contact Name and Phone #

Special skills/training/certifications:

\_\_\_\_\_  
\_\_\_\_\_

*Attach a copy of all certifications you would like to be considered as part of your qualifications.*

**Education**

High School \_\_\_\_\_  
*(name & location)* *(Grade and year completed)*

College/Graduate School \_\_\_\_\_  
*(name & location)* *(Grade and year completed)*  
\_\_\_\_\_  
*Degree achieved*

Military Service \_\_\_\_\_  
*(Branch)* *(Rank)* *(Dates)*

**Employment History**

\_\_\_\_\_  
Employer *Dates of Employment* *Position and/or job title*  
\_\_\_\_\_  
Reason for leaving

\_\_\_\_\_  
Employer *Dates of Employment* *Position and/or job title*  
\_\_\_\_\_  
Reason for leaving

**References other than relatives:**

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

List ALL traffic and criminal citations and arrests:

Charge	Location (City and State)	Date	Disposition of Charge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Printed name

For employment with or membership with a fire department, ambulance service or rescue squad, State law permits a criminal record check as a condition of employment or membership. I consent to a criminal background check as part of my application for membership with the Fern Creek Fire Protection District. I understand that upon my request, a copy will be made available to me, as well as contact information for the agency supplying the report should I have any questions or need to dispute the accuracy of the report.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Printed name

**\*\*\*EMS APPLICANTS MUST ATTACH A COPY OF THEIR CURRENT EMT CERTIFICATION OR PARAMEDIC LICENSE, AS WELL AS COPIES OF ALL APPLICABLE BLS, ACLS OR PALS CERTIFICATIONS\*\*\***

ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
1001 VANDALAY DRIVE  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381  
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

**Individuals**

Requesting a record on yourself requires a \$20.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

**Nonprofit/Commercial/Others**

Requesting a record on individuals requires a \$20.00 fee (check or money order).

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY.**

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_  
NAME: \_\_\_\_\_  
MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
STREET ADDRESS/P.O. BOX: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_

*I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.*

\* ALL INFORMATION BELOW IS REQUIRED.

  
Individual's Signature

FERN CREEK FIRE PROTECTION DISTRICT  
Company

CHIEF NATHAN MULVEY  
Requestor/Contact Person

9409 OLD BARSTOWN RD  
Address

LOUISVILLE, KY 40291  
City, State, Zip

6-10-19  
Date

nmulvey@ferncreekfire.com  
E-mail address

502-239-7075  
Telephone Number

Please denote which purpose applies to this request:

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) \_\_\_\_\_