

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 _____

Position Applied For: _____

Circle one
Career or Volunteer

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 \$25.00 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 \$25.00 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
Nathan Mulvey, Chief
Requestor/Contact Person
P.O. Box 91025
Address
Louisville KY 40291
City, State, Zip

6/04/2020
Date
n.mulvey@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) _____