



# FERN CREEK FIRE & EMS

## APPLICATION FOR MEMBERSHIP



APPLICANT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please indicate which position you would like to be considered for and whether you are seeking full-time, part-time, or volunteer membership.

Desired position:    \_\_\_\_\_ Firefighter    \_\_\_\_\_ Full-time    \_\_\_\_\_ Volunteer  
                                 \_\_\_\_\_ EMT                    \_\_\_\_\_ Full-time    \_\_\_\_\_ Part-time  
                                 \_\_\_\_\_ Paramedic    \_\_\_\_\_ Full-time    \_\_\_\_\_ Part-time  
                                 \_\_\_\_\_ Other

*The Fern Creek Fire Protection District does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or any other factor*



**EDUCATION RECORD:**

**High School or GED:**

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: \_\_\_\_ Yes \_\_\_\_ No

Type of diploma or certificate earned: \_\_\_\_\_

**College and/or University:**

Name of school: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: \_\_\_\_ Yes \_\_\_\_ No

Type of degree earned and/or number of credit hours completed: \_\_\_\_\_

Name of school: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: \_\_\_\_ Yes \_\_\_\_ No

Type of degree earned and/or number of credit hours completed: \_\_\_\_\_

**Trade and/or Technical:**

Name of school: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: \_\_\_\_ Yes \_\_\_\_ No

Type of degree earned and/or number of credit hours completed: \_\_\_\_\_

Name of school: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated: \_\_\_\_ Yes \_\_\_\_ No

Type of degree earned and/or number of credit hours completed: \_\_\_\_\_

Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career? \_\_\_\_ Yes \_\_\_\_ No If yes, complete the following:

School name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of action taken: \_\_\_\_\_

Reason for action: \_\_\_\_\_

Are you fluent in any language other than English: \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the following:

Verbal fluency in: \_\_\_\_\_

Written fluency in: \_\_\_\_\_

Have you had any previous fire/EMS experience? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate level of training, name and address of fire/EMS department and length of service:

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Why do you want to work/volunteer for Fern Creek Fire & EMS?

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**Please list ALL traffic and criminal citations and arrests:**

Charge	Location (city & state)	Date	Disposition of charge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

**TRAINING & CERTIFICATIONS:**

**Put a check mark next to each license/certification that you have obtained**

*Proper documentation for each license/certification marked must be included in application packet to be considered*

\_\_\_\_\_ Candidate Physical Ability Test (CPAT)

\_\_\_\_\_ 150-hour certification

\_\_\_\_\_ 400-hour certification

\_\_\_\_\_ CPR certification

\_\_\_\_\_ IFSAC I

\_\_\_\_\_ IFSAC II

\_\_\_\_\_ IFSAC Pumper/Aerial

\_\_\_\_\_ IFSAC Driver Operator

\_\_\_\_\_ KBEMS EMT-B Certification

\_\_\_\_\_ KBEMS EMT-A Certification

\_\_\_\_\_ KBEMS Paramedic License

\_\_\_\_\_ NIMS 100, 200, 700, 800

\_\_\_\_\_ NIMS 300, 400

\_\_\_\_\_ American Heart Association BLS Provider

\_\_\_\_\_ American Heart Association ACLS Provider

\_\_\_\_\_ American Heart Association PALS Provider

\_\_\_\_\_ Prehospital Trauma Life Support (PHTLS)

\_\_\_\_\_ Advanced Medical Life Support (AMLS)

\_\_\_\_\_ Emergency Pediatric Care (EPC)

List any additional fire service/EMS/rescue related licenses, certifications, or training:

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**EMPLOYMENT HISTORY:**

**Please list your work experience, starting with the most recent and include summer and part-time employment. If unemployed for any period, indicate dates of unemployment.**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Supervisor's name & title: \_\_\_\_\_ May we contact? \_\_\_ Yes \_\_\_ No

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

*If additional space is needed, use a separate sheet of paper, and attach to application*

**REFERENCES:**

**Please list three persons who are NOT related to you and who have definite knowledge of your qualifications for the position for which you are applying.**

Name (first & last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name (first & last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name (first & last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

*All information on this application is subject to verification. The Fern Creek Fire Protection District will conduct background checks including, but not limited to, work references, driving records, criminal conviction records and educational attainment.*

## **Authorization and Acknowledgment**

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejections of my application, and if I am employed, my employment may be terminated.

I authorize the department to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers, and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

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

Print full name: \_\_\_\_\_



## **AUTHORIZATION FOR RELEASE OF RECORDS**

**Pursuant to KRS 17.167, 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.**

I, \_\_\_\_\_, hereby consent to the criminal record and driving history background check and authorize the Fern Creek Fire Protection District to procure reports concerning my background through the Kentucky Administrative Office of the Courts.

Applicant's name (please print): \_\_\_\_\_

Maiden name(s) and/or alias: \_\_\_\_\_

Home address/P.O. Box: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Social security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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.

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_