



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

PERSONAL INFORMATION:

Name: _____
 First Middle Last

List all other names you have used (include nickname(s), maiden name(s), alias(es), etc.)

Address: _____
 Street address City State Zip Code

List all former addresses you have had for the past five years, starting with the most recent:

Phone number: _____ Secondary phone number: _____

Email address: _____

Driver's license number: _____ State of issue: _____ Expiration date: _____

List all other states in which you have had a driver's license issued to you: _____

Are you 18 years of age or over? _____ Yes _____ No

Are you a U.S. Citizen or a legally registered alien? _____ Yes _____ No
Proof of citizenship or immigration status will be required at time of employment

Have you ever served in the military? _____ Yes _____ No If yes, complete the following:

Branch of service: _____

Dates of Active Duty: _____ Highest Rank Attained: _____

Honorably Discharged? _____ Yes _____ No Date of discharge: _____

If not honorably discharged? Please explain: _____

Are you a member of the Reserve/National Guard? _____ Yes _____ No

Have you ever applied for Fern Creek Fire Protection District before? _____ Yes _____ No

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:

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

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:

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. This may include interviews with family, former employers, coworkers, a review of civil and criminal court actions, license and certificate verification, as well as discipline actions taken by government agencies. 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: _____