



LAUREL COUNTY
 FIRE DEPARTMENT
 PO Box 2405 · London, KY 40743 · (606) 864-5233

MEMBERSHIP APPLICATION



Email Completed Application to: lcfd@lcfd.net

Personal Information				
Name		DOB	SSN	Driver License #
Street Address		City	State	ZIP
Home Phone	Work Phone	Cell Phone		Misc. Phone
E-Mail		Laurel County Resident		How Long

Education Information			
High School			
Street Address	City	State	ZIP
College			
Street Address	City	State	ZIP
Level of Education Completed			
Area of Study			

Employment Information				
Employer Name		Position		
Street Address		City	State	ZIP
Supervisor	Phone	Employment Date	Shift Worked	Other
Other Employer's		Employment Date	Reason for Leaving	

Medical Information			
Personal Physician		Phone	Blood Type
Street Address		City	State ZIP
Do you wear contacts?	List any physical handicap	List any known allergies	
List any known medical condition currently being treated for			
Emergency Contact	Relationship	Home Phone	Work Phone Cell Phone
Street Address		City	State ZIP
Have you ever been treated for a mental illness?			
Have you ever been treated for alcohol or drug abuse?			
List any physical handicaps, prior injury, or condition which would limit your activity.			

Driving / Criminal Record

Have you ever been charged with a criminal act? If yes, explain.

Do you have any points against your driver's license? If yes, explain.

Have you ever been charged with DUI?

Have you been involved in traffic accident in the last 5 years? If yes, explain.

References (List 3 people other than members of this department and relatives who have known you more than one year.)

Name	Address	City	State	Zip	Phone No.

By my signature below I certify that the information provided in this record is true and correct to the best of my knowledge. I understand that false or omitted information is reason for immediate termination. I authorize Laurel County Fire Department, Inc. to investigate my background, and authorize any and all individuals, corporations or other firms with information pertaining to me, to release said information, including, but not limited to, employment and education records, criminal and driving records, credit and financial data, and other information pertinent to my character. I further indemnify and hold harmless Laurel County Fire Department, Inc., its directors, officers or members in regard to the performance of this background investigation and any others providing information, from civil or criminal liability for any reason.

I understand it is necessary for the department from time to time to issue department owned property and equipment to members for their protection and use during the performance of their duties. I understand and agree any equipment issued to me will remain the property of Laurel Co. Fire Department, Inc. I further agree that I will be responsible for the replacement cost of any and all equipment issued to me, which I damage or do not return to the department, normal wear excepted. I agree to immediately return all equipment issued to me upon resignation or termination for the department. I agree, should it be necessary for the department to bring legal action against me to recover any equipment, I will pay all court cost, attorney fees, as well as any other cost incurred as a result of the legal action in addition to the cost of said equipment. I further agree that I may not hold any property or equipment issued to me as security for any claim I may have or make against the department, any director, officer, or member of the department.

Signature _____

Date _____

DO NOT WRITE IN THIS BLOCK

Detail of Driving Record

Details of Criminal Record

Other Notes

Date Received

Date Reviewed

Action Taken

Date Placed on Probation

Date Probation Expires

Date of Members Vote

Action Taken