

APPLICATION FOR  
**HODGENVILLE & LaRUE COUNTY VOLUNTEER  
 FIRE DEPARTMENT**

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Of Hair: \_\_\_\_\_

Color Of Eyes: \_\_\_\_\_ Email \_\_\_\_\_

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Do you have a valid drivers license? \_\_\_\_\_ License No. \_\_\_\_\_

Do you have a record or tickets of speeding or reckless driving? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, describe what for, where and when. \_\_\_\_\_

Employment: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

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**EDUCATION:**

	Name & Location	Years Attended	Date Graduated
Grammar			
High School			
College			
Vocation or Business			

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**PHYSICAL RECORDS:**

List any physical defects: \_\_\_\_\_

Do you have any defects in Hearing? \_\_\_\_\_ Speech? \_\_\_\_\_ Vision? \_\_\_\_\_

Explain: \_\_\_\_\_

*IN CASE OF EMERGENCY NOTIFY:* (Name) \_\_\_\_\_

(Address) \_\_\_\_\_ (Phone No.) \_\_\_\_\_

**EXPERIENCE AND TRAINING:**

Are you trained in another field of Emergency ( E.M.T., 1<sup>st</sup> Responder, 1<sup>st</sup>. Aid, etc.)? \_\_\_\_\_

Describe: \_\_\_\_\_ Certification No. \_\_\_\_\_

Have you ever been associated with a fire department before? \_\_\_\_\_

If yes, Where: \_\_\_\_\_

From: (month / year) \_\_\_\_\_ To (month / year) \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Do you hold a current certification card? \_\_\_\_\_ Certification No.: \_\_\_\_\_

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**REFERENCES:**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

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To the best of my knowledge and belief, the answers to the foregoing questions are true and accurate, and I have not knowingly withheld any fact or circumstance that might, if disclosed, affect my application unfavorably, I understand that false or misleading statement, or omissions on this application may be considered sufficient cause for dismissal, whenever they may be disclosed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**FOR FIRE DEPARTMENT USE ONLY**

**DO NOT WRITE BELOW THIS LINE**

Remarks:

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

# Hodgenville & LaRue County Fire Department

## Personnel File

Name: \_\_\_\_\_

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

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Firefighter #: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Family Members Name and Date of Birth:

Spouse: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Notify in Case of Emergency: \_\_\_\_\_

Telephone # and Relationship: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date joined Department: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Terminated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason: \_\_\_\_\_

### Offices Held

Title	Date



# HODGENVILLE & LaRUE COUNTY FIRE DEPARTMENT

## Recommend Minimum 20 hours Training for a New Volunteer Firefighter

The following is a recommended minimum standard of subjects and training hours a new fire department member should successfully complete prior to emergency response activity.

For subject material, reference should be made to the basic firefighter training section of the KFS - 1 code and categories book.

A-0000	Administration & Organization	2 hr
B-0000	Safety	2 hr
D-0000	Fire Behavior	1 hr
E-0000	Extinguishers	1 hr
F-0000	Personal Protective Equipment	3 hr
G-0000	Forcible Entry	1 hr
H-0000	Ventilation	1 hr
I-0000	Ropes	1 hr
J-0000	Ladders	2 hr
K-0000	Fire Hose/Nozzles/ <u>Appliances</u>	2 hr
M-0000	Fire Control	1 hr
N-0000	Salvage	1 hr
O-0000	Overhaul	1 hr
CC-0000	Drivers Training (Private Owned Vehicle)	1 hr

These recommended 20 hours can be credited toward the 58 elective hours required for certification for a Volunteer Firefighter.

The following are the minimum required course categories and hours approved by the Commission on Fire Protection Personnel Standards and Education for "Firefighter Certification" effective January 1, 2014.

Categories	Training Subjects	150 Hour	150 Hour w/IFSAC	400 Hour	400 Hour w/IFSAC
A	Administration and Organization	2	2	4	4
B	Safety	3	2	8	7
C	Communications	3	1	8	7
D	Fire Behavior	3	1	12	9
E	Portable Extinguishers	3	1	8	7
F	Personal Protective Equipment	6	1	16	11
G	Forcible Entry	3	1	16	15
H	Ventilation	3	1	16	14
I	Ropes	3	1	16	14
J	Ladders	6	1	16	11
K	Fire Hose, Nozzles, and Appliances	9	2	16	10
L	Foam Fire Streams	3	1	8	6
M	Fire Control	9	2	24	17
N	Loss Control (Salvage & Overhaul)	3	1	8	7
O	Victim Search & Rescue	3	1	8	7
P0001	CPR/AED	3		3	
P0021	First Aid	3		3	
Q0001	Vehicle Extrication	3	2	8	7
R	Water Supply	3	1	8	6
S	Fire Protection Systems (Alarms & Sprinklers)	3	1	8	7
T0001	Hazardous Materials Awareness	8		8	
T0002	Hazardous Materials Operations	12		12	
U	Fire Prevention and Public Fire Education	3	1	8	7
V	Building Construction	3	1	12	10
W	Aircraft Crash Firefighting	3	3	8	8
X	Emergency and Disaster Planning	2	2	8	8
Y	Fire Investigation/ Cause & Origin	3	1	4	2
Z	Pumper Operations and Maintenance	6	6	12	12
CC	Drivers Training	9	9	12	12
FC10000	Kentucky Firefighter Survival	6	6	6	6
FC20000	Kentucky Firefighter Rescue	6	6	6	6
FC30000	Kentucky Wildland Firefighting Awareness	3	3	3	3
FC40000	Kentucky Flashover & Recognition	3	3	8	8
	IFSAC Firefighter 1		YES		YES
	IFSAC Firefighter 2		YES		YES
	IFSAC Hazardous Materials Awareness		YES		YES
	IFSAC Hazardous Materials Operations		YES		YES
	Electives	6	6	79	72
<b>Hour Totals</b>		<b>150</b>	<b>150</b>	<b>400</b>	<b>400</b>



**REQUEST FOR CONVICTION RECORDS**  
**FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD**

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

LaRue County Fire & Rescue, P.O. Box 101, Hodgenville, KY 42748

Organization Name and Address

**ACKNOWLEDGEMENT BY APPLICANT**

I have applied for employment or a volunteer position with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

**APPLICANT INFORMATION (PLEASE PRINT)**

NAME: \_\_\_\_\_  
          First                  Middle                  Last                  Maiden

ADDRESS: \_\_\_\_\_  
                  Street  City  State                  Zip

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOC SEC NO: \_\_\_\_\_

\_\_\_\_\_  
Signature  Date  Witness  Date

**INSTRUCTIONS:**

**The Requesting agency must confirm that all application information is completed accurately and legibly.**

Requests should be accompanied by two, self-addressed stamped envelopes – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

**RETURN THIS FORM TO:**

Kentucky State Police  
Criminal Identifications and Records Branch  
Criminal History Dissemination Section  
1266 Louisville Road  
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>