



South McCreary Fire and Rescue

Application for Employment

General Information:

Full Legal Name: _____

Date of Birth: _____ / _____ / _____ **Age at time of Application:** _____

Social Security Number: _____ - _____ - _____

Physical Address:

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (ONLY IF DIFFERENT FROM PHYSICAL):

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

If you have not lived at current address for 5 year please list prior address

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Email Address: _____

Miles from Residence to Fire Station: _____

Experience:

Please list any prior Emergency Services experience

Agency: _____

Title/Rank: _____

Address of Agency:

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Contact Person: _____ **Title/Rank:** _____

Agency: _____

Title/Rank: _____

Address of Agency:

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Contact Person: _____ **Title/Rank:** _____

Certifications:

Please list any Emergency Services certificates and training

TYPE: _____ **License Number:** _____ **Exp. Date:** _____

○ _____

○ _____

○ _____

○ _____

○ _____

Please attach copies of all certifications listed to email

Education:

Please check all that apply

_____ : High School Student – School: _____

_____ : High School Graduate – School: _____

_____ : General Education Development (GED): - School: _____

_____ : Highest Level Obtained - _____

(ONLY IF NOT GRADUATED OR OBTAINED GED)

College:

Please list School, Graduation Date and Degree Obtained

_____ : Some Hours – _____

_____ : Associates – _____

_____ : Bachelors – _____

_____ : Masters – _____

_____ : Doctorate – _____

_____ : Other – _____

Please list any other education or certificates. This includes Trade/Vocational School

- _____
- _____
- _____
- _____

Please attach copies of all certifications listed to email

Vehicle and Driving Information:

Operator Information:

Do you have a current Driver's License? _____: Yes _____: No

Driver's License Number: _____ **State:** _____

Expiration Date: _____ **Class:** _____

Has your Driver's License ever been suspended?: _____: Yes _____: No

If "YES", When?: _____ **Reinstated Date:** _____

Vehicle Information:

Make: _____ **Model:** _____

Year: _____

License Plate Number: _____ **State:** _____

Does the vehicle have current registration?: _____: Yes _____: No

Does the vehicle have current insurance?: _____: Yes _____: No

Insurance Company: _____

Insurance Agent: _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Policy Number: _____ **Expiration Date:** _____

Please attach copies of Current Driver's License, Current Vehicle Registration and Vehicle Insurance to email

Please list any traffic citations as well as traffic accidents within the past five (5) years

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Background Information:

Have you ever been convicted of a crime? _____: Yes _____: No

IF “YES” TO THE ABOVE QUESTION, PLEASE LIST ALL CONVICTIONS

<u>Date:</u>	<u>Felony or Misdemeanor:</u>	<u>Charge:</u>
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- | | | |
|-----------------------|-------|-------|
| <input type="radio"/> | _____ | _____ |
| <input type="radio"/> | _____ | _____ |
| <input type="radio"/> | _____ | _____ |
| <input type="radio"/> | _____ | _____ |
| <input type="radio"/> | _____ | _____ |

Medical Information:

Do you have ANY medical conditions that would affect your ability to perform work as a firefighter? This includes but is not limited to Asthma, Diabetes, Chronic Back Issues, Cardiac Issues, etc. _____: Yes _____: No

If “YES”, please list all medical conditions below.

- _____
- _____
- _____
- _____
- _____

Emergency Contact Information:

Name: _____ **Relationship:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Email Address: _____

Name: _____ **Relationship:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Email Address: _____

References:

Name: _____ **Relationship:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Email Address: _____

Name: _____ **Relationship:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Email Address: _____

Name: _____ **Relationship:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Email Address: _____

Name: _____ **Relationship:** _____

Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: (_____) _____ - _____

Email Address: _____

By signing below, I agree to the following:

- All information provided in this application is true and accurate to the best of my knowledge.
- That the South McCreary Fire Protection District has authorization to contact the above listed references.
- That the South McCreary Fire Protection District may conduct a background check through the Kentucky State Police in accordance with KRS 523.100.
- If accepted as a member of the South McCreary Fire Protection District, to abide by all established By-Laws and SOG's that will be provided to me.

Printed Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Date of Vote: _____ **Approved?:** _____ : Yes _____ : No

Sponsor: _____

Chief of Department Signature: _____

Chairman of the Board Signature: _____

PLEASE SUBMIT COMPLETED APPLICATION TO PKFDOFFICE@GMAIL.COM