

SHELBY COUNTY FIRE & RESCUE

200 Alpine Drive
PO Box 1027
Shelbyville, KY 40065
Phone 502-633-6648
Fax 502-633-7033
www.shelbycofire.com



Application for Membership

Application for: ___ Volunteer Firefighter ___ Reactivation/Transfer Firefighter ___ Other

PLEASE COMPLETE THE FOLLOWING INFORMATION NEATLY (Print or Type)

If we cannot read the information, the application may be rejected.

Today's Date: ___ / ___ / _____

Full Name

_____ DOB: ___ / ___ / _____

Last First Middle

Preferred Name/Nickname: _____

(optional)

Current Address:

Street _____

City _____

Telephone Number: Home: _____ Work: _____ Cell: _____

Telephone service: _____

Email Address: _____

Previous Address (If Above Address is Less Than 5 Years)

Street _____

City _____ State & Zip _____

Street _____

City _____ State & Zip _____

In Case of Emergency, NOTIFY:

Name: _____ Relationship _____

Address _____

Home: _____ Work: _____ Cell: _____

Present Employer:

Name: _____ Position: _____

Address: _____ How Long: _____

Previous Employer:

Name: _____ Position: _____

Address: _____ How Long: _____

Previous Fire/Emergency Service Experience (Most Recent)

Department: _____ **Rank/Position:** _____

Type of Department: _____ Volunteer _____ Combination _____ Paid Service Date: _____

Address: _____

Telephone: _____ Chief's Name: _____

Current Certifications (Fire Service Instructor, EMT, CPR, Other)

Type: _____ No: _____ Expires: _____

Type: _____ No: _____ Expires: _____

Education: (Check all that apply)

_____ High School Student at _____ Grade _____

_____ High School Diploma of GED from _____ Year _____

_____ If you did not graduate from high school, list highest grade level completed _____

Vehicle Operators License No: _____ **State:** _____ **Expires:** _____

Please Attach a Photo Copy of Your Vehicle Operators License
(Application Cannot Be Processed Without This Item)

Has your Operators License ever been suspended or revoked? _____ YES _____ NO

If Yes, Please Explain: _____

List all Traffic Citations for the Past 3 Years (Do Not Include Parking Violations)

Date _____

Location _____

Description _____

List all automobile accidents for the 3 years

Date _____

Location _____

Nature of Accident _____

Do you have insurance for your private vehicle? _____ YES _____ NO

Please Attach a Photo Copy of Your Proof of Insurance Card
(Application Cannot Be Processed Without This Item)

References

PLEASE LIST THREE (3) PEOPLE WHO ARE NOT RELATED TO YOU

NAME

RELATIONSHIP TO YOU

STREET ADDRESS

CITY STATE ZIP

PHONE NUMBER

NAME

RELATIONSHIP TO YOU

STREET ADDRESS

CITY STATE ZIP

PHONE NUMBER

NAME

RELATIONSHIP TO YOU

STREET ADDRESS

CITY STATE ZIP

PHONE NUMBER

Have you ever been convicted of a felony? _____ YES _____ NO

List Criminal Convictions for the Past 3 Years

Date

Description

PLEASE READ COMPLETELY AND SIGN

I understand that membership is probationary for a period of SIX MONTHS during which I must demonstrate my fitness for continued membership with the Shelby County Suburban Fire District. I further understand that I will be required to pass a medical evaluation and drug screening through the Fire District's doctor as a condition of continuing membership.

In order that the Chief or his designee may be fully informed as to my personal character and qualifications for membership, I refer to my employer, references given and any other person who may have information concerning me. I do agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

I understand that willfully withholding information or making false statements on this application will be grounds for dismissal or exclusion from consideration for membership.

Applicants should also know that their social media accounts will be viewed during the application process.

Applicant's Signature: _____ Date: _____

**ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$20.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (**check or money order**).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

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.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature _____

Company _____

Requestor/Contact Person _____

Address _____

City, State, Zip _____

Date _____

E-mail address _____

Telephone Number _____

Please denote which purpose applies to this request:

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) _____

