

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 Firefighter

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: _____ **SSN:** ____ - ____ - ____
(optional)

Current Address:

Street _____

City _____

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

Email Address: _____

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

Street _____

City _____ State & Zip _____

Street _____

City _____ State & Zip _____

Are you legally entitled to work in the United States? ** yes no

***Compliance with I-9 requirements is mandatory, upon employment*

If a job offer is made to you, we will conduct a criminal record check of felony convictions. Check the box to indicate that you understand we may withdraw the job offer if the criminal record check is unfavorable.

I understand.

EXPERIENCE: List below all present and past employment, beginning with your most recent employer

1. Employer _____
Address _____
Dates Employed _____ to _____
Type of Business _____
Supervisor _____
Job Title _____
Reason for Leaving: Quit Discharged Retired Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

•••

2. Employer _____
Address _____
Dates Employed _____ to _____
Type of Business _____
Supervisor _____
Job Title _____
Reason for Leaving: Quit Discharged Retired Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

•••

3. Employer _____
Address _____
Dates Employed _____ to _____
Type of Business _____
Supervisor _____
Job Title _____
Reason for Leaving: Quit Discharged Retired Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

•••

4. Employer _____
Address _____
Dates Employed _____ to _____
Type of Business _____
Supervisor _____
Job Title _____
Reason for Leaving: Quit Discharged Retired Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

•••

Previous Fire/Emergency Service Experience (If not listed under previous employment)

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

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

Address: _____

Telephone: _____ Chief's Name: _____

Current Certifications (Fire Service Instructor, EMT, CPR, Other) ATTACH COPIES OF ANY CERTIFICATES

In the following space, please describe any special knowledge, skills, or abilities that will bring added value if you are employed here.

Education: (Check all that apply)

_____ High School Student at _____ Grade _____

_____ High School Diploma or GED from _____ Year _____

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 the name, address and contact information of three references who can attest to your knowledge, skill and ability to perform the work for which you are applying. We are seeking business related references, not personal references.

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

****ATTACH COPIES OF:** High School Diploma, driver's license, CPAT card, KY Basic I or II certificate, KY
Emergency Medical Technician certification

Complete the attached background request forms.

REQUEST FOR FELONY CONVICTION RECORD

Fire Department, Ambulance Service, Rescue Squad

Pursuant to KRS 17.167, request is made for any record of conviction of felony crime by the person identified herein. This information shall be released to:

Shelby County Suburban Fire District, P.O. Box 1027, Shelbyville, KY 40066 Attn: Chief Bobby Cowherd

Acknowledge by Applicant

I have applied for employment, or acting as a volunteer, 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 Disaster and Emergency Services). I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any felony crime. I know that I have a 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 KSP and KSP Employee's from any claim for damage arising from the dissemination of inaccurate information.

Applicant Information:

NAME:

LAST FIRST MIDDLE MAIDEN

SEX _____ RACE _____ Date of Birth _____ Soc. Sec. # _____

Scars, Marks, Amputations _____

Signature Date

Witness Date

Instructions:

Requesting Agency should ensure that all application information is completed.

Return Form To: KENTUCKY STATE POLICE
RECORDS SECTION
1250 LOUISVILLE ROAD
FRANKFORT, KY 40601
