

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? _____

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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? _____

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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? _____

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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? _____

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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.

**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) _____

