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.

Return application in person to Shelby County Fire Department Office Monday-Friday 8:00am-5:00pm at 200 Alpine Drive, Shelbyville, KY by JUNE 30, 2023

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	
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	
3. Employer Address	
3. Employer Addresstoto	
Address to to	
Addresstototype of Business	
Addressto _to	
Addresstototype of Business	
Address	Why?at
Addressto _to	Why?at
Address	Why?at
Address	Why?at
Address	Why? at
Address	Why?at
Address	Why?at

Previous Fire/Emergenc	y Service Experi	ence (If not li	sted under pr	evious emp	oloyement)	
Department:			Rank/Position:			
Type of Department:	Volunteer	Paid	Service [Date:		
Address:						
Telephone:		Chief's Nai	ne:			
Current Certifications (F	ire Service Instru	uctor, EMT, C	PR, Other) <u>AT</u>		ES OF ANY CER	<u>TIFICATES</u>
In the following space, p you are employed here.					-	
Education: (Check all the High School Studer	at apply)					
High School Diplom	na or GED from _				_Year	
Vehicle Operators Licen	se No:		State:	F	xnires:	
Please Attach a Photo Co (Application Cannot Be F	opy of Your Vehi	cle Operators				
Has your Operators Lice	nse ever been su	ispended or r	evoked?	YES	NO	
If Yes, Please Explain:						
List all Traffic Citations f	or the Past 3 Ye					
Date						
Location						
Description						
List all automobile accid	ents for the 3 ye	ears				
Date						
Location						
Nature of Accident						

Do	vou have	insurance [·]	for your	private	vehicle?	Ŋ	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				
СІТҮ	STATE	ZIP	PHONE NUMBER	
NAME				
RELATIONSHIP TO YOU				
STREET ADDRESS				
CITY	STATE	ZIP	PHONE NUMBER	
Have you ever been conv List Criminal Convictions f Date			ES NO	
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.

AOC-RU-004 Rev. 9-17 Page 1 of 1 www.courts.ky.gov

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	Date
Company	E-mail address
Requestor/Contact Person	Telephone Number
Address	Please denote which purpose applies to this request: Employment Criminal Investigation
City, State, Zip	Screening Housing Applicants
	Cher (please explain)

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, Marl	ks, Amputa	tions					
Signature		D	ate				
Witness		D	ate				
Instruction	s:						
Requesting	g Agency sh	ould ensure that all app	lication information is cor	npleted.			
RECORDS 1250 LOU	m To: SECTION JISVILLE RO PRT, KY 406		Έ				