

Application for Membership City of Grayson Fire Department

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SSN: \_\_\_\_\_-\_\_\_

- 1. Applicant shall reside within five (5) miles of the Grayson Fire Station.
- 2. Items that **MUST** be submitted with the application:
  - a) Photocopy of Kentucky Motor Vehicle Operators License
  - b) Photocopy of High School Diploma or G.E.D.
  - c) Photocopy of DD214 (if served in the U.S. Military)
  - d) Complete the felony conviction record check application (page 4 of 4)
  - e) Applicant must complete the application in its entirety.
- 3. If applicant has prior fire service experience please submit copies of certificates and training records.
- 4. Please submit copies of all medical training records.

Office Use Only			
Date received:			
Received by:			



# Application for the Position of Firefighter City of Grayson Fire Department



## **Personal History:**

Name:			SSN:		
Last	First	M.I.			
Address:	City:			Zip:	
Sex: <b>M / F</b> Date of Birth:	//(mm/dd/yy) E	Birth name (if different):			
Home phone #: ()		Cell Phone #: (	)		
Military Service: Y / 1	N				
If yes, dates served:		Branch of Service:			
Discharge Type:		Rank:			
Employment:					
Present Employer:		Position:			
Address:		Since:			
Immediate Past:		Position:			
Address:	Dates:to				
NC 1 11					
Immediate Past Residency: Address:					
Street		City	State	Zip	
Have you ever been convicted of	of any criminal act? Y N	If Yes, for what?			
Note: The Grayson Fire Department invest	stigates the court records of all candic	lates and your signature on this a	pplication is authorizat	ion to do so.	
Driver's License: Y N State Is	ssued: Date: _	DL#			
The following items are request	ed for identification records	only:			
Height: Weight:	Eve Color:	Hair Color:	Blood Tvp	e:	

### **Previous Firefighting Experiences**

Dates		Where			Rank Held
(Please submit all tra	aining records possible)		· · · · · · · · · · · · · · · · · · ·	·····	
Medical Training					
<b>First Aid:</b> Where: _ Expiration Date: _		Instructor:		_When:	
<b>CPR:</b> Where: _ Expiration Date: _		Instructor:		_ When:	
EMT: Where: _	Expiration Date:		_ Instructor: _	_ When:	
Paramedic: Where: State:	Expiration Date:		_Instructor: _	When:	
<b>Truck Driving Exp</b> Sizes and Types:	erience: Y N				
Working and/ or T	rades Experience:				
Hobbies:					

Being a Volunteer Firefighter is like **NO** other experience. Be prepared to spend long hard hours away from home and comfort.

I acknowledge and certify that the information contained in this application is true and correct and I hereby grant the Grayson Fire Department permission to investigate my background and medical history. Also by signing this application I commit to, if accepted, my responsibilities as a firefighter by serving my community through training and answering calls to duty.

Signature

Date

#### REQUEST FOR FELONY CONVICTION RECORD FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to HB 126, request is made for any record of conviction of a felony crime by the person identified herein. This information shall be released to:

<u>City of Grayson Fire Department</u> 316 East 3<sup>rd</sup> Street Grayson, KY 41143 Organization Name and Address

### ACKNOWLEDGMENT 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 damages arising from the dissemination of inaccurate information.

Applicant information:

Name				
	Last, first, mid	ldle, maiden		
Sex	Race	_ Date of Birth	Soc. Sec. No	
Scars, mar	ks, amputations			
Signature		Date		
Witness		Date		
INSTRUC	TIONS:			
Requesting	g agency should er	usure that all application i	nformation is completed	
Return for	ms to:	KENTUCKY STATI RECORDS SECTIO 1266 LOUISVILLE FRANKFORT, KY 4	N ROAD	