



Office use only:

Candidate Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

CITY OF FLORENCE, KENTUCKY
VOLUNTEER FIREFIGHTER APPLICANT QUESTIONNAIRE

INSTRUCTIONS TO CANDIDATE:

1. You are hereby advised the content of this questionnaire is held strictly CONFIDENTIAL. No information will be disseminated to any person except when essential to the conduct of proper official business. Any false, misleading or incomplete information will be grounds to disqualify you as a volunteer candidate with the City of Florence, or if a confirmed volunteer member, grounds for dismissal. Every answer herein entered may be checked during the background investigation.
2. All questions in this questionnaire must be answered. None may be left blank. If you desire to make an explanation in your reply, answer the question briefly as best as you can, then put a check mark next to the question and continue on the Remarks Section/Continuation Sheets (page 13).
3. If a question does not apply to you, enter "N/A".
4. Your answers must be completed in ink in your own handwriting or printing. Write or print legibly.

.....
I voluntarily withdraw from the selection process.

PRINTED NAME

SIGNATURE

.....
I understand and will comply with the selection process and will complete the questionnaire.

PRINTED NAME

SIGNATURE

1) Name: _____
Last First Middle

2) Social Security Number: _____

3) Current Address: _____
Street City State Zip

4) Telephone: Home (____) _____ Work (____) _____
E-Mail Address _____

5) Place of Birth: _____

6) Height _____ Weight _____ Eye Color _____ Hair Color _____

7) List any and all aliases and nicknames used by you (specify which):

8) If your name has been legally changed, give the following information (include maiden name):

Former Name	Date of Change	Court of Record	City/State
-------------	----------------	-----------------	------------

9) Are you responsible for paying any court-ordered child support? ____Yes ____No If yes, give full details on page 13 of this questionnaire.

10) List Family Associates – Mother, Father, Step Parents, Brothers, Sisters, Step Brothers/Sisters, Former Spouses. (Use page 13 of this questionnaire if necessary.)

Name _____ Relation _____

Address _____

Employer _____

11) **CHARACTER REFERENCES – Other than relatives:**

Name _____ Years Known _____

Address _____ Telephone _____

Employer _____ Position/Title _____

Employer's Telephone _____

Name _____ Years Known _____

Address _____ Telephone _____

Employer _____ Position/Title _____

Employer's Telephone _____

Name _____ Years Known _____

Address _____ Telephone _____

Employer _____ Position/Title _____

Employer's Telephone _____

Name _____ Years Known _____

Address _____ Telephone _____

Employer _____ Position/Title _____

Employer's Telephone _____

12) **RESIDENCES** – List residences for the past **ten** years in reverse chronological order. (Begin with current address.) Give names/current addresses of two nearest neighbors, roommates, or landlords at each location. (Use page 13 if necessary.)

FROM (Mo/Yr) ____/____ **TO (Mo/Yr)** ____/____

Address _____
Street City State Zip

Name Neighbor/Landlord/Etc. Address Phone

Name Neighbor/Landlord/Etc. Address Phone

FROM (Mo/Yr) ____/____ **TO (Mo/Yr)** ____/____

Address _____
Street City State Zip

Name Neighbor/Landlord/Etc. Address Phone

Name Neighbor/Landlord/Etc. Address Phone

FROM (Mo/Yr) ____/____ **TO (Mo/Yr)** ____/____

Address _____
Street City State Zip

Name Neighbor/Landlord/Etc. Address Phone

Name Neighbor/Landlord/Etc. Address Phone

FROM (Mo/Yr) _____ / _____ TO (Mo/Yr) _____ / _____

Address _____
Street City State Zip

Name Neighbor/Landlord/Etc. Address Phone

Name Neighbor/Landlord/Etc. Address Phone

- 13) **EMPLOYMENT HISTORY** – Include self-employment, part-time and unemployment. List all employment in chronological order beginning with your present employer. (Use pages provided at the back of this questionnaire if necessary.) **If you were dismissed from a job or forced to resign, give details on page 13 of this questionnaire.**

FROM (Mo/Yr) _____ / _____ TO (Mo/Yr) _____ / _____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) _____ / _____ TO (Mo/Yr) _____ / _____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) _____ / _____ TO (Mo/Yr) _____ / _____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) _____ / _____ **TO (Mo/Yr)** _____ / _____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) _____ / _____ **TO (Mo/Yr)** _____ / _____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) _____ / _____ **TO (Mo/Yr)** _____ / _____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) _____ / _____ **TO (Mo/Yr)** _____ / _____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

14) EDUCATION/TRAINING

HIGH SCHOOL: _____

Location _____

Did you graduate? ___ Yes ___ No If yes, graduation date _____
or

was GED obtained? ___ Yes ___ No If yes, date and place _____

Courses pursued/degree or diploma received _____

COLLEGE: _____

Location _____

Dates attended : From: _____ To: _____
Month/Year Month/Year

Courses pursued/degree or diploma received _____

COLLEGE: _____

Location _____

Dates attended : From: _____ To: _____
Month/Year Month/Year

Courses pursued/degree or diploma received _____

15) OTHER EDUCATION/TRAINING: Name of institution _____

Location _____

Dates attended : From: _____ To: _____
Month/Year Month/Year

Courses pursued/degree or diploma received _____

16) Were you ever **dismissed** from a school or was any **disciplinary action** ever taken against you during your scholastic career? ___ Yes ___ No If yes, explain:

School _____ Date _____ Type of Action _____

17) **MILITARY SERVICE:**

Branch of Service: _____ Highest Rank: _____

Active Service: ___ Yes ___ No Dates of Service: From _____ To _____

Reserve Service: ___ Yes ___ No Dates of Service: From _____ To _____

Check one: ___ Officer ___ Enlisted Service No. _____

Present Status: ___ Active Duty ___ Ready Reserve ___ Inactive Ready Reserve ___ Inactive Reserve

Board# _____ City/State _____

National Guard Membership: ___ None ___ Army ___ Air Force ___ State ___ Organization

Dates of Membership: From _____ To _____ Service No. _____

___ Officer ___ Enlisted

18) **DRIVER'S LICENSE**

Presently held Driver's License # _____

State _____ Expiration Date _____ Class _____ Restriction _____

19) **Motor Vehicles** registered in your name or vehicles you have the exclusive use of:

Make _____ Color _____ Year _____ State _____ Tag# _____

Make _____ Color _____ Year _____ State _____ Tag# _____

20) Are your **vehicle license plates** now or have they ever been

Denied ___ Yes ___ No

Suspended ___ Yes ___ No

Revoked ___ Yes ___ No

Subjected to any other similar penalty or action ___ Yes ___ No

If you answered "yes" to any of the above, explain: _____

21) List any and all motor vehicle **accidents** you have been involved in:

22) Has your **operator's license** ever been **suspended** or **revoked** in this or any other state?

___ Yes ___ No If so, when and where? _____

23) List all **traffic citations** received, including date, agency, location, violation and disposition.

24) List any additional **motor vehicle history** not listed above, including license number and state for any and all licenses held in other states.

25) Have you ever been involved in any **civil action**, in or out of court, as a plaintiff or defendant, as a result of a criminal traffic or other incident for any reason? Yes No If yes, explain:

26) Do you have any **credit problem** at this time? Yes No If yes, explain:

27) Do you now have, or have you ever had, any **wage garnishment**? Yes No If yes, explain:

28) Have you ever been found **delinquent on income or other tax payments**? (Include **ONLY** those situations where your delinquency was discovered and brought to your attention **BEFORE** you actually made payment.) Yes No If yes, explain:

29) Have you ever had a **court-ordered financial judgment** against you? Yes No If yes, explain:

30) Do you presently have a **financial judgment pending in court**? Yes No If yes, explain:

31) Have you ever had any real or personal property **repossessed**? Yes No If yes, explain:

32) Have you ever submitted an application with any other public safety (police, fire, emergency medical services) agency? ___Yes ___No If yes, what was the date, agency's name and disposition of your application?

33) Do you have applications pending for any type of employment with any other public safety (police, fire, emergency medical services) agency at this time? ___Yes ___No

34) Have you ever been denied any employment? ___Yes ___No If so, where, when and why?

35) Give details of any instance where you have been discharged or forced to resign from a position:

36) Have you applied for a position with the City of Florence before? ___Yes ___No If yes, when and for what position?

37) Are you a current user of the following drugs or narcotics (including abused prescribed medication, medication prescribed to someone else, or an accidental injection)?

Amphetamines (uppers, speed, diet pills): ___Yes ___No

Barbiturates (tranquilizers, downers, sleeping pills): ___Yes ___No

Hallucinogens (LSD, PCP, Angel Dust, Peyote): ___Yes ___No

Quaalude (horse pills): ___Yes ___No

Inhalants (glue, paint): ___Yes ___No

Opium (opium base liquor): ___Yes ___No

Morphine: ___Yes ___No

Heroin: ___Yes ___No

Cocaine: ___Yes ___No

Codeine: ___Yes ___No

Mescaline: ___Yes ___No

Smoked Marijuana: ___Yes ___No

Hashish: ___Yes ___No

Any other drug not mentioned: ___Yes ___No

Alcohol use: ___Yes ___No

For all "yes" answers, give full details on page 13 of this questionnaire.

38) Have you ever been involved in the illegal purchase, possession or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis? ___Yes ___No If yes, give full details on page 13 of this questionnaire.

39) How much and how frequently do you drink alcoholic beverages? _____

40) Do you smoke? Yes No If yes, give type(s): _____

41) When was the last time you were involved in a fist fight? What were the circumstances?

42) Have you **EVER** been arrested, charged, cited or held by Federal, state or local law enforcement authorities regardless of whether the arrest or citation was dropped or dismissed, or you were found not guilty? (Include traffic offenses and all court martial or non-judicial punishment while in the military service.) Yes No If yes, give full details on page 13.

43) As a result of being arrested, charged, cited or held by law enforcement authorities, have you ever been convicted, fined or forfeited bond to a Federal, state or other judicial authority or adjudicated a youthful offender or juvenile delinquent (regardless of whether the record in your case has been sealed, expunged, or stricken from the court record? Yes No If yes, give full details on page 13 of this questionnaire.

44) Have you **EVER** been detained, held in, or served time in any jail, prison, reform industrial school or institution under the jurisdiction of any city, county, state, Federal or foreign country? Yes No If yes, give full details on page 13 of this questionnaire.

45) Have you ever been fingerprinted before? Yes No If yes, where and when?

46) Have you ever been issued a permit or license to carry a handgun or other weapon on your person? Yes No If yes, explain: _____

47) Do you own a hand gun? Yes No

48) Have you had firearms training? Yes No

49) Have any of your family members or blood relatives ever been convicted for anything other than traffic violation? Yes No If yes, give full details on page 13 of this questionnaire.

50) Are you a United States citizen? ____Yes ____No

If **naturalized**, give the following information:

Date _____ Place _____

Court _____ Certificate Number _____

51) Are you legally eligible for employment in the United States? ____Yes ____No

Include a copy of your Naturalization Certificate with this questionnaire.

52) Do you have anything to add to the Questionnaire at this time – something that has not been mentioned, or something which you believe should be noted? (Job problems, disciplinary actions, ongoing internal investigation, domestic problems, etc.) _____

53) Why are you applying for this position with the City of Florence? _____

CERTIFICATION AND SIGNATURE

Have you been completely truthful to all questions asked? Keep in mind the City of Florence verifies the information given to further evaluate applicants and to insure the information furnished by the applicant has been truthful to the best of his or her knowledge.

I hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge. I understand that any false, misleading or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand I may be required to verify all information given on this questionnaire. Employment will be contingent upon results of a complete character/background investigation. I also understand that all appointments are probationary for a period of one year, during which time I must demonstrate my fitness for continued employment by the City of Florence.

Date _____ Signature of Candidate: _____

**CITY OF FLORENCE, KENTUCKY
AUTHORIZATION FOR RELEASE OF INFORMATION**

Name of Applicant _____

Social Security Number _____ Military Serial Number _____

Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

This release, when presented by a duly authorized representative of the City of Florence, Kentucky, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to the City of Florence, Kentucky:

- Employment Information
- Credit Bureau Information
- Educational Information
- Medical and Military Medical Information
- Residence(s) Records
- Police and Criminal Records

This authorization is given in connection with a personnel background investigation being conducted relative to my applications for or continued employment with the City of Florence.

Signature of Applicant _____

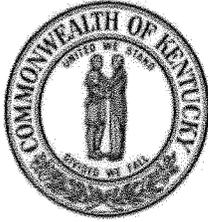
Date of Signature _____

Assigned Investigator (name and title) _____

Investigative period from _____ to _____

Authorized by (name and title) _____

Signature _____ Date _____



REQUEST FOR FELONY CONVICTION RECORD

FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

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

Florence Fire/EMS Department

1152 Weaver Road

Florence, KY 41042-8949

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/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 the 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 Kentucky State Police and Kentucky State Police employee's from any claim to damages arising from dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
Last First Middle Maiden

ADDRESS : _____
Street City State Zip

SEX: _____ RACE : _____ DATE OF BIRTH: _____ SOC. SEC. NO.: _____

Signature _____ Date _____

Witness _____ Date _____

INSTRUCTIONS:

Employing agencies should ensure that all application information is completed.

Requests should be accompanied by **two, self-addressed stamped envelopes** - one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant

FF/EMS TO FORWARD THIS FORM TO: Kentucky State Police
Records Branch
1250 Louisville Road
Frankfort, KY 40601