



Florence Fire/EMS Department Application for Volunteer Membership

Today's Date _____

PERSONAL INFORMATION

Last Name _____	First Name _____	Initial _____
Address _____		
City, State & Zip Code _____		
Telephone	Home () _____	Work () _____
	Mobile () _____	Pager () _____
Date of Birth _____	Emergency Contact _____	
Social Security # _____	Home () _____	
Driver's License # _____	Other () _____	

EMPLOYMENT HISTORY

<i>Company Name and Address</i>	<i>Years of Employment</i>	<i>Type of Work Performed</i>	<i>Terms of Employment</i>
			<input type="checkbox"/> Currently Employed <input type="checkbox"/> Quit / Retired <input type="checkbox"/> Terminated / Other
			<input type="checkbox"/> Currently Employed <input type="checkbox"/> Quit / Retired <input type="checkbox"/> Terminated / Other
			<input type="checkbox"/> Currently Employed <input type="checkbox"/> Quit / Retired <input type="checkbox"/> Terminated / Other
			<input type="checkbox"/> Currently Employed <input type="checkbox"/> Quit / Retired <input type="checkbox"/> Terminated / Other

May we contact your employer as a reference ? Yes No

EDUCATION

<i>School Name and Address</i>	<i>Years Attended (from/to)</i>	<i>Major/Specialty</i>	<i>Academic Standing</i>
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other
Vocational / Technical			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other
College			<input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other
Other			

REFERENCES

Name & Address	Home ()	Relationship
	Work ()	
	Other ()	
Name & Address	Home ()	Relationship
	Work ()	
	Other ()	
Name & Address	Home ()	Relationship
	Work ()	
	Other ()	

What position are you applying for ? **Firefighter / EMT / Both** _____

FIRE / EMS RELATED TRAINING

Kentucky firefighter certification ?	_____ 150-Hour	_____ 400-Hour	FFN _____
IFSAC firefighter certification ?	_____ Firefighter I	_____ Firefighter II	_____ Other
Emergency Medical Technician ?	_____ Kentucky	_____ NR-EMT	EMT # _____
CPR, First Aid, C.E.R.T. or other pertinent training/certifications ?	_____		

Why do you want to volunteer for Florence Fire/EMS Department ? _____

How did you learn about Florence Fire/EMS Department ? _____

Have you been a volunteer for any other fire or EMS agency ? If yes, please describe. _____

When are you available for volunteer activities (ie: days, nights, weekends, etc.) ? Please describe. _____

Do you have any restrictions that would affect the performance of fire/EMS activities ? _____

Have you had any traffic violations within the last 3 years or been convicted of a felony ? If yes, please describe.



Florence Fire/EMS Department
1152 Weaver Road
Florence, KY 41042

CERTIFICATION

I certify that the information submitted in this Application for Volunteer Membership is correct and complete to the best of my knowledge and belief. I understand that misrepresentation, falsification or omission of material fact may be cause for rejection of my application or for termination after appointment. I understand and agree the statements made in this application may be subject to verification concerning same, and I hereby release any such person from any and all liability for any damage whatsoever incurred in furnishing such information. I understand and agree that appointment, if offered, with the City of Florence, Kentucky is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason.

Full Name, Printed

Date of Birth

Address

Social Security Number

City, State and Zip Code

Driver's License Number

Signature

Date

Witness

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 innacurate 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

RETURN THIS FORM TO: Kentucky State Police
Records Branch
1250 Louisville Road
Frankfort, KY 40601