

Bourbon County Fire Rescue

345 E. Main Street

Paris, KY 40361

859-987-2140 Fax 859-987-2141

Application Employment/Volunteer

An Equal Opportunity Employer

Name _____ DOB _____
Age _____ SSN _____

Address: (Street, PO Box, City, State, Zip)

Home Phone _____
Cell Phone _____

Work Phone _____
E-mail address _____

Educational Background

List schools attended starting with most recent. List number of years completed.
Indicate degree or diploma received.

Schools	Years Completed	Degree/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Experience (EMS/Fire/Rescue/Law Enforcement) Yes _____ No _____
Which _____

If Yes, Name of Department(s) _____

Address of Department(s) _____

How Long _____ Dates _____ to _____ Position _____

Chief or Supervisor Name _____ Phone # _____

List one other member _____ Phone # _____

Certifications: _____ Date Received _____

_____ Date Received _____

_____ Date Received _____

Personal References

Married: Yes _____ No _____ Spouse Name: _____
Children: Yes _____ No _____ Ages: _____

List 3 personal references:

Name _____ Phone _____
How long known _____ Address _____

Name _____ Phone _____
How long known _____ Address _____

Name _____ Phone _____
How long known _____ Address _____

Medical History

Have you **ever** had the following (please circle yes or no).....

Heart attack of heart surgery?	Yes / No	When _____
Difficulty breathing under stress?	Yes / No	When _____
Had Seizures?	Yes / No	When _____
Had a spinal or back injury?	Yes / No	When _____
Had an Allergic Reaction?	Yes / No	When _____
Diagnosed with Psychological Problems?	Yes / No	When _____

Do you have any medical problems or considerations that would prevent you from performing EMS/Fire/Rescue work? Yes _____ No _____
If Yes to either, list problem/consideration _____

Are you currently under a doctor's care for any of the above reasons? Yes _____ No _____
If yes, please list doctor's name _____ Phone # _____

Primary Doctor _____ Phone _____
Blood Type _____

Driver Information

Do you have a valid Kentucky driver's license? Yes _____ No _____
State _____ DL # _____ Exp date _____
Full name on license _____

Employment History

Employer (most current) _____
Phone _____ City/State _____

Starting Date: _____ Ending Date _____

Normal Working Hours _____

Employer _____
Phone _____ City/State _____

Starting Date: _____ Ending Date _____

Normal Working Hours _____

May we contact your employer as a reference, if necessary? Yes _____ No _____

Insurance

Insurance Beneficiary _____

Notify in case of an emergency _____

Address _____

Relationship to name above _____

Day phone _____ Cell/Pager _____

Evening phone _____

Notify in case of an emergency _____

Address _____

Relationship to name above _____

Day phone _____ Cell/Pager _____

Evening phone _____

Criminal Background

Have you EVER been convicted of ANY felony offenses? Yes _____ No _____

If yes, please explain _____

Date of felony(s) _____ County, State of Felony _____

Do you know a current member(s) of our Dept.? Yes _____ No _____

If yes, list name(s) _____

Please read each of the following questions/statements and sign/date after each to verify you acknowledgement/permission.

“I realize that providing the drivers’ license information is consent for Bourbon County Fire Rescue to verify and check my driving record as required by Bourbon County, KY in order to operate a vehicle that is owned or operated by Bourbon County Fire Rescue.”

Signature _____ **Date** _____

“I understand that this is a paid/ volunteer organization and that I may not receive no monetary compensation for my work as a volunteer.”

Signature _____ **Date** _____

“I understand that providing personal references, past certifications, and previous experience is consent for Bourbon County Fire Rescue to verify and contact the references on the information I have provided.”

Signature _____ **Date** _____

“I hereby give Bourbon County Fire Rescue full consent for a Criminal Background check.”

Signature _____ **Date** _____

“To the best of my knowledge, all information provided on this application is true. Any false information that I provide can/will lead to my dismissal from Bourbon County Fire Rescue”

Signature _____ **Date** _____

For Department use only:

Person receiving application _____ Date _____

Applicant present at meeting on (date) _____

Applicant voted on during (date) _____ meeting

Accepted / Unaccepted as a member on (date) _____

Person verifying certification: _____ Date _____

Comments: _____

Person verifying experience: _____ Date _____

Comments: _____

Person verifying references: _____ Date _____

Comments: _____

Person verifying any other info: _____ Date _____

Comments: _____

Judge Executive _____

Approved/Disapproved _____ Date _____

Fire Board Member _____

Approved/Disapproved _____ Date _____

Fire Board Member _____

Approved/Disapproved _____ Date _____

Chief's Signature _____

Approved/Disapproved _____ Date _____