

# Bourbon County Fire Rescue

135 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 \_\_\_\_\_  
Pager \_\_\_\_\_

### 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 \_\_\_\_\_ Date \_\_\_\_\_

Approved/Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Fire Board Member \_\_\_\_\_ Date \_\_\_\_\_

Approved/Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Fire Board Member \_\_\_\_\_ Date \_\_\_\_\_

Approved/Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Chief's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved/Disapproved \_\_\_\_\_ Date \_\_\_\_\_