

# Bourbon County Fire Department

Chief Lloyd Campbell  
345 East Main Street  
Paris, Kentucky 40361



Phone: (859) 987-2140  
Fax: 859) 987-2141

## Application/an Equal Opportunity Employer

The position you are applying for is:

**Full-Time FF/EMT** \_\_\_\_ **Full-Time FF** \_\_\_\_ **Part-Time FF/EMT** \_\_\_\_ **Part-Time FF** \_\_\_\_

Date: \_\_\_\_\_

**Volunteer** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. Are you legally authorized to work in the U.S.? YES \_\_\_\_ NO \_\_\_\_

2. Have you previously applied for this department? YES \_\_\_\_ NO \_\_\_\_

If yes, when did you apply? \_\_\_\_\_

## **Personal and Medical Information**

1. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State
2. Social Security Number: \_\_\_\_\_
3. Marital Status: \_\_\_\_\_
4. Nearest Relative: \_\_\_\_\_ Contact Number: \_\_\_\_\_
5. Do you wear eyeglasses/contact lenses? YES \_\_\_\_\_ NO \_\_\_\_\_  
Indicate which: \_\_\_\_\_
6. Do you have any physical or health limitations or disabilities that could interfere with your performance as a firefighter and/or life squad member? YES \_\_\_\_\_ NO \_\_\_\_\_  
If you answered yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Family Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_
8. Will your doctor verify that you are physically able to perform the duties as a firefighter and/or Life squad member? YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Education and Training**

1. High School: \_\_\_\_\_ Did you graduate: YES \_\_\_\_\_ No \_\_\_\_\_  
Number of years attended: \_\_\_\_\_ GED: YES \_\_\_\_\_ NO \_\_\_\_\_
2. College/Trade School: \_\_\_\_\_ Subject Major: \_\_\_\_\_  
Did you earn a degree? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you ever been or currently are a member of any other Fire Department or Life Squad?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, which department(s): \_\_\_\_\_  
Kentucky Firefighter # \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been discharged from any other Fire Department or Life Squad?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, which department(s): \_\_\_\_\_  
\_\_\_\_\_

5. Are you currently a KY Registered EMT? YES \_\_\_\_ NO \_\_\_\_ EMT # \_\_\_\_\_  
If No, is this an interest of yours? \_\_\_\_\_

6. Please list any skills or certifications obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact your employer? YES \_\_\_\_ NO \_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact your employer? YES \_\_\_\_ NO \_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_ May we contact your employer? YES \_\_\_\_ NO \_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

1. Please list your Military Service if applicable:

Branch of Service: \_\_\_\_\_ Reserve or National Guard Status: \_\_\_\_\_

2. References – please list three references that are not related to you.

1) Name: _____	Phone: _____
2) Name: _____	Phone: _____
3) Name: _____	Phone: _____

## **Background and Driving Record Check**

*NOTE: The existence of a criminal record will not automatically disqualify you from membership with the department, though certain types of criminal convictions may prohibit you from working in certain positions.*

1. Have you ever been arrested, indicted, convicted, or summoned into court as a defendant in a criminal proceeding or for the violation of any law or ordinance (excluding minor traffic violations)?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, date and place: \_\_\_\_\_

Nature of offense: \_\_\_\_\_ Disposition: \_\_\_\_\_

2. Do you agree to a criminal record check? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Do you agree to a driver's license check? YES \_\_\_\_\_ NO \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

4. Have your driving privileges ever been suspended, revoked, or refused? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, why: \_\_\_\_\_

5. Auto Insurance: \_\_\_\_\_

## **APPLICANT CERTIFICATION**

Please be sure to sign this application and read the following statements carefully:

I desire to be considered as a member of the Bourbon Count Fire/Rescue Fire Department. I hereby agree that I will abide by the By-Laws of the Department and its rules and regulations. I will attend the required amount of drills and meetings, and I will assist at all fire department functions when possible. I further agree to obey all lawful orders from my officers when on duty. I also understand that if selected to membership

I understand that all fire department equipment, including pager, keys, badge, uniform, etc. issued by the department remains the property of the Bourbon County Fire/Rescue Department and that I will return such property to the department when I am no longer an active member.

I certify that the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information could result in rejection of my application or dismissal from the department. I understand the information supplied by me must be truthful and falsification with intent to mislead may result in my prosecution under KRS 523.100.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **AUTHORIZATION FOR BACKGROUND CHECK**

I, \_\_\_\_\_ of \_\_\_\_\_,  
(Name) (Number, Street, City, ST, Zip)

Do hereby authorize the Administrative Office of the Courts; Pretrial Services Records Division, Bourbon County Sheriff's department and/or FBI to search their records for any arrest, conviction, or other information they may have regarding me, and make this information available to the Bourbon County Fire/Rescue Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My description:

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Scars or marks \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

**FOR OFFICE USE ONLY**

Notes:

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Date(s) Information Obtained:

Background Check \_\_\_\_\_

Driver's License Check \_\_\_\_\_

Driver's License \_\_\_\_\_

Auto Insurance \_\_\_\_\_

CPR Card \_\_\_\_\_

EMT Card \_\_\_\_\_

SS Card \_\_\_\_\_

Birth Certificate \_\_\_\_\_

High School Diploma \_\_\_\_\_

Hep B Vaccination \_\_\_\_\_

Current TB Test \_\_\_\_\_

Certifications \_\_\_\_\_ (NIM's, HIV/AIDS, PAHT, CPAT, EMT Cert's)

Fit Test \_\_\_\_\_

Pre-Employment Physical \_\_\_\_\_

Drug Test \_\_\_\_\_

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: \_\_\_\_\_

Judge Executive \_\_\_\_\_

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

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

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

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

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

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

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

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

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