

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: _____

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 _____

If so which ones: _____

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): _____

3. Are you currently a KY Registered EMT? YES _____ NO _____ EMT # _____

If No, is this an interest of yours? _____

4. Please list any skills or certifications obtained:

Present Employer: _____ Supervisor: _____
Address: _____ Phone Number: _____
Job Title: _____ May we contact your employer? YES _____ NO _____

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 _____ Complexion _____

Scars or marks _____

Social Security Number _____

Driver's License Number _____

FOR OFFICE USE ONLY

Notes: _____

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 _____

Revised April 2/6/2020