



10015 Mitchell Hill Road, Fairdale, Kentucky 40118 – Phone (502) 366-0122 – Fax: (502) 375-0175

FAIRDALE FIRE PROTECTION DISTRICT

Receipt Form for Firefighter

You have received the following materials:

1. Position Requirements
2. Application Instructions for Firefighter
3. Application for Firefighter

Please Carefully read all the instructions of the informational material provided before completing the application.

Your signature at the bottom of this form indicates that you have received and read each of the materials named above concerning the application and process for Firefighter with the Fairdale Fire Protection District.

Signature: _____

Printed Name: _____

Date: _____

Date and Time of returned



APPLICATION INSTRUCTIONS AND QUALIFICATIONS PROCESS FAIRDALE FIRE PROTECTION DISTRICT

Your interest in becoming an employee of the Fairdale Fire Protection District is appreciated. The application process includes several steps designed to fully examine your abilities and qualifications. The information which follows is provided so that you may know exactly what is expected on the application and in qualifications process.

1. APPLICATIONS INSTRUCTIONS

- A. Applicants must submit copies of the following along with a complete application form:
- Copy of high school diploma or GED Certificate.
 - Copy of birth certificate or confirmable verification from governmental agencies or secondary school.
 - Copy of military discharge form DD214 (DD214 must indicate “Type of separation” and “Character of service”)
 - Copy of valid driver’s license.
 - Verification of full-time employment with Kentucky fire department or CPAT card.
 - Certificate showing certified Kentucky state 400-hour level firefighter or certificate of IFSAC level II firefighter.
 - Certificate of National Registry or Kentucky State Certified EMT-B.

All copies must be submitted to the Fairdale Fire Protection District (Do Not Submit Originals).

- B. Applications must be submitted to a Chief Officer of the Fairdale Fire Protection District station 1 located at 10015 Mitchell Hill Rd, Fairdale Kentucky 40118.
- C. Equal Opportunity- The Fairdale Fire Protection District is an equal opportunity agency.
- D. The applicant is responsible for notifying the Fairdale Fire Protection District of any changes of information pertinent to the application form.

2. Background Investigation

The background investigation may include verification of information on your application, obtaining and reviewing references from previous employers, interviews with your neighbors, a credit check, and investigation of your driving, military, and police records.



Firefighter Application

Print in Ink. Answer each item completely. Incomplete answers may disqualify you or may cause delays. FALSE answers may lead to rejection of application and/or dismissal. Please write the letters “NA” in those sections which do not apply to you. Attach additional pages as needed.

Date of Application: _____ Position you are seeking: _____

Name: _____
(LAST) (FIRST) (MIDDLE) (Sr,Jr)

Fathers Name: _____ Mothers first and maiden name: _____

List all other names, including maiden and/or nick names, by which you are known or have been known:

Present Address (Number, Street, City, State, Zip) Home Phone Cell Phone

List all former addresses you have had during the past five years. (Begin with the most recent)

1. _____
2. _____
3. _____
4. _____

Are you at least 18 years of age? Place of birth(city/state) Social Security #
Yes ___ No ___ _____

Are you a US citizen? Yes ___ No ___ If “No”, do you have the right to work in the U.S.? Yes ___ No ___

Do you have a valid drivers license? Yes ___ No ___ If yes, in which state was it issued? _____

License ID #: _____ Expiration Date: _____



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Education and Training: Give complete information:

Circle highest grade Completed	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate School 1 2 3 4
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High School

Name: _____

Address: _____

Dates Attended From _____ To _____

If GED, indicate date of attainment: _____

College or University

Name: _____

Address: _____

Dates Attended From _____ To _____

Vocational or Business

Name: _____

Address: _____

Dates attended From _____ To _____

List any relevant licenses or certificates you possess:



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List any firefighting equipment, machinery, office equipment, including computers, you are able to operate:

Have you ever served in the U.S. Military? Yes ___ No ___

If yes, complete the following:

Dates: From _____ To _____ Branch _____

Rank at discharge _____ Type of discharge _____

Were you discharged in connection with a military court martial? Yes ___ No ___

List (3) three persons who are not related to you and are not previous employers, who have known you for at least (2) two years or more:

1. _____
Name Address

Contact Number

2. _____
Name Address

Contact Number

3. _____
Name Address

Contact Number



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Employment Experience:

Begin with your most recent job and describe in detail each specific job you have had in the last (15) fifteen years. Periods of unemployment should also be noted. Leave no gaps in time sequence. Be sure to list all applicable experience which qualifies you for the position sought. Attach extra forms if needed to complete your employment history. You may exclude organizations which indicate color, religion, gender, natural origin, handicap or other protected status.

Employer name: _____

Address: _____

Type of business: _____

Salary: Starting _____ Ending _____

Position Held: _____

From (Mo./ day/ year) _____ to _____

Supervisors name and position: _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

Employer name: _____

Address: _____

Type of business: _____

Salary: Starting _____ Ending _____



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Address: _____

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From (Mo./ day/ year) _____ to _____

Supervisors name and position: _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

List all traffic and criminal citations and arrest:

Charges	Location (city/state)	Date	Disposition of charge
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Charges	Location (city/state)	Date	Disposition of charge
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I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should the investigation at any time show falsification I may be excluded from consideration for employment, or if employed I may be terminated and/or disqualified from further consideration of employment.

Signature of Applicant

Date