

MEMBERSHIP APPLICATION | FLATWOODS FIRE RESCUE

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Date of Birth	
Are you currently employed? If yes, may we contact them?			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever applied with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a crime in the past seven years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever received compensation for injuries?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DESCRIBE ANY SPECIALIZED TRAINING, SKILLS, OR QUALIFICATIONS (EMT-B, CPR, FIRST AID)	

DRIVING HISTORY	
Valid Driver's License Number:	State:
Special License Held (specify)	State:
Have you ever driven emergency vehicles before, if yes when and where?	

DRIVING RECORD – LAST FIVE YEARS

Driving Violations Type & Location: State:

Driving Violations Type & Location: State:

Have you ever driven emergency vehicles before, if yes when and where?

Have you ever had a driver's license, permit, or privilege to operate a vehicle:

Denied: YES NO Suspended or revoked : YES NO

Accidents:

ADDITIONAL QUESTIONS:

Do you have any previous fire experience:

List any additional information you feel may be helpful to your application:

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING

Name: Relationship:

Address:

Phone Numbers: () () ()

Why do you want to be a member of the Flatwoods Fire Rescue?

DISCLAIMER AND APPLICANT SIGNATURE

I certify the answers given herein are true and complete to the best of my knowledge. It is understood and agreed the chief or his officers may investigate the applicant's background to ascertain any and all information of concern to the applicant's record. The applicant releases employers and persons named herein from any and all liability for any damage on account of the applicant furnishing such information.

The applicant agrees to furnish such information and complete such examinations as may be required to complete the membership application. It is agreed and understood this application for membership in no way obligates the Flatwoods Fire Rescue organization to grant the applicant membership. It is agreed and understood that if accepted, the applicant will undergo a (1) year probationary period under which time may be discharged without recourse. It is also agreed and understood the applicant must obtain the minimum 20 hour training before responding on apparatus to emergency scenes. The applicant also agrees to obtain Kentucky certified firefighter status in accordance with the 150 hour state certification requirement, to the best of his/her ability within two years of active membership acceptance.

Applicant agrees to submit to random drug testing as per department policy after the initial drug test.

Signature:

Date:

Date
Received:

Received
by:

Approved
Date:

Chief Signature: _____ DATE: _____

Flatwoods Fire Rescue is an equal opportunity employer.