

**ALEXANDRIA FIRE DISTRICT
7951 ALEXANDRIA PIKE
ALEXANDRIA, KENTUCKY 41001
859-635-5991**

APPLICATION FOR MEMBERSHIP

Fill out each space completely. If an area does not apply to you, write N/A in the space.

Which position are you applying for?

Firefighter/EMT

Firefighter/Paramedic

Last Name _____ First _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail: _____

Date of Birth _____ Marital Status _____ SSN _____

Spouse's name or nearest relative _____ Phone _____

How long have you lived at the above address? _____

Previous Address _____ City _____ State _____ Zip _____

Length of time at previous address _____

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Current Employer

Occupation _____ Employer _____

Supervisor _____ Length of Employment _____

Address _____ City _____ State _____ Zip _____

Phone _____ Hours and days you work _____

Previous Employer

Occupation _____ Employer _____

Supervisor _____ Length of Employment _____

Address _____ City _____ State _____ Zip _____

Phone _____ Hours and days you work _____

Reason for leaving _____

=====

Do you have any physical or medical impairments which would prohibit you from doing your job? Yes No

If yes, then
please explain

How much time have you missed from work in the last year due to injury or illness?

Please list any previous experience as a Firefighter or EMS Provider. List all departments or other volunteer organizations you have been affiliated with and the dates you were with each organization:

Department/Organization Dates Phone

Reason for leaving

Department/Organization Dates Phone

Reason for leaving

Department/Organization Dates Phone

Reason for leaving

List any EMS certifications you currently hold:

EMT ID State Exp date CPR card expiration date

Paramedic ID State Exp date NREMT Level Exp date

Other Certifications

List any Fire certifications you currently hold:

KY Firefighter ID KY. Firefighter Level Haz Mat Training Level

IFSAC I Date IFSAC II Date

IFSAC Haz Mat Awareness Date IFSAC Haz Mat Operations Date

CPAT ID Exp date

INCLUDE COPY OF CPAT CARD

Other Certifications

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Name of High School attended _____ Graduated Yes No

College or University attended _____ Graduated Yes No

Major or Course of study _____

College or University attended _____ Graduated Yes No

Major or Course of study _____

College or University attended _____ Graduated Yes No

Major or Course of study _____

List any other formal education you have received

List any other special skills you have

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List Any Military Service

Branch _____ Type of Discharge _____

Active Service Start _____ Active Service End _____

Are you a member of any reserve or national guard unit? Yes No

If yes, what branch? _____

INCLUDE A COPY OF DD214

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Character References: Not Related Phone numbers are required

MUST INCLUDE THREE REFERENCES WITH COMPLETE INFORMATION

NAME RELATION PHONE #

NAME RELATION PHONE #

NAME RELATION PHONE #

Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding; ever been convicted, fined, imprisoned, or placed on probation; ever been ordered to deposit bail or collateral for the violation of any law or ordinance (excluding minor traffic violations, where a fine or forfeiture of \$50.00 or less was imposed)?

Yes No

If yes, please give details, including dates and places

Have your driving privileges ever been suspended, revoked or refused? Yes No

If yes, give reason

Do you currently hold a valid drivers license? Yes No

Drivers License #

State

Expiration Date

Automobile Liability Insurance

Name of insuring auto agent or company

Address

City

State

Zip

Phone

A COPY OF YOUR DRIVERS LICENSE, YOUR CURRENT AUTO INSURANCE, HIGH SCHOOL DIPLOMA, ALL PERTINENT FIREFIGHTER CERTIFICATIONS, ALL PERTINENT EMERGENCY MEDICAL CERTIFICATIONS, CPAT CERTIFICATION (IF COMPLETED), TRAINING SUMMARY REPORT, DD214 (IF APPLICABLE) AND ANY OTHER APPLICABLE CERTIFICATION MUST ACCOMPANY THIS APPLICATION WHEN SUBMITTED

PLEASE READ BEFORE SIGNING

AGREEMENT

I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS AND/OR OMISSION IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THE APPLICATION, OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE.

I AUTHORIZE THE ALEXANDRIA FIRE DISTRICT TO MAKE ANY AND ALL NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN, INCLUDING CRIMINAL RECORDS, EDUCATIONAL CREDENTIALS AND WORK EXPERIENCE CHECKS. REFERENCES OBTAINED ARE DONE SO IN CONFIDENCE AND I UNDERSTAND THAT MY RIGHTS TO REVIEW ANY REFERENCE MATERIAL IS WAIVED.

PRIOR TO EMPLOYMENT, I MUST PROVIDE INFORMATION RELATED TO IDENTITY AND EMPLOYABILITY. FAILURE TO PROVIDE APPROPRIATE DOCUMENTATION FOR VERIFICATION OF EMPLOYMENT ELIGIBILITY SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT AND/OR ANY OFFER OF EMPLOYMENT.

I UNDERSTAND THAT ALEXANDRIA FIRE DISTRICT POLICY PROVIDES ALL NEWLY HIRED EMPLOYEES WITH A MINIMUM SIX-MONTH PROBATIONARY PERIOD (NOT INCLUDING TIME OFF WORK) THAT GIVES THE EMPLOYEE AND EMPLOYER AN OPPORTUNITY TO MUTUALLY DECIDE WHETHER OR NOT THE FUNCTIONS AND RESPONSIBILITIES OF THE NEW POSITION ARE A SATISFACTORY FIT WITH THE TALENTS AND SKILLS THE NEW EMPLOYEE BRINGS TO ALEXANDRIA FIRE DISTRICT. I FURTHER UNDERSTAND AND AGREE THAT DURING THIS PROBATIONARY PERIOD I MAY DECIDE TO TERMINATE THE EMPLOYMENT RELATIONSHIP WITH NO CAUSE OR EXPLANATION REQUIRED, AND I UNDERSTAND THAT ALEXANDRIA FIRE DISTRICT HAS THAT SAME RIGHT. ONCE I HAVE SUCCESSFULLY COMPLETED THE PROBATIONARY PERIOD, I SHALL BE CONSIDERED BY THE ALEXANDRIA FIRE DISTRICT TO HAVE EARNED REGULAR MEMBERSHIP.

Applications maybe submitted in person or send them to:

Alexandria Fire District
Recruitment Officer
7951 Alexandria Pike
Alexandria, KY
41001

IMPORTANT NOTICE REGARDING SUBMITTING YOUR APPLICATION:

When submitting your application via the U.S. Postal Service, FedEx, UPS or other similar means it is solely the **APPLICANT'S** responsibility to verify that their application has been received prior to the closing date and time for the position. It is HIGHLY recommended that you use some form of "Registered, receipt requested" when sending your application. The Alexandria Fire District is not responsible for applications that are lost, stolen, delivered to wrong addresses, incorrectly completed, etc.

If you have any questions please contact the Alexandria Fire District at (859) 635-5991

Applicant's Signature

Date Signed