

**MERCER COUNTY
FIRE PROTECTION DISTRICT**



**APPLICATION
FOR
RECRUIT FIREFIGHTER**

**INSTRUCTIONS
READ THESE INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Application and Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for membership.

1. Your Application and Personal History Statement must be returned by the closing date that is posted/advertised if a closing date has been stipulated.
2. Your Application and Personal History Statement should be typed or printed legibly in ink. Answer all questions to the best of your ability.
3. If a question is not applicable to you, enter N/A in the space provided.
4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in the proper sequence before you begin.
5. You are responsible for obtaining complete and correct addresses, including zip codes. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
6. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question before continuing your answer.
7. Be sure that both copies of the "Authority To Release Personal Information" are signed by the applicant and two witnesses before the Application is returned. Failure to do so will result in disqualification.
8. An accurate and complete application will help expedite the background check. On the other hand, deliberate omissions or falsifications will result in disqualification.

PROSPECTIVE APPLICANTS:

The following is a listing of the minimum requirements that must be met for a position with this department:

1. Applicant must be authorized to work in the United States on an unrestricted basis.
2. Applicant must be at least 18 years of age.
3. Applicant must have a high school diploma or equivalent or be at least 18 years of age and actively attending his or her senior year in high school.
4. Applicant must have a valid Kentucky Driver's License.
5. Applicant must have no felony convictions.
6. Applicant must have no D.W.I. or D.U.I.D. convictions within the last ten years.
7. Applicants must be of outstanding moral character as confirmed through background investigation.
8. Applicant must have a good employment history as confirmed through a background investigation.
9. Applicant must pass the minimum requirements of the Mercer County Fire Protection District Fitness Assessment Program.
10. Applicant must pass an Oral Interview.

In addition you are required to return the following copies with your application:

1. Driver's License
2. Social Security Card
3. High School diploma or equivalent or evidence of current enrollment in the senior year in a Kentucky High School.
4. All certificates applicable to the fire service, such as certification, licenses, schools, etc.
5. A resume will be accepted, but is not required.

MERCER COUNTY FIRE PROTECTION DISTRICT
200 MORRIS DRIVE
HARRODSBURG, KENTUCKY 40330
(859) 734-4688

AUTHORIZATION FOR BACKGROUND CHECK

I _____ understand that before being considered for volunteer firefighter, information contained in this application, along with any personal or private information relating to my background, including work record, educational history, military record, workman's compensation claims, medical records (physical and mental), financial status, criminal record, and general reputation, may be checked and be considered by the Mercer County Fire Protection District.

I also understand that any information obtained from a background investigation concerning me for volunteer firefighter purposes, will be confidential, and, that whether I am or am not accepted for volunteer fire recruit status, the Mercer County Fire Protection District, or any of its employees or members, will bear no obligation to reveal to me, or anyone, any information or explanation relating to the acceptance or rejection of this application including the background investigation report. I also understand that all information obtained from a background investigation concerning me shall remain the property of the Mercer County Fire Protection District.

I fully understand the conditions stated above, and authorize the release of any information that relates to me to be released to the Mercer County Fire Protection District for the purposes of the volunteer firefighter application and background investigation process.

APPLICANT SIGNATURE

DATE

WITNESS PRINTED NAME / SIGNATURE

DATE

WITNESS PRINTED NAME / SIGNATURE

DATE

PERSONAL HISTORY STATEMENT

PLEASE PRINT

LAST NAME		FIRST NAME		MIDDLE NAME
DATE OF BIRTH		CURRENT AGE	SOCIAL SECURITY NUMBER	
HOME ADDRESS				
CITY		STATE		ZIP CODE
MAIDEN NAME, IF APPLICABLE		LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN		
HOME PHONE NUMBER	CELL PHONE NUMBER		EMAIL ADDRESS	

PLACE OF BIRTH – ADDRESS		CITY	STATE	ZIP
ARE YOU A U.S. CITIZEN?		DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	

SPOUSE'S NAME		SPOUSE CONTACT NUMBER (1)	SPOUSE CONTACT NUMBER (2)
EMERGENCY CONTACT NAME	ADDRESS	PHONE	
EMERGENCY CONTACT NAME	ADDRESS	PHONE	

DATE OF HIGH SCHOOL GRADUATION OR GED		NAME OF HIGH SCHOOL		
NAME OF COLLEGE ATTENDED		DEGREE ATTAINED	/	GRAD DATE
NAME OF TECHNICAL SCHOOL ATTENDED		DEGREE ATTAINED	/	GRAD DATE

PLEASE LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST TEN (10) YEARS, BEGINNING WITH THE PRESENT ADDRESS. ATTACH EXTRA PAGE IF NECESSARY.

FROM	TO	FROM

SPECIAL QUALIFICATIONS AND SKILLS:

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS:

ARRESTS, CONVICTIONS, DETENTIONS, AND LITIGATION:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? YES NO

IF YES, GIVE DETAILS:

LIST ANY **MISDEMEANOR CONVICTIONS AND TRAFFIC VIOLATIONS** THAT HAVE OCCURRED WITHIN THE PAST FIVE (5) YEARS, GIVING DATE OF CONVICTION AND COURT JURISDICTION:

REGULAR EMPLOYMENT:

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ SUPERVISOR: _____

JOB TITLE: _____ JOB DUTIES: _____

PREVIOUS EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ SUPERVISOR: _____

JOB TITLE: _____ JOB DUTIES: _____

PREVIOUS EMERGENCY SERVICES EXPERIENCE:

NAME OF FIRE / RESCUE ORGANIZATION: _____

AGENCY ADDRESS: _____ PHONE: _____

CHIEF'S NAME: _____ PHONE: _____

TYPE AND AMOUNT OF TRAINING RECEIVED, INCLUDING ALL CERTIFICATIONS OBTAINED: _____

CERTIFIED EMT-FR OR EMT-BASIC: _____ YES _____ NO CERTIFICATION NUMBER _____

FIREFIGHTER STATUS: _____ STATE CERTIFIED _____ FF LEVEL I _____ FF LEVEL II

HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN FROM YOUR EMPLOYMENT OR AS AN OFFICER OR MEMBER OF A PROFESSIONAL OR VOLUNTEER ORGANIZATION? _____ YES _____ NO

IF YES, EXPLAIN: _____

SCHEDULE:

PLEASE LIST YOUR CURRENT WORK SCHEDULE: _____

WILL YOU BE ABLE TO ATTEND TRAINING SESSIONS DURING THE FOLLOWING TIMES?

WEEKDAYS BETWEEN 8:00 AM and 4:00 PM? _____ YES _____ NO

WEEKDAY EVENINGS AFTER 6:00 PM? _____ YES _____ NO

WEEKENDS BETWEEN 8:00 AM and 4:00 PM? _____ YES _____ NO

IF NO TO ALL OF THE ABOVE, PLEASE LIST TIMES YOU WILL BE AVAILABLE FOR TRAINING: _____

AS A RECRUIT FIREFIGHTER I UNDERSTAND THAT I WILL BE REQUIRED TO ATTEND INITIAL TRAINING IN THE FORM OF A 28-HOUR RECRUIT SCHOOL THAT DEALS WITH TOPICS SUCH AS LADDERS, HOSE, PUMPS AND HYDRAULICS, USE OF SELF-CONTAINED BREATHING APPARATUS, UNDERSTANDING FIRE BEHAVIOR AND DRIVER'S TRAINING. BY SIGNING BELOW, I ACKNOWLEDGE THAT I MUST COMPLETE THIS TRAINING BEFORE ACTIVELY ENGAGING IN INTERIOR FIREFIGHTING ACTIVITIES AND THAT I WILL ABIDE BY ALL FIRE DISTRICT RULES, REGULATIONS AND STANDARD OPERATING GUIDELINES.

I UNDERSTAND THAT BEING A MEMBER OF AN EMERGENCY SERVICE ORGANIZATION WILL REQUIRE MUCH TIME AND COMMITMENT. I ATTEST THAT I HAVE DISCUSSED THIS COMMITMENT WITH MY SPOUSE OR OTHER FAMILY AND I HAVE RECEIVED HIS/HER/THEIR APPROVAL AND SUPPORT IN THIS ENDEAVOR.

I FURTHER ATTEST THAT ALL INFORMATION THAT I HAVE SUPPLIED ON THIS APPLICATION IS ACCURATE AND TRUE AND THAT ANY FALSE OR MISLEADING STATEMENTS OR OMISSIONS OF FACT ARE GROUNDS FOR IMMEDIATE OR FUTURE DISMISSAL FROM THE MERCER COUNTY FIRE PROTECTION DISTRICT.

APPLICANT SIGNATURE

DATE

SPOUSE'S SIGNATURE (IF NONE, THEN WITNESS SIGNATURE)

DATE

2ND WITNESS SIGNATURE

DATE

Please submit this application to the District Chief of your local Fire Station or by mailing the completed form to the following address:

Glenn Phillips
Mercer County Fire Protection District
200 Morris Drive
Harrodsburg, KY 40330