

Application for Membership City of Grayson Fire Department

Name: _____

Instructions:

- 1. Applicant shall reside within response area of the Grayson Fire Station.
- 2. Items that **MUST** be submitted with the application:
 - a) Photocopy of Kentucky Motor Vehicle Operators License
 - b) Photocopy of High School Diploma or G.E.D.
 - c) Photocopy of DD214 (if served in the U.S. Military)
 - d) Complete the felony conviction record check application (page 4)
 - e) Applicant must complete the application in its entirety.
- 3. If applicant has prior fire service experience, please submit copies of certificates and training records.
- 4. Please submit copies of all medical training records.

Office Use Only		
Date received:	Received by:	GFD Unit # Assigned:



Application for the Position of Firefighter City of Grayson Fire Department



Personal History:

Name:			_ SSN:	
Last	First	M.I.		
Address:	City:		Zip:	
Sex: M / F Date of Birth:/_	/(mm/dd/yy) Birth r	name (if different):		
Home phone #: ()	Ce	ell Phone #: (_)	
Military Service: Y / N				
If yes, dates served:	Bra	anch of Service:		
Discharge Type:	Ra	ank:		
Employment:				
Present Employer:		Position:		
Address:				
Immediate Past:				
Address:				
MC 1.11.				
Immediate Past Residency:				
Address: Street	Ci	ty	State	Zip
Have you ever been convicted of an	y criminal act? Y N If Yes	s, for what?		
Note: The Grayson Fire Department investigate	es the court records of all candidates an	d your signature on this app	lication is authorizat	ion to do so.
Driver's License: Y N State Issued	d: Date:	DL#		
The following items are requested fo	or identification records only.	•		
Height: Weight:	Eye Color:	Hair Color:	Blood T	ype:

Previous Firefighting Experiences

Dates	Where		Rank Held
(Please submit all tr	aining records possible)		
Medical Training			
First Aid: Where: _	Instructor:	When:	
Expiration Date	Instructor		
CPR: Where: _ Expiration Date: _	Instructor:	When:	
EMT: Where:		When:	
State:	_ Expiration Date: Instructo	or:	
	Expiration Date:Instructor		
Truck Driving Exp Sizes and Types:	perience: Y N		
Working and/ or T	rades Experience:		
Hobbies:			
Three (3) Personal	References: (excluding family members)		
Name:	Phone	e:	
Name:	Phone	e:	
Name:	Phone	e:	

Being a Volunteer Firefighter is like **NO** other experience. Be prepared to spend long hard hours away from home and comfort.

I acknowledge and certify that the information contained in this application is true and correct and I hereby grant the Grayson Fire Department permission to investigate my background and medical history. Also, by signing this application I commit to, if accepted, my responsibilities as a firefighter by serving my community through training and answering calls to duty.

Signature

Date

REQUEST FOR FELONY CONVICTION RECORD FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to HB 126, request is made for any record of conviction of a felony crime by the person identified herein. This information shall be released to:

<u>City of Grayson Fire Department</u> 316 East 3rd Street Grayson, KY 41143 Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment, or acting as a volunteer, with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Disaster and Emergency Services). I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any felony crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and KSP employees from any claim for damages arising from the dissemination of inaccurate information.

Applicant information:

Name				
Last, first, middle, maiden				
Sex	Race	_ Date of Birth	Soc. Sec. No	
Scars, marl	ks, amputations			
Signature		Date		
Witness		Date		
INSTRUC'	TIONS:			
Requesting	agency should en	sure that all app	plication information is completed	
Return for	ns to:	RECORDS 1266 LOUI	UCKY STATE POLICE RDS SECTION .OUISVILLE ROAD KFORT, KY 40601	