

**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: <b>M / F</b> 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			
<b>First Aid:</b> Where: _	Instructor:	When:	
Expiration Date	Instructor		
CPR: Where: _ Expiration Date: _	Instructor:	When:	
EMT: Where:		When:	
State:	_ Expiration Date: Instructo	or:	
	Expiration Date:Instructor		
<b>Truck Driving Exp</b> Sizes and Types:	perience: Y N		
Working and/ or T	rades Experience:		
Hobbies:			
Three (3) Personal	<b>References:</b> (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 3<sup>rd</sup> 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	