



Application for Membership  
City of Grayson Fire Department

Name: \_\_\_\_\_

KY Firefighter Number: \_\_\_\_\_  
*(Leave blank if you do not have a KY FFN)*

**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 name (if different): \_\_\_\_\_

Home phone #: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) Cell Phone #: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_)

**Military Service:** **Y / N**

If yes, dates served: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Discharge Type: \_\_\_\_\_ Rank: \_\_\_\_\_

### Employment:

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Since: \_\_\_\_\_

Immediate Past: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

### Education:

Elementary: \_\_\_\_\_

Middle: \_\_\_\_\_

High: \_\_\_\_\_

College: \_\_\_\_\_

Trade: \_\_\_\_\_

Other: \_\_\_\_\_

### Immediate Past Residency:

Address: \_\_\_\_\_  
Street City State Zip

Have you ever been convicted of any criminal act? **Y N** If Yes, for what? \_\_\_\_\_

**Note:** The Grayson Fire Department investigates the court records of all candidates and your signature on this application is authorization to do so.

Driver's License: **Y N** State Issued: \_\_\_\_\_ Date: \_\_\_\_\_ DL# \_\_\_\_\_

*The following items are requested for identification records only:*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Blood Type: \_\_\_\_\_

**Previous Firefighting Experiences**

Dates \_\_\_\_\_ Where \_\_\_\_\_ Rank Held \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Please submit all training records possible)

**Medical Training**

**First Aid:** Where: \_\_\_\_\_ When: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

**CPR:** Where: \_\_\_\_\_ When: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

**EMT:** Where: \_\_\_\_\_ When: \_\_\_\_\_  
State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

**Paramedic:** Where: \_\_\_\_\_ When: \_\_\_\_\_  
State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Instructor: \_\_\_\_\_

**Truck Driving Experience:** Y N

Sizes and Types: \_\_\_\_\_

**Working and/ or Trades Experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Hobbies:** \_\_\_\_\_

**Three (3) Personal References:** *(excluding family members)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*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

