



RYLAND HEIGHTS FIRE DISTRICT

10041 Decoursey Pike
Ryland Heights, KY 41015
Phone: 859-356-7970

Application

The position you are applying for is:

Volunteer Firefighter ___ Volunteer EMT ___ Part-Time FF/EMT ___

Date: _____

Name: _____
Last First MI

Address: _____ City: _____

_____ Zip Code: _____

Home Phone: _____ Work Phone: _____

1. Are you legally authorized to work in the U.S.? YES ___ NO ___

2. Have you previously applied for this department? YES ___ NO ___

If yes, when did you apply? _____

Personal and Medical Information

1. Date of Birth: _____ Place of Birth: _____
City, State
2. Social Security Number: _____
3. Marital Status: _____
4. Nearest Relative: _____ Contact Number: _____
5. Do you wear eyeglasses/contact lenses? YES ____ NO ____
If so which ones: _____
6. Do you have any physical or health limitations or disabilities that could interfere with your performance as a firefighter and/or life squad member? YES ____ NO ____
If you answered yes, please explain: _____

7. Family Doctor: _____
Address: _____
8. Will your doctor verify that you are physically able to perform the duties as a firefighter and/or life squad member? YES ____ NO ____
If no, please explain: _____

9. Personal Insurance Provider _____
10. The following list will be used in conjunction with above information for Personnel Accountability Tag(s)
 - a. Normal B/P for you: ____ / ____
 - b. Scars, Tattoos, other identifying marks: _____

 - c. Blood Type: A +/- B +/- A/B +/- O +/-

****Please ensure that questions 1, 4, 5, 7, and 10 are answered to the best of your knowledge****

Education and Training

1. High School: _____ Did you graduate: YES ____ NO ____
Number of years attended: _____ GED: YES ____ NO ____

2. College/Trade School: _____ Subject Major: _____
Did you earn a degree? YES ____ NO ____

3. Have you ever been or currently are a member of any other Fire Department or Life Squad?
YES ____ NO ____ If yes, which department(s): _____

4. Have you ever been discharged from any other Fire Department or Life Squad?
YES ____ NO ____ If yes, which department(s): _____

3. Are you currently listed as a KY Firefighter?

Level: Recruit 150hr 400hr

4. Are you currently CPR Certified? YES ____ NO ____ Expiration Date: _____

5. Are you currently a N.R./ KY Registered EMT? YES ____ NO ____
KEMESIS# _____ NREMT# _____
If No, is this an interest of yours? _____

6. Please list any skills or certifications obtained: If any certifications please attach.

Availability and Employment History

1. What are your hours of availability?

Monday	6a-12p ___	12p-6p ___	6p-12a ___	12a-6a ___
Tuesday	6a-12p ___	12p-6p ___	6p-12a ___	12a-6a ___
Wednesday	6a-12p ___	12p-6p ___	6p-12a ___	12a-6a ___
Thursday	6a-12p ___	12p-6p ___	6p-12a ___	12a-6a ___
Friday	6a-12p ___	12p-6p ___	6p-12a ___	12a-6a ___
Saturday	6a-12p ___	12p-6p ___	6p-12a ___	12a-6a ___
Sunday	6a-12p ___	12p-6p ___	6p-12a ___	12a-6a ___

2. Present Employer: _____ Supervisor: _____

Address: _____ Phone Number: _____

Job Title: _____ May we contact your employer? YES _____ NO _____

3. Please list your Military Service if applicable:

Branch of Service: _____ Reserve or National Guard Status: _____

4. References – please list three references that are not related to you.

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

Background and Driving Record Check

NOTE: The existence of a criminal record will not automatically disqualify you from membership with the department, though certain types of criminal convictions may prohibit you from working in certain positions.

1. Have you ever been arrested, indicted, convicted, or summoned into court as a defendant in a criminal proceeding or for the violation of any law or ordinance (excluding minor traffic violations)? YES _____ NO _____

If yes, date and place: _____

Nature of offense: _____ Disposition: _____

2. Do you agree to a criminal record check? YES _____ NO _____

3. Do you agree to a driver's license check? YES _____ NO _____

Driver's license number: _____ State: _____ Expiration: _____

4. Have your driving privileges ever been suspended, revoked, or refused? YES _____ NO _____

If so, why: _____

5. Auto Insurance: _____

APPLICANT CERTIFICATION

Please be sure to sign this application and read the following statements carefully:

I desire to be enrolled as an active member of the Ryland Heights Fire District. I hereby agree that, if elected or hired, I will abide by the By-Laws of the District and its rules and regulations. I will attend the required amount of drills and meetings, and I will assist at all fire department functions when possible. I further agree to obey all lawful orders from my officers when on duty. I also understand that if elected or hired to membership, I shall be on probation for a period of ninety days (90).

I understand that all fire department equipment, including pager, badge, uniform, etc. issued by the department remains the property of the Ryland Heights Fire District and that I will return such property to the department when I am no longer an active member or employee.

I certify that the information I have provided on this application is true and complete to the best of my knowledge. I understand that giving false information could result in rejection of my application or dismissal if accepted.

Name: _____

Signature: _____

Date: _____

AUTHORIZATION FOR BACKGROUND CHECK

I, _____ of _____,
(Name) (Number, Street, City, ST, Zip)

Do hereby authorize the Kenton County Police and FBI to search their records for any arrest, conviction, or other information they may have regarding me, and make this information available to the Ryland Heights Fire District.

Signature: _____ Date: _____

My description:

Date of Birth: Day _____ Month _____ Year _____

Height _____ Weight _____

Eye color _____ Hair color _____ Complexion _____

Scars or marks _____

Social Security Number _____

Driver's License Number _____

FOR OFFICE USE ONLY

Notes: _____

Date(s) Information Obtained:

Background Check _____

FBI Check _____

Copies Made (If Applicable):

Driver's License _____

Auto Insurance _____

CPR Card _____

EMT Card _____