

CITY OF FORT MITCHELL, KENTUCKY FIRE DEPARTMENT VOLUNTEER APPLICATION



We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process, contact the City Clerk at 859-331-1212.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE TYPE OR PRINT, except for signature. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. If an area does not apply to you, write N/A in the space. Today's Date:							
Position Applied for:	Volunteer Fire or EMS	Fire/EMS Intern Juni	ior Firefighter 🗆				
Last Name	First Name	Middle Name	Pho	one Number			
Present Stree	et Address	City	State	Zip Code			
How long have you lived	at the above address?	E-mail Address:					
Are you 18 years of age o	r older? Yes □	No □					
If selected, can you furnish proof you are eligible to work in the U. S. Yes □ No □							
Have you ever applied or been employed here before? Yes □ No □ If yes, when?							
Able to read, write and speak English; understand and follow supervisory direction: Yes \Box No \Box							
Do you have any physical or medical impairments which would prohibit you from performing firefighting or EMS duties? Yes No							
Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding; ever been convicted, fined, imprisoned, or placed on probation; ever been ordered to deposit bail or collateral for the violation of any law or ordinance (excluding minor traffic violations, where a fine or forfeiture of \$50.00 or less was imposed)? If yes, please give details, including dates and places							
If yes, give details		Yes □	No 🗆				
which you are applying is als	atomatically disqualify you from so considered. In addition, you we the crime for which convicted d	vill not be disqualified from c	onsideration solely	because of a prior			

EDUCATION List Name and Address of Schools Number of Diploma/ Years Degree / High School or GED: Completed Certificate Graduation Date (month & year): College or University: Declared Major or Subjects Studied: Anticipated Program Completion Date: Vocational or Technical: Subjects Studied: Anticipated Program Completion Date: Graduate, Fire / EMS Certifications or other education: MILITARY RECORD Branch of U.S. Military Service from (month/year) to (month/year): Highest Rank Attained: Military Occupation Specialty and/or Major Duties: Honors or Awards: WORK and VOLUNTEER SERVICE HISTORY List names of employers and volunteer service entities in consecutive order with present or last first. Account for all periods of time, including military service and periods of unemployment. If self-employed, give firm name. You must include all volunteer organizations or department you have been affiliated with. PLEASE GIVE MONTH AND YEAR. Name of Employer or Organization: Supervisor: Address: From (mo/yr) / To (mo/yr) City, State, Zip Code: Pay: Final \$ Start \$ Reason for Leaving: Title / Position: **Duties:**

Name of Employer or Organization:	Supervisor:			
Address:	From (mo/yr)	/ To (mo/yr)		
City, State, Zip Code:	Pay: Start \$	Final \$		
Title / Position:	Reason for Leaving:			
Duties:	I			
Name of Employer or Organization:	Supervisor:			
Address:	From (mo/yr)			
City, State, Zip Code:	Pay: Start \$	/ To (mo/yr) Final \$		
Title / Position:	Reason for Leaving:			
Duties:	·			
Name of Employer or Organization:	Supervisor:			
Address:	From (mo/yr)	/ To (mo/yr)		
City, State, Zip Code:	Pay: Start \$	Final \$		
Title / Position:	Reason for Leaving:			
Duties:				
Name of Employer or Organization:	Supervisor:			
Address:	From (mo/yr)	/ To (mo/yr)		
City, State, Zip Code:	Pay: Start \$	Final \$		
Title / Position:	Reason for Leaving:			
Duties:				
Name of Employer or Organization:	Supervisor:			
Address:	Francisco (and)	/Te (mel N		
City, State, Zip Code:	From (mo/yr) Pay:	/ To (mo/yr) Final \$		
Title / Position:	Start \$ Reason for Leaving:			
4.0				

REFERENCES							
Have you worked or attended school under any other names? If yes, give names:	Yes 🗆	No 🗆					
Are you presently employed? If yes, whom do you suggest we contact?	Yes 🗆	No □					
Have you ever been fired or asked to resign? If yes, please explain:	Yes □	No 🗆					
Give three personal references, no relatives, or former employers.							
Name Phone Relations	ship		Length of Time Acquainted				
AFFIDAVIT							
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING							
I certify that the answers given herein are true and complete to the best of my knowledge.							
I authorize investigation of all statements contained in this application and additional position-related background investigation as may be necessary in arriving at a decision.							
If selected for a position, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all city and fire department rules and regulations.							
I understand that neither this document nor any verbal promises made by the city or representative employee may be constituted as a contract for the position applied for.							
I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any relationship with the City is of an "at-will" nature, which means that either the appointee or city may terminate the relationship at any time, with or without cause or advance notice.							
I understand that this application is the property of the City. This application must be signed and dated below before I will receive consideration for a position.							
I have read, understand, and by my signature consent to these statements.							
Signature:		Date:					
This application will remain active for a limited time. Ask the City representative for details.							