



ELSMERE FIRE DISTRICT

P.O. Box 18451
 Elsmere, Kentucky 41018
 859-342-7505 • 859-342-2292 FAX

Volunteer Application

Applicant Information

Full Name:				Date:	
<i>Last</i>		<i>First</i>		<i>M.I.</i>	
Address:					
<i>Street Address</i>				<i>Apartment/Unit #</i>	
<i>City</i>				<i>State</i>	<i>ZIP Code</i>
Phone: ()			Cellular Phone: ()		
SSN: - -			E-Mail Address:		
DOB: - -					
Position Applied for	Fire <input type="checkbox"/>	EMS <input type="checkbox"/>	Both Fire & EMS <input type="checkbox"/>		
Are you a property owner in Elsmere?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How long have you lived at current address?		
Nearest Relative or Emergency Contact:				Phone Number:	

Previous Employment (List current or most recent first)

Dates (From – To)	Employer	Phone	Title/Position	Reason For Leaving

Previous Fire / EMS Experience (Not Listed with Employment)

Dates (From – To)	Department / Agency	Phone	Title/Position	Reason For Leaving

Qualifications / Skills / Certifications

KY Certified Firefighter	Yes <input type="checkbox"/> No <input type="checkbox"/>	KY Firefighter #:		Include copies of all certifications with application
KY EMT	Yes <input type="checkbox"/> No <input type="checkbox"/>	EMT #:		
Current CPR Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Exp Date:		
Standard First Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Exp. Date:		

Other Certifications or Skills:

For office Use Only

P-HX _____ Contact _____ Mtg _____ Status _____ OS _____ Member _____

Personal References

Full Name	Relationship	Phone / Contact Info	Years Known

Education

High School:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:				Address:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

Military Service

Branch:		Dates:	
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			

Legal / Background Information

Have you ever been arrested? <small>Note: Not disclosing an arrest will automatically disqualify you from membership.</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give details, dates, location of event(s)		
Do you have a valid Kentucky Operators License? (provide copy with application) <small>Kentucky Law requires address changes to be made within 10 days of moving.</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have your driving privileges ever been revoked for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, explain.		

Please Read Carefully

In submitting this application for membership with the Elsmere Fire District, I understand that an investigation may be made, whereby information is obtained regarding my character, employment, general reputation, educational background, criminal history and driving record. This information will be used to determine eligibility for membership. I authorize anyone possessing this information to furnish it to a representative of the Elsmere Fire District and I release anyone so authorized from the Elsmere Fire District from liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of membership, I understand that false or misleading information given in my application or interview may result in immediate termination of membership. I understand that as a member, I am required to abide by all Policies, Standard Operating Guidelines and Protocols adopted by the Elsmere Fire District. I also understand, that all equipment issued to me by the Elsmere Fire District, is the property of the Elsmere Fire District and agree to promptly return all equipment at the request of the Elsmere Fire District administration or at my separation from the Department.

Signature:		Date:	
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Please submit a copy of your current KY Operators License and any current certifications with your application.