

# CAMPBELL FIRE/RESCUE

7951 Alexandria Pike, Alexandria, Kentucky 41001

Phone (859)635-5991 Fax (859)635-0200

James Bell Fire Commissioner Timothy M Ford Fire/EMS Chief

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## APPLICATION FOR EMPLOYMENT

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Fill out each space completely. If an area does not apply to you, write N/A in the space.  
Please complete online at [www.CFRKY.org](http://www.CFRKY.org) and print it out to submit with all your certificates.

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Firefighter/EMT \_\_\_\_ Firefighter/Paramedic (not yet certified) \_\_\_\_ Firefighter/Paramedic \_\_\_\_

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Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

SSN \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Spouse's name or nearest relative \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

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### Military Service

Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Dates active \_\_\_\_\_ to \_\_\_\_\_

Are you a member of any reserve or National Guard unit? Yes \_\_\_\_ No \_\_\_\_

**Please include copy of DD214**

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### WORK HISTORY

Current Employer \_\_\_\_\_ Start Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Length of Employment \_\_\_\_\_

Previous Employer \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Dates \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Do you have any physical or medical impairments which would prohibit you from doing your job? Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_

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Previous experience as a Firefighter or EMS Member. List all departments or other volunteer organizations you have been affiliated with and the dates you were with each organization:

Department/Organization \_\_\_\_\_

Dates Start: \_\_\_\_\_ End: \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Department/Organization \_\_\_\_\_

Dates Start: \_\_\_\_\_ End: \_\_\_\_\_ Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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### EMS CERTIFICATIONS

KY EMT # \_\_\_\_\_ EMT Paramedic Expiration Date \_\_\_\_\_

NREMT # \_\_\_\_\_ Expiration Date \_\_\_\_\_

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### FIRE CERTIFICATIONS

KY Firefighter ID. # \_\_\_\_\_ Certification level \_\_\_\_\_

Haz Mat Level of Training \_\_\_\_\_

IFSAC Certification Level \_\_\_\_\_

### PLEASE PROVIDE COPIES OF ALL CERTIFICATIONS

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Name of High School attended \_\_\_\_\_

Diploma Yes \_\_\_ No \_\_\_

Name of College attended \_\_\_\_\_

Diploma Yes \_\_\_ No \_\_\_

**CHARACTER REFERENCES**

**Not Related Phone numbers are required**

**MUST INCLUDE THREE REFERENCES WITH COMPLETE INFORMATION**

_____	_____	_____
NAME	RELATION	PHONE #
_____	_____	_____
NAME	RELATION	PHONE #
_____	_____	_____
NAME	RELATION	PHONE #

**BACKGROUND**

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)?

Yes\_\_\_\_ No\_\_\_\_

If yes, please give details, including dates and places\_\_\_\_\_

Have your driving privileges ever been suspended, revoked or refused?

Yes\_\_\_\_ No\_\_\_\_ If yes, give reason\_\_\_\_\_

Do you currently hold a valid drivers license? Yes\_\_\_\_ No\_\_\_\_

Drivers License #\_\_\_\_\_

State\_\_\_\_\_ Expiration Date\_\_\_\_\_

Automobile Liability Insurance

Name of insuring auto agent or company\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

**A COPY OF YOUR DRIVERS LICENSE AND YOUR CURRENT AUTO INSURANCE  
MUST ACCOMPANY THIS APPLICATION WHEN SUBMITTED**

**PLEASE READ BEFORE SIGNING**

**AGREEMENT**

*I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS AND/OR OMISSION IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THE APPLICATION, OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE.*

*I AUTHORIZE CAMPBELL FIRE/RESCUE TO MAKE ANY AND ALL NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN, INCLUDING CRIMINAL RECORDS, EDUCATIONAL CREDENTIALS AND WORK EXPERIENCE CHECKS. REFERENCES OBTAINED ARE DONE SO IN CONFIDENCE AND I UNDERSTAND THAT MY RIGHTS TO REVIEW ANY REFERENCE MATERIAL IS WAIVED.*

*PRIOR TO EMPLOYMENT, I MUST PROVIDE INFORMATION RELATED TO IDENTITY AND EMPLOYABILITY. FAILURE TO PROVIDE APPROPRIATE DOCUMENTATION FOR VERIFICATION OF EMPLOYMENT ELIGIBILITY SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT AND/OR ANY OFFER OF EMPLOYMENT.*

*I UNDERSTAND THAT CAMPBELL FIRE/RESCUE POLICY PROVIDES ALL NEWLY HIRED EMPLOYEES WITH A SIX-MONTH INTRODUCTORY PERIOD (NOT INCLUDING TIME OFF WORK) THAT GIVES THE EMPLOYEE AND EMPLOYER AN OPPORTUNITY TO MUTUALLY DECIDE WHETHER OR NOT THE FUNCTIONS AND RESPONSIBILITIES OF THE NEW POSITION ARE A SATISFACTORY FIT WITH THE TALENTS AND SKILLS THE NEW EMPLOYEE BRINGS TO CAMPBELL FIRE/RESCUE. I FURTHER UNDERSTAND AND AGREE THAT DURING THIS INITIAL SIX-MONTH PERIOD I MAY DECIDE TO TERMINATE THE EMPLOYMENT RELATIONSHIP WITH NO CAUSE OR EXPLANATION REQUIRED, AND I UNDERSTAND THAT CAMPBELL FIRE/RESCUE HAS THAT SAME RIGHT. ONCE I HAVE SUCCESSFULLY COMPLETED THE INTRODUCTORY PERIOD, I SHALL BE CONSIDERED BY CAMPBELL FIRE/RESCUE TO HAVE EARNED REGULAR MEMBERSHIP.*

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**Signature of Applicant**

**Date**

CAMPBELL FIRE/RESCUE IS AN EQUAL OPPORTUNITY EMPLOYER