



CRESCENT SPRINGS VILLA HILLS FIRE DEPARTMENT

APPLICATION



It is the policy of Crescent Springs Villa Hills Fire Department to provide equal employment opportunities to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status and any other legally protected status under state and federal law. This application is not an employment contract. This application is to determine suitability for employment.

Position Applying For: _____
(Please specify for volunteer or paid employment)

Name: _____
(Print) Last First Middle

Address: _____
Number and Street Address City State Zip

Social Security Number: _____ Date of Birth: _____

Cell Phone Number: _____ Cellphone Carrier: _____

Email: _____

Have You Ever Volunteered Or Been Employed by CSVHFD: _____

Dates: _____ Title: _____

Date Available To Start: _____

Firefighter # _____ KY Certification # _____

Driver's License Information:
 Do You Have A Current and Valid Driver's License? YES NO
 Driver's License Number: _____ State: _____ Expires: _____
 Have You Ever Been Convicted Of A DUI: YES NO Dates: _____
 Have You Ever Been Cited For A Moving Violation In Any Emergency Apparatus: YES NO
 Have You Ever Had Your Driver's License Revoked in Another State: YES NO

Record of Previous Employment *(Please provide information in chronological order with most recent employer.)*

Employer: _____

Address: _____

Dates of Employment: _____

Starting Job Title: _____

Ending Job Title: _____

Immediate Supervisor Name and Email Address: _____

Reason for Leaving: _____

May we contact this employer: YES NO

Employer: _____

Address: _____

Dates of Employment: _____

Starting Job Title: _____

Ending Job Title: _____

Immediate Supervisor Name and Email Address: _____

Reason for Leaving: _____

May we contact this employer: YES NO

Employer: _____

Address: _____

Dates of Employment: _____

Starting Job Title: _____

Ending Job Title: _____

Immediate Supervisor Name and Email Address: _____

Reason for Leaving: _____

May we contact this employer: YES NO

Have you ever been terminated or asked to resign from any job? YES NO

If YES, please explain: _____

Are you currently under disciplinary action with KBEMS? YES NO

If YES, please explain: _____

Have you at any time had your certification restricted, revoked, denied or suspended in the Commonwealth of Kentucky or any other state? YES NO

If YES, please explain: _____

Were you referred? YES NO

By Whom? _____

Professional References *(Please list four professional references. References cannot be relatives.)*

Name: _____ Title: _____

Email Address: _____ Number of Years Known: _____

Relationship: _____

Name: _____ Title: _____

Email Address: _____ Number of Years Known: _____

Relationship: _____

Name: _____ Title: _____

Email Address: _____ Number of Years Known: _____

Relationship: _____

Name: _____ Title: _____

Email Address: _____ Number of Years Known: _____

Relationship: _____

By completing, submitting, and signing this application I authorize The Crescent Springs Villa Hills Fire Department, or its agents to investigate my background, character and general reputation by contacting references or any other individual that is deemed necessary.

I authorize my reference(s) and any other individual(s) contacted by the department or its agents to release any and all information requested and absolve those parties who provide information requested from any and all liability related to their doing so.

I authorize the department and its agents to investigate my driving record and criminal history and to release any pertinent information deemed necessary for investigation.

I understand that false or misleading information given in my application or interview(s) may result in discontinuation of the process for possible employment.

I certify that all the information that I have provided on this application is true and accurate.

Signature of Applicant

Printed Name of Applicant

Date

Date Received: _____

Received by: _____

MEMBERSHIP USE ONLY

FIRST READING: _____ SECOND READING: _____

PROBATION _____ TO _____

APPROVED AS: _____ ACTIVE MEMBER _____ ASSOCIATE MEMBER _____ HONORARY MEMBER

_____ LIFE MEMBER _____ EMS ONLY _____ FIRE ONLY _____ CADET

DATE: _____ MEMBERSHIP COMMITTEE: _____

PRESIDENT _____ FIRE CHIEF _____

ALS DIRECTOR _____