



Point Pleasant Fire Protection District Application

DATE OF APPLICATION:										
APPLICATION TYPE:					<input type="checkbox"/> Volunteer <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time					
					<input type="checkbox"/> Other: _____					
Applied here before?					<input type="checkbox"/> Yes <input type="checkbox"/> No		When?			
Member/Work here before?					<input type="checkbox"/> Yes <input type="checkbox"/> No		When?			
Name of last supervisor here:										
Reason for Leaving:										
PERSONAL INFORMATION										
NAME					Driver's License #			Expiration		
PRESENT ADDRESS				CITY			STATE		ZIP	
PHONE #			ALT. PHONE #			EMAIL ADDRESS				
EDUCATION										
School Level		Name & Location of School				# yrs.	Graduate?		Subject	
<input type="checkbox"/> GED <input type="checkbox"/> High School							<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> College <input type="checkbox"/> Trade/Tech							<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> College <input type="checkbox"/> Trade/Tech							<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> College <input type="checkbox"/> Trade/Tech							<input type="checkbox"/> Yes <input type="checkbox"/> No			
APPLICABLE CERTIFICATIONS (Please check all that apply and attach appropriate documentation)										
Firefighter Certification										
<input type="checkbox"/> KY 150 <input type="checkbox"/> KY 400 <input type="checkbox"/> IFSAC I <input type="checkbox"/> IFSAC II <input type="checkbox"/> Pro Board I <input type="checkbox"/> Pro Board II										
<input type="checkbox"/> Other: _____										
EMS Certification				Certification #			Expiration			
<input type="checkbox"/> CPR <input type="checkbox"/> First Aid										
<input type="checkbox"/> KY EMT <input type="checkbox"/> KY Paramedic										
<input type="checkbox"/> NREMT <input type="checkbox"/> NREMT-P										
<input type="checkbox"/> Other: _____										
Other Fire/EMS/Rescue Training and/or Specialized Skills/Experience:										

Current and Previous Employment			
Name Employer:			
Address of Employer:			
Start Date:		Start Salary:	
End Date:		End Salary:	
Supervisor Name:		Supervisor Title:	
Supervisor Contact #:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title:			
Description of Duties:			
Reason for Leaving:			
Name Employer:			
Address of Employer:			
Start Date:		Start Salary:	
End Date:		End Salary:	
Supervisor Name:		Supervisor Title:	
Supervisor Contact #:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title:			
Description of Duties:			
Reason for Leaving:			
Name Employer:			
Address of Employer:			
Start Date:		Start Salary:	
End Date:		End Salary:	
Supervisor Name:		Supervisor Title:	
Supervisor Contact #:		May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title:			
Description of Duties:			
Reason for Leaving:			
Other Applicable Experience:			
REFERENCES (Please provide three names of persons who have known you for at least one year)			
NAME	ADDRESS	CONTACT #	YRS ACQ.

Acknowledgements & Authorizations		
Applicants should read and initial each statement below		
Initials	Statement	
	I understand and agree that I may be required to take a physical examination to NFPA 1582 Standards.	
	I understand and agree that I may be required to complete and/or provide evidence that I successfully completed a Candidate Physical Ability Testing (CPAT) evaluation.	
	I understand and agree that I may be required to take a lie detector test(s) as a condition of hiring or continued employment.	
	I authorize the Fire District, or its agents to investigate my background, character and general reputation by contacting my references or any other individual the Fire District or its agents considers necessary.	
	I authorize my references and any other individuals contacted by the Fire District or its agents to release any information requested and absolve those parties who provide information requested from any and all liability related to their doing so.	
	I authorize the Fire District, or its agents, to investigate my background and driving record and to release any pertinent information deemed necessary for investigation.	
	I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.	
	I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if employed or a member, my employment/membership may be terminated at any time.	
	If considered for employment or membership, I agree to conform to the Point Pleasant Fire Protection District's Policies and Procedures and submit to the identified chain of command.	
	I understand and agree that the conditions of my employment or membership may be changed, with or without cause and with or without notice, at any time by the Point Pleasant Fire Protection District	
	I agree that my employment and compensation or membership can be terminated, with or without cause, and with or without notice, at any time at either my or the Point Pleasant Fire Protection District's option.	
DATE	PRINTED NAME	SIGNATURE

APPLICATION CHECKLIST

	Application completed in full
	Acknowledgements & Authorizations initialed and signed
	Copy of valid driver's license or photo ID attached
	Release for background check signed and attached
	Copies of all pertinent educational degrees attached (minimum HS diploma or GED)
	Copies of all pertinent EMS certifications/training records attached
	Copies of all pertinent Fire certifications/training records attached
	Copies of other pertinent certification/training records attached
Completed applications must be mailed or dropped off to: POINT PLEASANT FIRE PROTECTION DISTRICT 3444 TURFWAY ROAD BOONE COUNTY, KY 41018 OFFICE: (859) 283-2798 FAX: (859) 283-2104	

ADMINISTRATIVE USE ONLY

Date Received:

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Received by:

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Comments:

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PROCESSING LOG

DATE	EVENT DESCRIPTION