



UNION FIRE PROTECTION DISTRICT
9611 U.S. HWY. 42
UNION, KENTUCKY 41091

(Phone) 859-384-3342 (Fax) 859-384-5281

Welcome!

Dear Applicant:

Thank you for your interest in Union Fire Protection District. We are a group of highly dedicated, trained personnel providing emergency services to the residents and visitors of the Union area. Our “Commitment to Excellence” is the driving force of our customer service.

If you are willing to commit to teamwork, training and community service, please complete this application. We are a quality organization with many opportunities to serve.

Thank you!

Michael Morgan, Chief

Last Name, First Name _____

Date _____



Membership Application

Member's Name _____

Social Security # _____

Physician's Statement of Ability

In my professional opinion, _____ is physically capable of performing the duties of a Kentucky Certified Firefighter and Responder for the Union Fire Protection District. This job will involve walking, standing and/or kneeling on various levels of terrain, or for various distances, the wearing of self contained breathing apparatus/respirators, the ability to endure various outdoor elements, and exposure to smoke and heat.

This patient has the following limitations:

This patient has no limitations: _____

Physician's Signature: _____

Date: _____



Membership Application

PERSONAL INFORMATION

Application Date

Position Desired

You are applying for: Volunteer Part-time Full-time Explorer

College Program Residency Program

Division you are applying for: Fire & EMS Fire Only EMS Only

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Social Security Number: _____

Date of Birth: _____

Telephone, Cellular Telephone & Pager Numbers

Home

Work

Cellular

Pager

Email address



Membership Application

GENERAL INFORMATION

Are you a U.S. citizen? Yes No If not, what is your immigration status?

Are you over the age of 18? Yes No

Do you have any relatives, by blood or marriage, currently a member of the Union Fire Protection District (UFPD)? Yes No

If the answer is affirmative, please state:

Name of relative currently a member: _____

What relation to you: _____

Position of relative with UFPD _____

Have you ever been dismissed or forced to resign by an employer or volunteer organization? Yes No If so, please explain:

Have you ever been convicted of a felony? Yes No If yes, please explain. This may be relevant if job related, but does not bar you from employment.



Membership Application

Have you ever been involved in any civil action in or out of court, as a plaintiff or defendant as a result of a criminal traffic or other incident for any reason? If so, please explain:

Do you hold a valid driver's license? Yes No If so:

State of Issue

Date of Issue

License Number

List any and all motor vehicle accidents you have been involved in:

List all traffic citations received, including date, agency, location, violation and disposition.



Membership Application

Fire & Emergency Medical Service Experience

Do you have experience in the fire and EMS services? Yes No

Are you in the Kentucky Fire Commission Training Database System? Yes No

If so, how many hours? _____

Are you Kentucky Volunteer Certified? Yes No

Are you Kentucky Career Certified? Yes No

Are you certified in CPR First Aid First Responder

Are you a Kentucky or Nationally Certified EMT ? Yes No

If Yes, your certification number? _____

Are you a Kentucky or Nationally Certified Paramedic? Yes No

If Yes, your certification number? _____

Please list Fire and Emergency Organizations where you have served if applicable:

Organization Name

City & State

Dates Served

Telephone Number

Organization Name

City & State

Dates Served

Telephone Number



Membership Application

Education & Training

High School Attended: _____

Address: _____

Do you have a high school diploma? Yes No

Please list other education you have received:

Institution Name

City & State

Degree Earned? Type of Degree

Major Area Of Study

Institution Name

City & State

Degree Earned? Type of Degree

Major Area Of Study

Institution Name

City & State

Degree Earned? Type of Degree

Major Area Of Study



Membership Application

List other training received (Special Courses, Work Training Programs, Armed Forces Training, etc.):

List special qualifications and skills (Licenses, Skills With Machines, Patents Or Inventions, Publications, etc.):

References

<u>Name</u>	<u>Address</u>	<u>Years Known</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional references on the back of the form.



Membership Application

Employment Record

List below all present and past employment information.

Employed By

Dates/Salary

Address

Reason For Leaving

Duties Performed

Employed By

Dates/Salary

Address

Reason For Leaving

Duties Performed

Employed By

Dates/Salary

Address

Reason For Leaving

Duties Performed



Membership Application

IMPORTANT

Verification

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Waiver

I wave any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Release

I hereby release any and all individuals, companies and organizations to provide requested data to the Union Fire Protection District, its agents and employees, so that it may verify the contents of this application and my suitability for employment.

Applicant's Signature

Date



Membership Application

THIS EMPLOYMENT APPLICATION IS DESIGNED TO BE CONTINUING IN NATURE AS TO ALL INFORMATION CONTAINED HEREIN.

Between the date of completing this employment application and the date of notification of my possible appointment to Union Fire Protection District position, I hereby agree to inform the Chief of the Union Fire Protection District of any change in:

- A. My physical well-being or injury that occurred. This includes any medical procedure, which a physician diagnoses as necessary or may be necessary.
- B. Update my arrest record, including felonies, D.U.I.'s, reckless driving, traffic violations, license suspensions or automobile accidents.
- C. All other information or data contained in the application.

Failure to inform the Chief could be cause for disciplinary action up to dismissal and/or might seriously impact my medical benefits.

In addition if any physical, mental or emotional condition exists which could impair my ability to perform my job in an unrestricted manner I agree to provide a doctors statement so indicating and indicating what type of accommodations I might require to perform the requirements of the position to which I may be appointed.

Applicant's Signature

Date



Membership Application

WAIVER OF RESPONSIBILITY RELATED TO TESTING FOR PHYSICAL CAPABILITIES

I fully understand that the duties of the Fire Division personnel are physically demanding. Further I am required to participate in and pass a most rigorous physical capabilities testing process. This series of tests, conducted during one day and/or evening, may include but not limited to a fire service combat test and/or exercises such as sit ups, running one and one half miles, push ups, pull ups, ladder climbing, lifting and carrying weights (up to 125 pounds), walking beams and other similar exercises.

Knowing of these demands of comparative testing, I proclaim that I am physically and psychologically fit to participate in such testing; and further, that I absolve the Union Fire Protection District, or their representatives of any and all responsibility relating to such testing directly related to any past or pre-existing, or current conditions, known or unknown, that might result in injury, in any form, as a result of such testing.

Applicant's Signature

Date



Application Check List

- Application completed.
- All appropriate signatures completed.
- Copy of Birth Certificate attached.
- Copy of High School Diploma or GED attached.
- Copy of Military Discharge (If Applicable)
- Copy of Driver's License
- Copy of Auto Insurance Card
- Copy of Firefighter Certifications
- Copy of EMT or Paramedic Certification Card (If Applicable)
- Physician's Statement of Ability completed.