

HIGHVIEW FIRE DISTRICT MEMBERSHIP APPLICATION

Application for:

Volunteer Firefighter

Reactivation/Transfer Firefighter

Other

PLEASE COMPLETE THE FOLLOWING INFORMATION (Print or Type)

Full Name _____

Last

First

Middle

Current Address:

Street _____

City _____

Telephone No: Home: _____

Work: _____

Other: _____

Previous Address (If Above Address is Less Than 5 Years)

Street _____

City _____

State & Zip _____

In Case of Emergency, NOTIFY:

Name: _____

Relationship _____

Address _____

Home: _____

Work: _____

Other: _____

Present Employer:

Name: _____

Position: _____

Address: _____

How Long: _____

Previous Fire/Emergency Service Experience (Most Recent)

Department: _____ **Rank/Position:** _____

Type of Department: _____ Volunteer _____ Combination _____ Paid _____ Service Date: _____

Address: _____

Telephone: _____ Chief's Name: _____

Department: _____ **Rank/Position:** _____

Type of Department: _____ Volunteer _____ Combination _____ Paid _____ Service Date: _____

Address: _____

Telephone: _____ Chief's Name: _____

Current Certifications (Fire Service Instructor, EMT, CPR, Other)

Type: _____ No: _____ Expires: _____

Type: _____ No: _____ Expires: _____

Type: _____ No: _____ Expires: _____

Education: (Check all that apply)

_____ High School Student at _____ Grade _____

_____ High School Diploma of GED from _____ Year _____

_____ If you did not graduate from high school, list highest grade level completed _____

Vehicle Operators License No: _____ **State:** _____ **Expires:** _____

Please Attach a Photo Copy of Your Vehicle Operators License
(Application Cannot Be Processed Without This Item)

Has your Operators License ever been suspended or revoked? _____ **YES** _____ **NO**

If Yes, Please Explain: _____

Have you ever been convicted of a felony? _____ YES _____ NO

List Criminal Convictions for the Past 3 Years

Date Description

List all Traffic Citations for the Past 3 Years (Do Not Include Parking Violations)

Date Location Description

List all automobile accidents for the 3 years

Date Location Nature of Accident

Do you have insurance for your private vehicle? _____ YES _____ NO

Please Attach a Photo Copy of Your Proof of Insurance Card
(Application Cannot Be Processed Without This Item)

Give Names, Addresses and Telephone Numbers of three (3) References who are not related to you.

I understand that membership is probationary for a period of SIX MONTHS during which I must demonstrate my fitness for continued membership with the Highview Fire District. I further understand that I may be required to pass a medical evaluation and drug screening through the Fire District's doctor as a condition of continuing membership.

In order that the Chief or his designee may be fully informed as to my personal character and qualifications for membership, I refer to my employer, references given and any other person who may have information concerning me. I do agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

I understand that willfully withholding information or making false statements on this application will be grounds for dismissal or exclusion from consideration for membership.

Applicant's Signature: _____ **Date:** _____

Revised 07-12-2005

AUTHORIZATION FOR ARREST RECORDS CHECK HIGHVIEW FIRE DISTRICT

I, _____
(Signature)

do hereby authorize the **Louisville Metro Police Department** or any other **Police Agency** who may have arrest records or any other information regarding myself to release same without reservation, to the **Highview Fire District**. I am applying as a Volunteer Firefighter with the above named Fire District and the information is a requirement for acceptance.

Please print the following information

NAME: _____

HOME STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

_____ **SEX** _____ **RACE** _____ **Date of Birth** _____

_____ **Social Security Number** _____ **EYES** _____ **HAIR** _____

_____ **WEIGHT** _____ **SCARS or MARKS** _____

DO NOT WRITE BELOW THIS LINE

Date: _____

Signature and title of person requesting records check from the Highview Fire District.

Signature: _____ **Name/Title:** _____

Chief or Designee of the Highview Fire District

Signature: _____ **Name/Title:** _____

Or

Signature: _____ **Name/Title:** _____

APPLICANT DO NOT WRITE ON THIS PAGE

INVESTIGATION RECORD

APPLICANT: _____ SOCIAL SECURITY # _____

- | | | <u>DATE</u> |
|----|--|-------------|
| 01 | Application Received: | _____ |
| 02 | Address Confirmed: _____ YES _____ NO | _____ |
| | Station Assignment: _____ | |
| 03 | Application Receipt Letter Sent to Applicant? _____ YES _____ NO | _____ |
| 04 | Criminal Record Investigation Complete | _____ |
| | Date Requested: _____ Date Received: _____ | |
| 05 | Driving record Investigation Complete: | _____ |
| | Date Requested: _____ Date Received: _____ | |
| 06 | COMMENTS: | |

COMMAND STAFF RECOMMENDATION

Approved Application Disapprove Application Conditional Approval

Date: _____ Signature: _____ Rank: _____

ACCEPTANCE PROCESSING

- Acceptance letter mailed to the applicant _____
- Class notification letter mailed to the applicant _____
- Training File prepared _____
- Data entered in the Training Data Base FFID# _____
- Personnel file prepared and forwarded secretary _____