

Owenton Volunteer Fire Department
404 South Main Street
Owenton, Kentucky 40359
502-484-2131

Application For Membership

Date : ____ / ____ / ____ Position Applying For: Fire _____ Other _____	Received By: _____ Date Received: ____ / ____ / ____
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Applicants Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Social Security #: _____ - _____ - _____

Date Of Birth: ____ / ____ / ____ Sex (M) (F) Hair Color: _____

Marital Status: (S) (M) (W) (D)

Eye Color/Vision: _____ Height: _____ Weight: _____ Lbs.

Previous Alias/Maiden: _____

Previous Address (Last 2years): _____

Employment Information:

Present Employer: _____

Address: _____ City/State/Zip: _____

Business #: (____) _____ - _____ Position: _____

Previous Employer: _____ Phone: _____

Address: _____ Cty/State/Zip: _____

Driver/Vehicle Information:

Drivers' License Number: _____ **Expires:** ____ / ____ / ____

How Long Have You Driven A Car: _____ **Any Accidents:** _____

Any Traffic Violations: _____ **If Yes Explain:** _____

Vehicle Make: _____ **Model:** _____

Vehicle Vin Id #: _____ **Year Of Vehicle:** _____

License Plate # _____ **State:** _____ **Color:** _____

Fire/Ems Training:

Previous Fire/Ems Training: Fire: _____ Ems _____ Both: _____ None: _____

Do You Have A Current EMT #: _____ **If So What #:** _____ **Expires:** ____ / ____ / ____

Are You Currently Certified In CPR: _____ **If So, Expiration:** ____ / ____ / ____

Any First Aid Training: _____ **If So What:** _____

Any Fire Service Training: _____ **If Yes Explain:** _____

And What Department (S): _____

Have You Ever Served In The Military Branch: _____ **Years Served:** _____

State Any Additional Information You Feel May Be Helpful To Us In

Considering Your Application: _____

Education:

Elementary School: _____ **Year:** _____

High School: _____ **Did You Graduate: (Y) (N)**

If No, Do You Have A G.E.D.: _____ **Year:** _____

Any Other Training Or Schooling, Specify: _____

**Please Give Five References That Are Neither Fire Or EMS Members Or Relatives
(**Please Fill Out Completely**)**

Name: _____ Phone #: (____) _____ - _____

Address: _____ City/State/Zip: _____

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Address: _____ City/State/Zip: _____

Name: _____ Phone #: (____) _____ - _____

Address: _____ City/State/Zip: _____

Persons To Contact In Case Of An Emergency: (Not On Fire Department)

Name: _____ Phone #: (____) _____ - _____

Relationship: _____

Name: _____ Phone #: (____) _____ - _____

Relationship: _____

Please Answer Yes Or No To The Following Questions:

Have You Ever Been Convicted Of A Misdemeanor Or Felony? _____

Do You Use Drugs, Alcohol, Or Other Controlled Substances To The Extent That It May Affect Your Ability To Perform The Duties Of A Fire Fighter? _____

Do You Have Any Physical, Mental Or Other Disabilities Which Would Prevent You From Performing As A Fire Fighter? _____

Office Use Only:

Application Date: ____ / ____ / ____

Letters: (1) ____ / ____ / ____ (2) ____ / ____ / ____ (3) ____ / ____ / ____

Reference Letters Sent: ____ / ____ / ____

Interview Date: ____ / ____ / ____ Interviewers: _____

Accepted/Rejected (Probationary Date: ____ / ____ / ____ Sponsor: _____

Training Completion Date: ____ / ____ / ____ Evaluation Date: ____ / ____ / ____

Accepted/Rejected (Permanent): ____ / ____ / ____

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To Be Read and signed By All Applicants

By Completing And Submitting This Application, I

Authorize The City Of Owenton, Or Its Agent To Investigate My Background, Character, General Reputation And Prior Employment By Contacting My Prior Employers, References Or Any Other Individual The City Of Owenton Or Its Agent Considers Necessary;

Authorizes My Prior Employers, References And Any Other Individuals Contacted By The City Of Owenton 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;

Authorize The City Of Owenton, Or Its Agents To Investigate My Entries On It And Information In It Are True And Complete To The Best Of My Knowledge;

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.

Understand that False or Misleading Information Given In My Application or Interview (S) may Result In Discharge. I Understand, Also That I Am Required To Abide By All Rules And Regulations Of The Owenton Volunteer Fire Department.

Understand That Upon Accepting Of My Application At The Next Regular Meeting, That For The Next 6 Months I Am On Probation. I May Be Dismissed At Any Time For Breaking The Rules And Regulations Of The Owenton Volunteer Fire Department, City Of Owenton Or Commonwealth Of Kentucky.

Signature: _____ Date: ____ / ____ / ____

