

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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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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Owenton, Kentucky 40359  
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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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

