

Calvert City Fire Department Application



Name: _____
Last First Middle

Social Security Number: _____

Phone Number: Home: (_____) _____ Business: (_____) _____

Address: _____

Do you live within the city limits of Calvert City? Yes No

Are you over the age of 18? Yes No

Have you ever been convicted of a felony? (note: This is an important factor, but does not bar you from acceptance): Yes No

If yes, please explain: _____

Do you have a valid driver's license: Yes No

What are your current work hours? _____

Do you consider yourself able to perform the essential functions of a volunteer fireman? Yes No

Do you have a high school diploma or GED? Yes No

High school attended? _____

Please list other education you have received:

Have you received any training or experience as a fireman? (special courses, work training programs, armed forces, etc.)? Please explain.

Do you have any special skills (such as mechanic, welder, plumber, etc.)? Please explain:

As standard procedure, this position is subject to satisfactory background check.



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Please list three persons, other than relatives or former employers, who have knowledge of your character and/or abilities:

Name	Address	Yrs. Known	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRESENT EMPLOYER

Name and address of current or most recent employer:

Your job title/responsibilities:_____

Supervisor:_____ Phone Number:_____

IMPORTANT - PLEASE READ CAREFULLY

The Calvert City Fire Department recognizes equal opportunity and does not discriminate on the basis of race, sex, color, religion or national origin. However, applicants must be able to meet the age and physical requirements prescribed by law.

Your application for membership is only one part of the acceptance process. Other provisions are contained in the By-Laws and Standard Operating Procedures of the Fire Department. A copy of each is available to you. We recommend you read these before submitting this application and bear in mind the following:

_____ We reserve the right to check all information for accuracy and completeness and to contact the references given

_____ All applications for this Department are a matter of public record

_____ If you need assistance to complete this application, any City Hall employee or Fire Department member will provide assistance

IMPORTANT

I hereby affirm that the information provided on this membership application is true and complete to the best of my knowledge. I understand that false information or major omissions may prevent my acceptance into the Department.

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

Applicant Signature

Date