



# PEWEE VALLEY FIRE PROTECTION DISTRICT



## APPLICATION FOR VOLUNTEER FIREFIGHTER

### Personal Data

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Last

First

Middle

Social Security Number:

□□□□□□

Street

City

State

Zip

Phone Number:

□□□□ - □□□□ - □□□□

Date of Birth:

□□ - □□ - □□□□

### Experience and Education

Highest level of formal education: \_\_\_\_\_ List any specialized training: \_\_\_\_\_

Years experience in the fire service: \_\_\_\_\_

Which department(s): \_\_\_\_\_ Are you a KY certified firefighter? YES NO

Highest rank held: \_\_\_\_\_ Years at that rank: \_\_\_\_\_ EMT number: \_\_\_\_\_ Paramedic number: \_\_\_\_\_

### Medical History

Blood type: \_\_\_\_\_ Allergies: \_\_\_\_\_

High blood pressure? YES NO Are you taking medication now? YES NO

Are you afraid of heights? YES NO If yes, what? \_\_\_\_\_

Explain any medical problems you have: \_\_\_\_\_

### Driving Information

Do you have auto insurance? YES NO What insurance company? \_\_\_\_\_

Operators license number: \_\_\_\_\_ What state are you licensed in? \_\_\_\_\_

Ever had your license suspended/revoked? YES NO Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

### Emergency Contacts

#### First Contact

#### Second Contact (only if first contact is not reachable)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: □□□□ - □□□□ - □□□□ Phone Number: □□□□ - □□□□ - □□□□

### Comments

Briefly explain why you wish to become a member of the Pewee Valley Fire Department:

I completed this application truthfully and completely. I authorize the Pewee Valley Fire District to verify all of my answers to this application. I understand and agree to give permission to the Pewee Valley Fire District to check driving records annually, police records, physicians records, and to verify this information with any other persons or entities listed in this application. I further understand that any misrepresentation of information on this application may result in automatic dismissal from the department.

Applicant's Signature:

Date:

Chief's Signature:

Date: