

# PEWEE VALLEY 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

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

Date                      Location                      Description

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**List all automobile accidents for the 3 years**

Date                      Location                      Nature of Accident

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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.**

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**I understand that membership is probationary for a period of SIX MONTHS during which I must demonstrate my fitness for continued membership with the Pewee Valley 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 PEWEE VALLEY 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 **Pewee Valley 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** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

**Date:** \_\_\_\_\_

**Signature and title of person requesting records check from the Pewee Valley Fire District.**

**Signature:** \_\_\_\_\_ **Name/Title:** \_\_\_\_\_

**Chief or Designee of the Pewee Valley Fire District**

**Signature:** \_\_\_\_\_ **Name/Title:** \_\_\_\_\_

**Or**

**Signature:** \_\_\_\_\_ **Name/Title:** \_\_\_\_\_



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APPLICANT DO NOT WRITE ON THIS PAGE  
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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:                                                        |             |

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COMMAND STAFF RECOMMENDATION  
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Approved Application                       Disapprove Application                       Conditional Approval

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Rank: \_\_\_\_\_

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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 \_\_\_\_\_



# EMPLOYEE SETUP SHEET

Department Code  
(optional)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Company Name \_\_\_\_\_

DOB \_\_\_\_\_ SSN# \_\_\_\_\_ Email Address \_\_\_\_\_ Hire Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Gender**

- Male
- Female

**Pay Information**

- Hourly
- Salary

**Employee Type**

- Full Time
- 1099
- Temporary
- Part Time

**Employee Status**

- Active
- New Hire
- Terminated
- Inactive

**Pay Type**

- Check
- Direct Deposit

**Regular Pay Rate**

\$ Per Hour \_\_\_\_\_ or Salary/Pay Period \_\_\_\_\_

**Overtime Rate**

\$ \_\_\_\_\_

**Other Rate**

\$ Per Hour/Pay Period \_\_\_\_\_

**Direct Deposit Information**

- Checking  Savings
- Checking  Savings
- Checking  Savings

\$ or %*	Routing Number (9 digits)	Account Number	Bank Name

*\*With fixed dollar amount or percentage, the "remainder" will be deposited into the last account entered.*

**Deductions**

Deduction Name	Amount / \$ or %

**Federal Tax Info**

Filing Status  Married  Single

Allowances \_\_\_\_\_

Additional Withholding Amount  
\$ \_\_\_\_\_

**State Tax Info**

Filing Status  Married  Single

Head of Household  Other

Income Tax Filing State \_\_\_\_\_

Unemployment Filing State \_\_\_\_\_

Allowances \_\_\_\_\_

Additional Withholding Amount \$ \_\_\_\_\_





## **OLDHAM COUNTY CENTRAL DISPATCH**

### **CONFIDENTIALITY POLICY – ACTIVE911**

Active911 provides various services, which may include one or more of the following: paging, dispatch, mapping, response coordination, data logging, proximity information, 911 dispatch data, and other services. The Active 911 system is provided by the Oldham County Dispatch Center to facilitate in the prompt dissemination of information to our surrounding agencies assisting with 911 emergencies. The information provided during the transmission from central dispatch to our assisting agencies may contain sensitive information of a personal nature necessary for the Central Dispatch Center to obtain and utilize for the immediate resolution of the dispatched calls. This information may include but is not limited to names, addresses, contact numbers, physical descriptive, sensitive details regarding the emergency and medical information safeguarded through HIPPA.

The information entered into/stored/ dispatched thru the Active911 servers is to be respected and the privacy of this information safeguarded with utmost regard. All information accessible thru the Active 911 system is considered confidential and shall not be released, removed, altered or utilized by any employee/agent other than in the performance of their official duties. Dissemination of any personal information by but not limited to texting, screen shots, or posting on any social networking site is strictly prohibited. Anyone with access to the Active911 system provided by Oldham County Central Dispatch suspected of abusing/improperly disseminating/verbally discussing outside of their official duties any confidential information obtained through the Active911 system will be subject to review and potential termination of access to Active 911.

The Active911 system is provided for the expressed use of Oldham County Dispatch and its assisting agencies. The system is to be utilized only by those performing in a first responder capacity as approved by the director/chief of your corresponding agency. Anyone utilizing the system outside of its intended use will be subject to review and potential revocation of license. This agreement continues in full force and effect for as long as you remain an active member working in a first responder capacity.

By signing below, I acknowledge receipt of this policy and adhere to its terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Phone: iPhone \_\_\_\_\_ Android \_\_\_\_\_ Windows: \_\_\_\_\_ Other: \_\_\_\_\_

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

If you currently have access to Active911 through another agency, please list your code and name of issuing agency:

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For OCD Use Only: Assigned Device Code: \_\_\_\_\_