

**JEFFERSONTOWN FIRE PROTECTION DISTRICT  
APPLICATION TRACKING SHEET  
(Fire Department Use Only)**

Name:

Personnel Number:

#	Description	Accepted or Completed Date	Rejected Date	Initials of Person(s)
01	Application Received			
02	Reviewed By Committee			
03	Drivers License			
04	GED/High School Diploma			
05	Liability Insurance			
06	State EMT/Paramedic Cert/License			
07	CPR Certification			
08	ACLS Certification (Paramedic Only)			
09	PALS Certification (Paramedic Only)			
10	Employment History			
11	Interview w/References			
12	Police Record Check			
13	Interview w/Applicant			
14	Interview Score			
15	Applicant Advised Disposition			
16	Original to Secretary Copy – Personal File Copy – Medical Bureau			
17	FF 150 hours certification			
18	FF 150 hours certification			
19				
20				

The Jeffersontown Fire Protection District is an equal opportunity employer.

## **DESCRIPTION OF FIREFIGHTER POSITION**

**ESSENTIAL FUNCTIONS:** The most important and indispensable duties required of a firefighter with the Jeffersontown Fire Protection District relate to the fire suppression and rescue procedures, including the following functions:

1. **SAFETY:** A firefighter must:

- (a) Know the dangerous building conditions created by fire;
- (b) Be able to act in a fire situation or hostile environment; and,
- (c) Be able to use safety procedures in emergency operations in relation:
  - (1) Protective equipment
  - (2) Team work
  - (3) Portable tools and equipment;
  - (4) Riding on apparatus
  - (5) Hazardous materials incidents.

(d) Not pose a direct threat or significant risk to the health or safety of other firefighters or the public.

2. **EMERGENCY MEDICAL CARE AND RESCUE:** A firefighter must be able to examine a victim to identify symptoms of life threatening injuries and be able to search for victims in smoke-filled buildings or other hostile environments, and remove injured persons from the immediate hazard.

3. **FIRE EQUIPMENT:** A firefighter must be able to use fire equipment such as nozzles and hose appliances carried on a pumper, advance dry hose lines, connect hose, work from a ladder with a charged attack line, carry hose into a building, and replace a burst section of hose line, in an emergency situation.

4. **SELF CONTAINED BREATHING APPARATUS:** A firefighter must know the various hazardous respiratory environments encountered in firefighting and be able to use self-contained breathing apparatus in an emergency situation.

5. **FORCIBLE ENTRY AND VENTILATION:** A firefighter must be able to use manual forcible entry tools, know the advantages and effects of ventilation, and be able to ventilate a fire.

6. **LADDERS:** A firefighter must be able to carry, raise, and climb ground and aerial ladders while carrying firefighting tools or equipment while ascending and descending, and while bringing an injured person down the ladders.

## **Minimum Qualifications**

- ◆ Minimum of 18 years of age
- ◆ Minimum of a high school diploma or GED
- ◆ Valid driver's license
- ◆ Liability Insurance, current
- ◆ Satisfactory criminal and employment background check
- ◆ Successful completion of a Jeffersontown Fire Department provided physical examination
- ◆ Kentucky certified Emergency Medical Technician or Paramedic

\*\*CPAT is waived for temporary employment and/or lateral entry paid firefighter (Previous CPAT if hired after 2013)

The following description will help the applicant understand the department's method of handling applications for membership:

Any person eighteen (18) years of age or older desiring must complete application and return to the Jeffersontown Fire Protection District. Application package must include the following materials:

- Page 1. Tracking Sheet (FD use only)
- Page 2. Application Outline
- Page 3. Pre-application Sheet
- Page 4. Description of position
- Page 5. Term of Membership/ Application process
- Page 6. Personal Information page
- Page 7. Employer History page
- Page 8. Background Information page
- Page 9. Kentucky Courts Record Check

Applicant must provide the paperwork associated with the desired position:

1. Copy of valid driver's license
2. Copy of GED/High School diploma
3. Copy of Auto insurance card
4. Copy of state EMT/Paramedic certification/License
5. Copy of current CPR card
6. Copy of current ACLS card (paramedic only)
7. Copy of current PALS card (paramedic only)

The Committee will review the application and make sure all information is supplied.

Applicant initials\_\_\_\_\_

**APPLICATION**

Career Fire

NAME \_\_\_\_\_

                    Last                                    First                                    MI

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

ARE YOU 18 YEARS OF AGE? YES or NO

CIRCLE HIGHEST GRADE COMPLETED

HIGH SCHOOL

9 10 11 12

COLLEGE

1 2 3 4

TRADE SCHOOL

1 2 3 4

Have you ever been a member of another Fire or EMS department? YES or NO

Department name: \_\_\_\_\_

Phone # \_\_\_\_\_

**CURRENT EMPLOYMENT**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

WORK SCHEDULE \_\_\_\_\_

PHONE # \_\_\_\_\_

List 3 names, addresses, telephone numbers that are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Terms for Membership/ Application process

I understand that should I lose or forfeit for any reason either my operator's license or my automobile liability insurance, JFD has grounds for disciplinary action up to and including discharge. Should I fail to notify the proper fire department authorities of the loss of either my operator's license or liability insurance within 48 hours, I could face disciplinary action up to and including discharge.

I understand that any and all issued items and equipment remain in the property of the department and I am responsible for properly returning them to the department at any time that my active membership terminates. The issued items must be returned to the Equipment Officer or his designated person.

I desire to be enrolled as an active member in the Jeffersontown Fire Protection District. I hereby agree, if accepted, that I will abide by the By-Laws of the department, its rules and regulations. I further agree to obey all lawful orders from my officers when representing the Jeffersontown Fire Protection District. I also understand that if qualified for membership, I shall be on probation for a period of at least one (1) year.

### CONSENT TO UNDERGOING A PHYSICAL EXAMINATION & STRESS TEST

Being 18 years or older, I do hereby voluntarily consent to undergoing a physical examination and stress test provided to me by the Jeffersontown Fire Protection District for the purposes of determining my physical fitness to become or remain a position with the Jeffersontown Fire Protection District. I do hereby do further agree to hold the Jeffersontown Fire Protection District harmless for any errors or omissions on the part of the medical team conducting the physical examination and stress test.

To my knowledge there are no medical or physical reasons why the Jeffersontown Fire Protection District would cause me to incur injury or illness .

Applicant initials\_\_\_\_\_

## Personal Information

PRINT IN INK. Answer each item completely and accurately. Incomplete answers may disqualify you or may cause delays. FALSE answers may lead to rejection of application and/or dismissal. Please write the letters "NA" (Not Applicable) in those sections which do not apply to you. Attach additional pages if needed.

Father's Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Your contact Number \_\_\_\_\_

List all former addresses you have had during the past five years.

\_\_\_\_\_

Place of Birth (City/State) \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Driver's information

Type of auto: \_\_\_\_\_ Insurance Company \_\_\_\_\_

Agent and phone#: \_\_\_\_\_

Education and Training: Give complete information.

Schools	Name and Address Of Schools	Attended from to	Hours Earned	Date of Graduation	Major Minor	Degree
Grade School						
High School or GED						
College or University						
Vocational or Business						

Have you ever served in the military?  Yes  No

If yes, complete the following:

Dates From: _____ To: _____	Branch: _____	Rank at Time of Discharge: _____
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Are you a United States citizen?  Yes  No

## Employment History

Employment Experience: Begin with your most recent job and describe in detail each specific job you have had in the last fifteen- (15) years. Periods of unemployment should also be noted. Leave no gaps in time sequence. Be sure to list all applicable experience, which qualifies you for the position sought. Attach additional forms if needed to complete employment history. You may exclude organizations, which indicate color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Describe your duties:
Address:  (Street, City, State, Zip Code, Phone #)	
Kind of Business:	Reason for leaving:
Your Position:	Work Schedule:
From (Month, Day, Year) To	Salary Start:                      Finish:

Employer:	Describe your duties:
Address:  (Street, City, State, Zip Code, Phone #)	
Kind of Business:	Reason for leaving:
Your Position:	Work schedule:
From (Month, Day, Year) To	Salary Start:                      Finish:

List any firefighting equipment, machinery, office equipment, including computers, you are able to operate:

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## Back Ground Information

List traffic citations in past 5 years and all criminal citations (If extra room is needed use back of this page)

Charge:	Location (City/State)	Date	Disposition of Charge

Have you ever been convicted of a felony?    Yes       No   (List all felonies)

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(The Jeffersontown Fire District will check your driving record and insurance periodically)

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Do you wish to make the JFPD aware of any reasonable accommodations, which may be required for you to perform firefighter duties or proceed through application process?

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REASONABLE ACCOMMODATIONS: The Jeffersontown Fire Protection District will make reasonable accommodations for any individual with disabilities unless the accommodation would present a threat or significant risk to the health or safety of other firefighters or the public, or impose and undue hardship on the operation of the Jeffersontown Fire Protection District.

Your signature at the bottom of this form indicates that you have received and read each of the materials above concerning the application and membership process for a firefighter with the Jeffersontown Fire Protection District.

Furthermore, I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should an investigation at any time show falsification I may be excluded from consideration or if accepted I may be terminated and/or disqualified from further consideration.

I hereby authorize the Jeffersontown Fire District to request any law enforcement agency to release all information (including but not limited to traffic, arrest, convictions, and credit records) to the Jeffersontown Fire District or its representative.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_



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Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)

[records@kycourts.net](mailto:records@kycourts.net)



**EMERGENCY SERVICES REQUEST**

MAIL REQUESTS TO:

ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
1001 VANDALAY DRIVE  
FRANKFORT, KENTUCKY 40601  
502- 573-1682 or 800-928-6381

*The process to obtain the information contained in CourtNet is as follows:*

**Individuals for employment in Emergency Services**

**FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY.**

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

***I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.***

**\* ALL INFORMATION BELOW IS REQUIRED.**

Requestor/Contact Person	Date
Agency	Phone Number
Address	E-mail Address
City, State, Zip	