



Campbellsville-Taylor County Fire Department
100 West Broadway
Campbellsville, Ky 42718
270-465-4131

Volunteer Application

Date: _____

Position Applying For: Firefighter _____ Rescue Technician _____ Both _____

Name:

Last: _____ First: _____ Middle: _____

Current Address: _____

Phone Number: Mobile: _____ Home: _____

DOB: _____ Email: _____ Drivers Lic # _____

Education:

	Name & Location of School	# of Years	Did you Graduate?	Subject / Major
High School				
College				
Trade/Special Training				

Additional Information

Summarize any job-related skills or qualifications acquired from previous employment.

Fire Service Education: (Please attach certifications numbers and copies of certificates)

___ CPR ___ EMT/Paramedic (KBEMS #) Rope Tech ___ HM Tech ___ Swift-water ___

Dive ___ Trench ___ Confined Space ___

IFSAC: FF1 ___ FF2 ___ HMAW ___ HMOPS ___ FIN ___ Other: ___

If you are a previous member of a fire dept, please list

Any additional information that may assist us in considering your application

References:

1. Name: _____ Phone: _____
 Address: _____ Relationship: _____
 Email: _____

2. Name: _____ Phone: _____
 Address: _____ Relationship: _____
 Email: _____

3. Name: _____ Phone: _____
 Address: _____ Relationship: _____
 Email: _____

Employment History:

Employer Name:	Supervisor
Address:	Dates Employed: From: To:
City, State:	Position:
Reason for leaving:	Duties:

Employer Name:	Supervisor
Address:	Dates Employed: From: To:
City, State:	Position:
Reason for leaving:	Duties:

Employer Name:	Supervisor
Address:	Dates Employed: From: To:
City, State:	Position:
Reason for leaving:	Duties:

May we call your current employer? Yes _____ No _____

Are you capable of lifting and moving weight more than 50 lbs. Yes _____ No _____

I have read the answers to the questions on this application, and I hereby certify that there are no willful mis-representations or falsifications of any kind and all statements and answers to questions in this application are true and correct to the best of my knowledge. I am aware that should investigation disclose a falsehood, this application will be rejected and I am barred from future application with the Campbellsville-Taylor County Fire Department. I further authorize the Chief's of this department or their representatives to conduct a background investigation of myself to include: Criminal History and Driver's License Checks.

Signature of Applicant:

Date:

Witness:

Date:

For Office Use Only

Date received back: _____ Submitted to Personnel Board: _____

Dates of meetings attended: (1) _____ (2) _____ (3) _____

Recommendation of personnel board: _____

Date accepted for probationary membership: _____

Date accepted for active member: _____

This application approved by: _____

Please make a copy of applicants drivers license and attach to front of this application