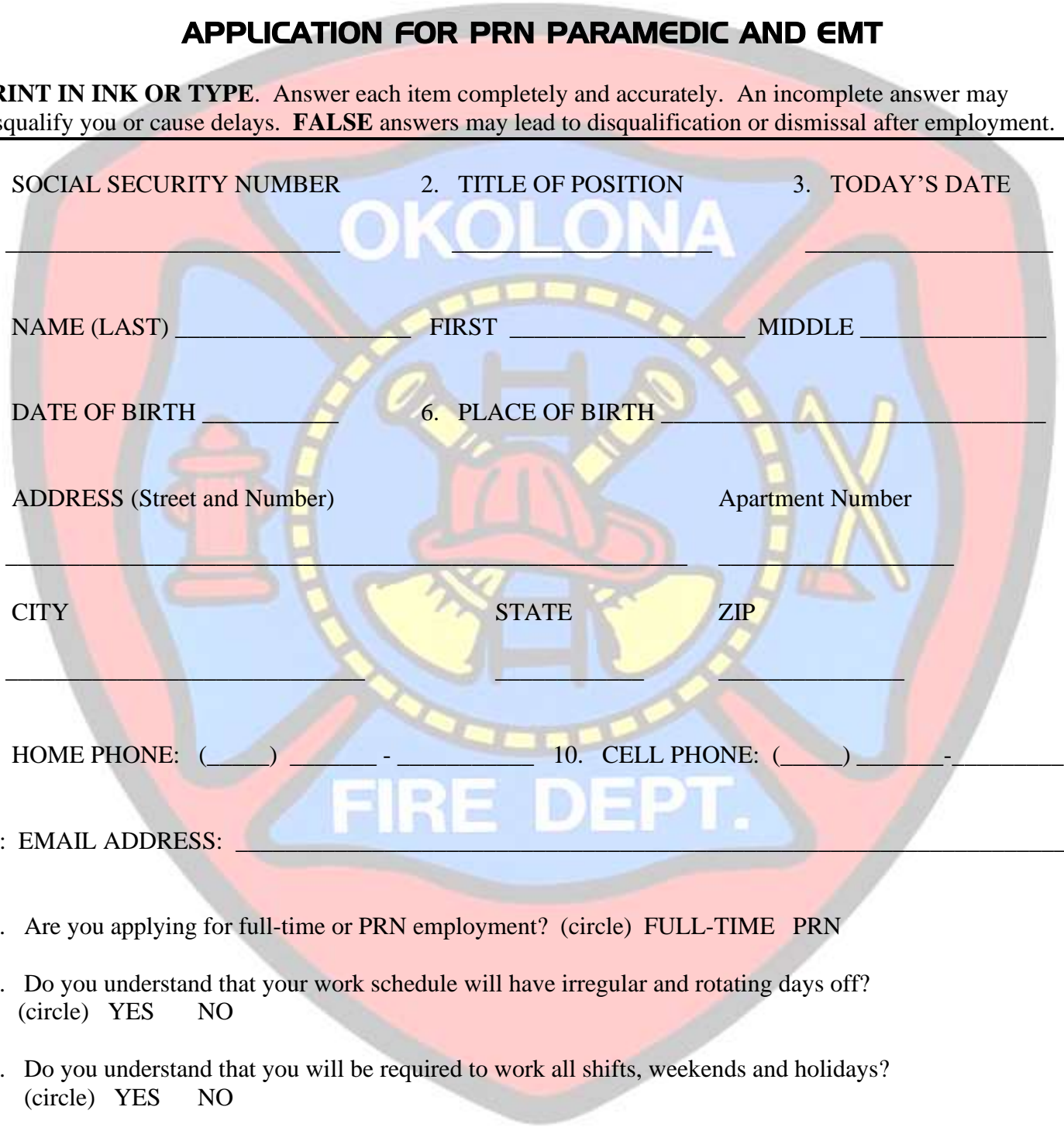


**OKOLONA FIRE PROTECTION DISTRICT  
8501 PRESTON HIGHWAY  
LOUISVILLE, KENTUCKY 40219  
(502) 964-5111**

**APPLICATION FOR FULL-TIME PARAMEDIC AND EMT**

**PRINT IN INK OR TYPE.** Answer each item completely and accurately. An incomplete answer may disqualify you or cause delays. **FALSE** answers may lead to disqualification or dismissal after employment.

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1. SOCIAL SECURITY NUMBER \_\_\_\_\_ 2. TITLE OF POSITION \_\_\_\_\_ 3. TODAY'S DATE \_\_\_\_\_
4. NAME (LAST) \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_
5. DATE OF BIRTH \_\_\_\_\_ 6. PLACE OF BIRTH \_\_\_\_\_
7. ADDRESS (Street and Number) \_\_\_\_\_ Apartment Number \_\_\_\_\_
8. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
9. HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 10. CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- 11: EMAIL ADDRESS: \_\_\_\_\_
12. Are you applying for full-time or PRN employment? (circle) FULL-TIME PRN
13. Do you understand that your work schedule will have irregular and rotating days off?  
(circle) YES NO
14. Do you understand that you will be required to work all shifts, weekends and holidays?  
(circle) YES NO
15. Have you ever been employed by the Okolona Fire Protection District?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please give dates: \_\_\_\_\_

16. Education and Training: Give complete information for your education and training.

Are you a High School Graduate? (circle) YES NO If NO, have you passed a GED test? (circle) YES NO

Schools	Name & Address	Dates Attended		Years Completed	Major	Degree/Diploma Certificate Earned
		From: Month/Year	To: Month/Year			
High School or GED						
Undergraduate College or University						
Graduate Work						
Business College						
					Week Hours	Total Hours
Vocational School or Military						

17. License or Certification: If a license, certificate or other authorization to practice a trade or profession is relevant, please list:

Trade or Profession	License #	Date Issued	Issued By	Date Expires
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18: List any equipment or machinery you are able to operate: \_\_\_\_\_  
\_\_\_\_\_

19. You must have a valid driver's license. Please list the following information

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires \_\_\_\_\_

20. Have you ever served in the Military? YES NO

If yes, complete the following: Branch Served: \_\_\_\_\_

Active Service: \_\_\_\_\_

Inactive Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

21. **Employment Experience: Begin with your most recent job** and describe in detail each specific job including any military service or volunteer work, which qualifies you for the position you seek. It is very important that you describe your duties and responsibilities under each position listed. If you moved to a different position within the same organization so that your duties changed, then describe that as a separate job. You must provide this information on the application as resumes are not considered as official information. Request additional forms if needed to complete your employment history.

**Begin with the most recent employment and work backwards**

Employer Name:	Complete Mailing Address:	Telephone Number:
Type of Business:	Your Position:	
Date From:	Date To:	Salary Start and Salary End:
Your Duties:		
Supervisor's Name and Position		Hours worked per week:
Reason for leaving:		

Employer Name:	Complete Mailing Address:	Telephone Number:
Type of Business:	Your Position:	
Date From:	Date To:	Salary Start and Salary End:
Your Duties:		
Supervisor's Name and Position		Hours worked per week:
Reason for leaving:		

Employer Name:	Complete Mailing Address:	Telephone Number:
Type of Business:	Your Position:	
Date From:	Date To:	Salary Start and Salary End:
Your Duties:		
Supervisor's Name and Position		Hours worked per week:
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Employer Name:	Complete Mailing Address:	Telephone Number:
Type of Business:	Your Position:	
Date From:	Date To:	Salary Start and Salary End:
Your Duties:		
Supervisor's Name and Position		Hours worked per week:
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Employer Name:	Complete Mailing Address:	Telephone Number:
Type of Business:	Your Position:	
Date From:	Date To:	Salary Start and Salary End:
Your Duties:		
Supervisor's Name and Position		Hours worked per week:
Reason for leaving:		

Employer Name:	Complete Mailing Address:	Telephone Number:
Type of Business:	Your Position:	
Date From:	Date To:	Salary Start and Salary End:
Your Duties:		
Supervisor's Name and Position		Hours worked per week:
Reason for leaving:		

I certify, under penalty of law, that the information given in this application is correct, true and complete to the best of my ability. I am aware that, should investigation at any time show falsification, I will not be considered for employment, or if employed, my employment may be terminated. I authorize the Okolona Fire Protection District to make all necessary investigations and further authorize and request each former employer, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application or concerning me, my work, habits, character or my actions in any transaction.

**Signature:** \_\_\_\_\_

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

**List (3) Personal References**

23. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

24. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

25. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

