

EMPLOYMENT APPLICATION – ALL POSITIONS

OKOLONA FIRE PROTECTION DISTRICT

**8501 PRESTON HIGHWAY
LOUISVILLE, KY 40219
502.964.5111**

APPLICATIONS MAY BE MAILED TO THE ABOVE ADDRESS, SENT VIA EMAIL TO HIRING@OKOLONAFIRE.ORG OR DELIVERED TO THE ABOVE ADDRESS BETWEEN THE HOURS OF 0900 AND 1500 MONDAY THROUGH FRIDAY.

TYPE OR PRINT IN INK. Answer each item completely and accurately. False or incomplete answers shall disqualify applicants. If falsifications are discovered after hiring KRS 75.130 disciplinary charges shall be filed.

POSITION DESIRED

(circle only one) PARAMEDIC EMT FIREFIGHTER ADMIN MAINTENANCE

(circle only one) FULL-TIME PRN

NAME: First _____ Middle _____ Last _____

Maiden Name: _____ Social Security Number: _____ DOB _____

Mailing Address: _____ Apartment # _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Do you understand the work schedule is irregular and rotating days off? (circle) YES NO

Do you understand that you will be required to work all shifts, including weekends and holidays?
(circle) YES NO

Have you ever been employed by Okolona Fire Protection District? (circle) YES NO

If yes, list dates and positions held:

EDUCATION AND TRAINING

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							
Vocational School or Military							

LICENSE OR CERTIFICATION

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

MILITARY SERVICE

Have you ever served in the Military? (circle) YES NO

Branch Served: _____ Active Service: _____ Inactive Service _____

Type of Discharge: _____

PRINT FULL NAME

DOB

EMPLOYMENT EXPERIENCE - BEGIN WITH YOUR MOST RECENT JOB

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:
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Supervisor's Name and Position		Hours worked per week:
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Type of Business:	Your Position:	
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Your Duties:		
Supervisor's Name and Position		Hours worked per week:
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Your Duties:		
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Employer Name:	Complete Mailing Address:	Telephone Number:
Type of Business:	Your Position:	
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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:		

PRINT FULL NAME

DOB

PRINT FULL NAME

DOB

Have you ever been disciplined by any current or former employer for any reason? (circle)
YES NO

If you answered yes to the above discipline question state the name, address and telephone number of each employer.

If you answered yes to the above discipline question provide detailed information regarding each incident of discipline and the conduct causing each incident of discipline.

RELEASE OF RECORDS AND AFFIRMATION THAT ALL INFORMATION IS CORRECT

I _____ (Print Name), DOB ____/____/____, 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 pursuant to KRS 75.130.

I authorize the Okolona Fire Protection District to make all necessary investigations and further authorize and request each current and 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 THIS INCLUDES FULL RELEASE OF ANY AND ALL DISCIPLINARY RECORDS AS WELL AS FULL EMPLOYMENT FILES FROM EACH CURRENT AND FORMER EMPLOYERS.

SIGNATURE

PRINT NAME

DATE

PRINT FULL NAME

DOB

REFERENCES

Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Due to the large number of applications normally received by Okolona Fire Protection District and Okolona's extremely high run volume current employees do not have time to take calls or answer emails regarding the status of applications. Should your application be selected to proceed through the process, you will be contacted. Do not contact Okolona employees regarding the status of your application. Sign here that you understand and agree to abide by this paragraph

Signature That I Understand This Paragraph

Print Name

Date

**OKOLONA FIRE PROTECTION DISTRICT CONSENT FORM
RELEASE OF INFORMATION FOR A CRIMINAL BACKGROUND CHECK**

PURSUANT TO KRS 17.167, OKOLONA FIRE PROTECTION DISTRICT NOTIFIES EACH APPLICANT: **FOR EMPLOYMENT WITH A FIRE DEPARTMENT OR AMBULANCE SERVICE STATE LAW PERMITS A CRIMINAL RECORD CHECK AS A CONDITION OF EMPLOYMENT.**

I CONSENT TO A CRIMINAL RECORD HISTORY BACKGROUND CHECK AND AUTHORIZE OKOLONA FIRE PROTECTION DISTRICT TO PROCURE REPORTS CONCERNING MY CRIMINAL BACKGROUND THROUGH THE KENTUCKY ADMINISTRATIVE OFFICE OF THE COURTS.

APPLICANT NAME (PRINT) _____

DATE OF BIRTH _____

SSN _____

DRIVERS LICENSE NUMBER & STATE _____

ADDRESS _____

CITY STATE ZIP

HAVE YOU BEEN A KENTUCKY RESIDENT FOR AT LEAST 90 DAYS? YES NO
IF NO LIST OTHER STATE AND LAST ADDRESS

SIGNATURE

DATE