

MT. WASHINGTON FIRE PROTECTION DISTRICT
772 NORTH BARDSTOWN ROAD
MT. WASHINGTON, KY 40047
502-538-4222

APPLICATION FOR MEMBERSHIP

(PRINT OR TYPE IN BLUE OR BLACK INK)

DATE: _____ DRIVER'S LICENSE NO. _____

NAME: _____
 LAST FIRST MIDDLE

PRESENT ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

HOW LONG? _____

PREVIOUS ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

HOW LONG? _____

HOME PHONE NO: _____ CELL PHONE NO: _____

EMERGENCY CONTACT NO: _____ WORK NO: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MARRIED _____ SINGLE _____

SPOUSE'S NAME: _____ NO. OF CHILDREN _____

OCCUPATION: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

SHIFT WORKED: _____ HOURS WORKED PER WEEK: _____

HOW LONG AT PRESENT JOB? _____

NEAREST RELATIVE'S NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NO: _____

MILITARY SERVICE: _____ DATES: _____

ARE YOU PRESENTLY OR HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT?

YES _____ NO _____ IF YES, COMPLETE THE FOLLOWING:

NAME OF DEPARTMENT: _____

ADDRESS: _____

PHONE NO: _____ CONTACT PERSON: _____

OTHER FIREFIGHTING EXPERIENCE: _____

DRIVER'S LICENSE NO: _____ STATE: _____ EXPIRES: _____

LIST ANY AND ALL TRAFFIC VIOLATIONS: _____

HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____ IF YES, GIVE DETAILS:

AUTOMOBILE INSURANCE COMPANY: _____

ADDRESS: _____

AGENT: _____ PHONE NO: _____

LIST FOUR (4) REFERENCES OTHER THAN RELATIVES:

NAME: _____

ADDRESS: _____

PHONE NO: _____

NAME: _____

ADDRESS: _____

PHONE NO: _____

NAME: _____

ADDRESS: _____

PHONE NO: _____

NAME: _____

ADDRESS: _____

PHONE NO: _____

PLEASE READ BEFORE SIGNING.

I UNDERSTAND THAT ALL FIREFIGHTING EQUIPMENT ISSUED TO ME BY THE MT. WASHINGTON FIRE PROTECTION DISTRICT REMAINS THE PROPERTY OF THE DISTRICT AND I WILL RETURN THE SAME AT ANY TIME I AM NO LONGER AN ACTIVE MEMBER.

I DESIRE TO BE ENROLLED AS AN ACTIVE MEMBER OF THE MT. WASHINGTON FIRE PROTECTION DISTRICT. IF ELECTED, I AGREE TO ABIDE BY THE DISTRICT'S BY-LAWS, RULES AND REGULATIONS. I PLEDGE TO ATTEND THE REQUIRED NUMBER OF ALARMS, DRILLS, MEETINGS, AND WHEN POSSIBLE TO ASSIST IN ALL DISTRICT FUNCTIONS. I FURTHER AGREE TO OBEY ALL LAWFUL ORDERS RECEIVED FROM MY OFFICER ON DUTY. I UNDERSTAND THAT I SHALL BE ON PROBATION FOR A PERIOD OF ONE YEAR. I HEREBY STATE UNDER PENALTY OF PERJURY, THAT ALL INFORMATION GIVEN IS TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE: _____

HOURS AVAILABLE FOR FIRE RUNS:

DAY: _____ NIGHT: _____
(HOURS) (HOURS)

MT. WASHINGTON FIRE PROTECTION DISTRICT

APPLICATION OF MEMBERSHIP

MEDICAL EXAMINATION REIMBURSEMENT AGREEMENT

This is a binding contract between _____ and the
(Print Name of New Recruit)

Mt. Washington Fire Protection District providing that all new recruits shall reimburse the Mt. Washington Fire Protection District for the cost of the medical examination if the new recruit leaves the Fire District before one (1) year has expired from the first day of recruit class.

The Mt. Washington Fire Protection District requires that each new recruit obtain a medical examination. As of January 1, 2000, this examination has a cost of approximately three hundred dollars (\$300). The District shall pay this money for the new recruit and the new recruit shall owe this money directly to the Mt. Washington Fire Protection District.

However, if _____, remains an active
(Print Name of New Recruit)
member for one calendar year from the first day of new recruit class, then the new recruit will not be required to reimburse the Mt. Washington Fire Protection District for the cost of the medical examination.

By signing this agreement, the new recruit fully understands that it is his or her obligation to reimburse the Mt. Washington Fire Protection District for the full cost of the medical examination if the new recruit does not remain an active member of the Mt. Washington Fire Protection District for one (1) full year from the first day of new recruit class.

The Mt. Washington Fire Protection District shall withhold any money owed for any reason to this new recruit and the District shall apply said money to this obligation.

Signature of Chief, Mt. Washington Fire Protection District

Signature of New Recruit

Printed Name of New Recruit

Date

MT. WASHINGTON FIRE PROTECTION DISTRICT

APPLICATION FOR MEMBERSHIP

(FOR FIRE DISTRICT USE ONLY)

APPLICANT'S NAME: _____

APPROVED _____ DENIED _____ DATE _____

PROBATION PERIOD BEGINS: _____

PROBATION PERIOD ENDS: _____

ELECTED TO MEMBERSHIP: _____

COMMENTS: _____

SIGNATURE / BOARD CHAIRMAN

SIGNATURE / BOARD SECRETARY

DATE

DATE

SIGNATURE / BOARD TRUSTEE

SIGNATURE / FIRE CHIEF

DATE

DATE

REQUEST FOR FELONY CONVICTION RECORD
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to HB 126, request is made for any record of conviction of a felony crime by the person identified herein. This information shall be released to:

Mt. Washington Fire Protection District, 772 N. Bardstown Road, P.O. Box 545, Mt. Washington, KY 40047
Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment, or acting as a volunteer, with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Disaster and Emergency Services). I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any felony crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and KSP employee's from any claim for damages arising from the dissemination of inaccurate information.

Applicant Information:

Name _____
Last, First, Middle, Maiden

Sex _____ Race _____ Date of Birth _____ Soc. Sec. No. _____

Scars, marks, amputations: _____

Signature Date

Witness Date

INSTRUCTIONS:

Requesting agency should ensure that all application information is completed.

Return forms to: KENTUCKY STATE POLICE
RECORDS SECTION
1266 LOUISVILLE ROAD
FRANKFORT, KY 40601