

MOUNT WASHINGTON FIRE PROTECTION DISTRICT



772 North Bardstown Road
P.O. Box 545
Mount Washington, KY 40047
Phone: 502-538-4222
Fax: 502-538-3781



Dear Applicant,

Thank you for your interest in applying for a position with the Mt. Washington Fire Protection District. The Fire District is an equal opportunity employer that does not discriminate in any manner regarding prospective employment in adherence to NFPA 1001.

Enclosed you will find information regarding the qualifications, requirements and benefits of the position, an application and a criminal background request form.

Applicants will complete and return the application, criminal background request form and a resume' in the clasp envelope provided. Please mail to Mt. Washington Fire Protection District, P.O. Box 545, Mt. Washington, KY 40047, or hand deliver to Joyce in the Administrative Office, no later than 4 p.m. on Friday, September 23, 2022. Applications received or postmarked after the deadline date will not be accepted.

Should you have any questions, please do not hesitate to contact Joyce at 502-538-4222, ext. 112, Monday through Friday, 9:00 A.M. to 5:00 P.M.

**LIST ALL TRAFFIC OFFENSES FOR THE LAST THREE YEARS
(INCLUDE DATES)**

Have you ever been involved in an accident in which you received a traffic citation? _____

Have you ever been in a branch of the Military Service? _____

BRANCH OF SERVICE: _____

DATE ENTERED: _____ DATE DISCHARGED: _____

TYPE OF DISCHARGE: _____ RANK UPON DISCHARGE: _____

JOB CLASSIFICATION IN SERVICE AND TRAINING: _____

EDUCATIONAL BACKGROUND

CIRCLE (check box for electronic submission) HIGHEST GRADE COMPLETED:

GRADE SCHOOL 6 7 8 9 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5

HIGH SCHOOL GED: _____ YES _____ NO

	SCHOOL NAME AND ADDRESS	DATES ATTENDED	MAJOR	GRADE AVERAGE
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
MILITARY				

List hobbies, leisure time activities and interest: _____

List all clubs, fraternities, businesses, professions, civic or other organizations in which you belong: (exclude those which indicate race, creed, color or national origin)

CHARACTER REFERENCES

(Exclude relatives and former supervisors)

1. _____
NAME ADDRESS

(_____) _____
TELEPHONE NO. OCCUPATION

2. _____
NAME ADDRESS

(_____) _____
TELEPHONE NO. OCCUPATION

3. _____
NAME ADDRESS

(_____) _____
TELEPHONE NO. OCCUPATION

Why are you interested in employment with the Mt. Washington Fire Protection District?

AGREEMENT AND UNDERSTANDING

The information furnished on this application and supplements thereof is complete and accurate to the best of my knowledge. I authorize the Mt. Washington Fire Protection District Board to verify and investigate this information and also authorize the organizations and persons named in this application to release information regarding me. I understand that my furnishing of any false information on this or any record is reason for disqualification as a candidate for employment or cause for termination and not hold the Board and their employees or agents responsible for any and all damages they might suffer by reason of any act or commission of mine.

SIGNATURE OF APPLICANT

DATE

I understand that any employment offer is conditional upon the result of a drug screening test and a post offer pre-employment medical examination.

SIGNATURE OF APPLICANT

DATE

If employed, I understand that if I am or become handicapped (in need of accommodations for employment), I must notify the office of the Fire District in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the Fire District will preclude any claim that the employer failed to accommodate the handicap.

SIGNATURE OF APPLICANT

DATE

I understand that as a condition of my consideration for employment with the Mt. Washington Fire Protection District, the Fire District may obtain a consumer report that indicates, but is not limited to, my creditworthiness or similar security verification, criminal and civil history, personal interviews, driving records, other public records and any other information bearing on my credit standing, credit capacity, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the Fire District procurement of such a report. I understand that, pursuant to the federal fair credit-reporting act, the Fire District will provide me with a copy of any such report if the information in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Fire District. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

SIGNATURE OF APPLICANT

DATE

**MT. WASHINGTON FIRE PROTECTION DISTRICT
P.O. BOX 545
MT. WASHINGTON, KENTUCKY 40047**

502-538-4222 FAX 502-538-3781

RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN,

I hereby authorize any representative of the Mt. Washington Fire Protection District bearing this release to obtain information from your files or other sources pertaining to my personal background, including but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer.

This release is executed with the full knowledge and understanding that the information is for the official use of the Mt. Washington Fire Protection District. Consent is granted for the Fire District to furnish such information, as is described above, to third parties in the course of the Fire District fulfilling its official responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

SIGNATURE OF APPLICANT

DATE

ADDRESS OF APPLICANT

(_____)_____
CONTACT NUMBER OF APPLICANT

MOUNT WASHINGTON FIRE PROTECTION DISTRICT



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CAREER FIREFIGHTER

MINIMUM QUALIFICATIONS

- 18 years of age
- High school diploma or GED
- Continuous, progressive education and training in fire service
- Never convicted of a felony offense
- Never convicted of driving while intoxicated or under the influence of drugs
- 150 Hours training equivalent to Kentucky Fire Commission or Firefighter I Certification
- CPR, basic first aid certified and A.E.D. certified
- Kentucky CPAT Card at date of hire
- Good communications skills. Having the ability to properly convey intent of orders, directives, etc. and ability to handle public and media issues with skill, tact and professionalism.
- Must become a certified EMT within one year of hire date. Due to COVID-19, the certification date may be extended by the Fire Chief. Failure to achieve EMT certification within one year of hire date **will** result in termination of employment.

EMPLOYMENT REQUIREMENTS

The Firefighter will be on probationary status for one year from date of hire during which time the Firefighter must meet all employment requirements as stated by the fire district and perform at an exceptional level of performance in completion of duties or be subject to discharge.

- Firefighter must continue to pass physical examination, and random drug testing as required by the district to continue employment.
- Continuous, progressive education and training in fire service
- Career Firefighter must obtain 400 hours within one year of employment and maintain 100 hours of continuing education per year as required by the State Fire Commission of Kentucky and the Mt. Washington Fire Protection District. Failure to comply is grounds for termination.
- Firefighters must maintain a valid Kentucky Drivers License.

EXAMPLES OF DUTIES

This specification is intended to indicate the basic nature of the positions allocated to the class and examples of the typical duties that may be assigned. It does not list all possible duties that may be assigned.

Duties may include, but are not limited to, the following:

1. Work toward the mission of the fire district to save lives and preserve property and do so with team-work with fellow firefighters, paid and volunteer.
2. Respond to fire alarms with the company, operate firefighting equipment, lay and connect hose, maneuver nozzles and direct fire streams, raise and climb ladders, and use extinguishers and all firefighting hand tools. Ventilate burning buildings, perform salvage operations, and overhaul operations working within a company.
3. Rescue service to include removing people from danger and administering first aid and do so at times using hydraulic portable power units and hand tools for removal from entrapment in vehicles.
4. Respond to medical emergencies and other patient care requests.
5. Attend training courses; read and study assigned materials related to firefighting, fire prevention, rescue, hazardous materials and emergency medical care.
6. Maintain good physical and mental condition for safe and effective functions within the company.
7. Ensure safekeeping and proper care of all fire department property.
8. Perform assigned fire inspections and checks of buildings and structures for compliance with fire prevention ordinances and operations that support fire prevention within the community.
9. Perform hydrant inspections, flow testing, and records maintenance as assigned.
10. Perform assigned fire prevention community outreach programs at schools, daycares, and other public facilities.
11. Relay instructions, orders and information, and give locations of alarms received from alarm center.
12. Perform duties as assigned with professionalism and with the highest regard for safety for yourself, members of your crew, fire district personnel and the general public.
13. Work within and abide by the rules, regulations, policies, guides and orders as provided by the fire district and its officers.
14. All other duties as assigned by the Chief, or Supervisor.

APPLICATION PROCESS

- Submit application packet as instructed.
- An interview will be conducted by a committee selected by the Fire Chief.
- Candidate's name to be forwarded to the Fire Chief for approval.
- Final Board approval of selected candidate.
- Conditional job offer pending medical evaluation, background check, and drug test.

ORAL INTERVIEW

The oral interview is designed to give the interview panel a first impression of the applicants and allow the applicants to respond to a set of verbal questions. The candidates will be graded on promptness, professionalism, knowledge base, and the perceived ability to contribute to the organization in a positive manner.

BACKGROUND EXAMINATION

When the top candidate is selected, the applicant will have his or hers criminal background examined. The process involves a check of criminal and driving records.

PHYSICAL MEDICAL EXAMINATION

The final candidate will have to pass a fit-for-duty physical and a drug test. Once this has been achieved the candidate will be officially offered the job as firefighter.

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BENEFITS FOR FIREFIGHTER POSITION

LATERAL	DOCUMENTED CONTINUOUS EMPLOYMENT IN THE STATE OF KENTUCKY
SALARY	\$ 34,300 (\$10.31 HOUR / AVG 56 HRS PER WEEK)
HOLIDAY PAY (IN ADDITION TO SALARY)	\$ 1,484 (TOTAL OF SIX (6) PER YEAR)
STATE INCENTIVE	\$ 4,300 ANNUALLY (WHEN ELIGIBLE)
CPAT TESTING INCENTIVE	\$ 200 ANNUALLY
HEALTH INSURANCE	100% FULLY FUNDED (SUBJECT TO CHANGE)
BASIC LIFE INSURANCE	\$20,000 EMPLOYEE ONLY
DENTAL & VISION INSURANCE	100% FULLY FUNDED (SUBJECT TO CHANGE)
PERSONAL TIME	8 HOURS PER MONTH
VACATION TIME	12 HOURS PER MONTH
BIRTHDAY TIME	24 HOURS DURING MONTH OF BIRTHDAY
INJURY FREE INCENTIVE DAY	24 HOURS ANNUALLY (WORK 1 YR WITHOUT ANY WORKERS' COMP CLAIMS)
PHYSICAL FITNESS INCENTIVE	UP TO 48 HOURS VACATION ANNUALLY
BEREAVEMENT	IMMEDIATE FAMILY - 48 HOURS
RETIREMENT	KENTUCKY PUBLIC PENSIONS AUTHORITY - C.E.R.S.
DEFERRED COMPENSATION	AVAILABLE FOR PERSONAL CONTRIBUTIONS
UNIFORMS	PROVIDED
ACCIDENT & SICKNESS INSURANCE	PROVIDED
JURY DUTY	PAID AT REGULAR TIME IF NOT EXCUSED
PHYSICALS	ANNUALLY
COMMISSARY	PROVIDED

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REFERENCE REQUEST

TO: _____

ADDRESS: _____

The following individual has submitted an application for employment with the Mt. Washington Fire Protection District and has listed you as a reference. We would appreciate you answering the following questions about this individual. Upon completion, please return using the enclosed self-addressed, stamped envelope.

Thank you in advance for your prompt attention to this request.

APPLICANT'S NAME: _____

How long have you known this individual? _____

What is your relationship to this individual? Professional _____ Personal _____

Would you consider this individual to be dependable? _____

Would you consider this individual to be trustworthy? _____ Please explain: _____

What would you consider this individual's greatest strengths and weaknesses? _____

Why would you recommend this individual for employment? _____

If responding as a professional reference, what would you consider this individual's experience and skill level? _____



REQUEST FOR CONVICTION RECORDS
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

MT. WASHINGTON FIRE PROTECTION DISTRICT, P.O. BOX 545, MT. WASHINGTON, KY 40047
Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment or a volunteer position 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 Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the 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 Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date

Witness Date

INSTRUCTIONS:

The Requesting agency must confirm that all application information is completed accurately and legibly.

Requests should be accompanied by two, self-addressed stamped envelopes – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal History Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>