



# EDGEWOOD FIRE/EMS DEPARTMENT

385 DUDLEY RD.  
EDGEWOOD, KY 41017  
(859) 341-2628



## APPLICATION FOR MEMBERSHIP

ALL INFORMATION MUST BE ACCURATE AND COMPLETE. THE EDGEWOOD FIRE/EMS DEPARTMENT RESERVES THE RIGHT TO EITHER RETURN OR WITHDRAW ANY INCOMPLETE, INACCURATE, OR ILLEGIBLE APPLICATION FOR MEMBERSHIP. PLEASE COMPLETE IN BLACK OR BLUE INK.

Full Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Maiden Name (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

Are you a U.S. Citizen?  Yes  No

If not, are you eligible to work in the U.S.? \_\_\_\_\_

Membership Category Desired:  Fire  EMS  Rehab

**Equal Employment Opportunity:** The Edgewood Fire/EMS Department values diversity in the workplace. Women and men of all ages, cultural and ethnic backgrounds, religious and political affiliations, and national origins are encouraged to apply.

**To Apply:** Complete and submit this official Edgewood Fire/EMS Department "Application for Membership" form. Only fully and legibly completed applications will be considered or processed further. We may wish to contact you by mail, telephone, or email. It is your responsibility to make sure contact information is complete, correct, and current. Edgewood Fire/EMS office personnel are not permitted to modify applications, except to accommodate the needs of individuals with disabilities. Any changes must be made by the applicant in person or through signed, written communications.

**OFFICE USE ONLY** Date Form Received: \_\_\_\_\_ Date Accepted: \_\_\_\_\_



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## PERSONAL INFORMATION

Are you at least 18 years old?  Yes  No

*Note: If under 18, a separate Fire Explorer Application is required to be completed.*

Marital Status:  Single  Married  Divorced  Widowed

Spouse's Name (if applicable): \_\_\_\_\_

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

Has your driver's license ever been suspended/revoked?  Yes  No

If YES, provide details and dates: \_\_\_\_\_

Have you ever been arrested, or summoned into court as a defendant in a criminal proceeding (excluding minor traffic violations, where a fine of \$100.00 or less was imposed)?  Yes  No

If YES, provide details and dates: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



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## EDUCATION

Applicants without a minimum of a High School Diploma or GED will not be considered. Please attach a copy of your High School Diploma or GED.

Name, City, and State of last High School attended: \_\_\_\_\_

\_\_\_\_\_

Name, City, and State of last College attended: \_\_\_\_\_

\_\_\_\_\_

List any other education or special training attended: \_\_\_\_\_

\_\_\_\_\_

## FIRE & RESCUE EXPERIENCE

Have you ever previously applied to, or been a member of, Edgewood Fire/EMS?  Yes  No  
(If YES, please give dates and the circumstances under which you left the department):

\_\_\_\_\_

\_\_\_\_\_

Have you ever served in another fire/rescue/EMS department?  Yes  No  
(If YES, please give the name, address, and telephone number of the department(s), dates of your service, and the circumstances under which you left):

\_\_\_\_\_

\_\_\_\_\_

State the highest rank you have held (if applicable): \_\_\_\_\_



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## EMPLOYMENT

May we check with your present/previous employers regarding your character?  Yes  No

Current Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/yy) (present)

Previous Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/yy) (mm/yy)

Previous Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
(mm/yy) (mm/yy)



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## REFERENCES

Please list three (3) character references who you have known for at least three (3) years, who are not related to you, and who are not past or present employers (other than family):

### REFERENCE 1

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  Home  Cell  Work

Email Address: \_\_\_\_\_

### REFERENCE 2

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  Home  Cell  Work

Email Address: \_\_\_\_\_

### REFERENCE 3

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  Home  Cell  Work

Email Address: \_\_\_\_\_



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## CERTIFICATION AND AUTHORIZATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that, should an investigation disclose material misrepresentation, omissions, or falsification, my application will be rejected, or, if I am a member, my membership and all rights and privileges thereof may be immediately terminated. I further understand that this application form is not a guarantee of membership, nor an offer of membership.

I hereby agree and give permission to the Edgewood Fire/EMS Department to conduct a thorough criminal background investigation with the Federal Bureau of Investigation and the State Administrative Office of the Courts.

My signature on this application indicates that I understand that the position of a firefighter or emergency medical services provider is physically challenging and that my membership is dependent on my successful completion of a physical examination which may include physical agility testing and receipt of a favorable background investigation.

The Edgewood Fire/EMS Volunteer Recruitment & Retention Coordinator will conduct information sessions by appointment for new applicants during the application process. All applicants must attend this information session. The purpose is to assure that all applicants fully understand the responsibilities of Edgewood Fire/EMS membership. The applicant will not be considered for membership until he/she has attended one of these station tours/information sessions.

I hereby agree that, if appointed, I will abide by the Rules and Regulations of the City of Edgewood and the Division of Fire/EMS; I will attend the required amount of drills and meetings; and I will assist at all department functions when possible. I further agree to obey all lawful orders from my Officers when on duty. I also understand that, if appointed to membership, I shall be on probation for a period of one (1) year.

I understand that all Fire/EMS equipment, including light, siren, pager, auto I.D. tag, badge, uniform, PPE, etc. issued by the department remains the property of the department when I am no longer an active member.

I also understand that an incomplete, inaccurate, or illegible application may be returned or withdrawn; that the General Membership has sole authority to act upon my "Application for Membership;" that the decision of the General Membership is final and not appealable; and that I may not reapply for one year following a denial of membership. I have read the statements above and, by my signature, I agree to these provisions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

***Please note: We make every effort for your application and personal information to be kept secure and confidential. Only the Recruitment Coordinator and Chief have access to this information.***



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# ATTACHMENTS TO BE TURNED IN WITH APPLICATION

Turn in copies of the following with your application or bring them with you to be copied or scanned:

- High School Diploma or GED
- Driver's License
- Current Firefighter/EMT/Paramedic – Cards, Certificates, Licenses, Certifications, Etc.
- Completed Kentucky State Police Request for Conviction Records



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:

Edgewood Fire/EMS            385 Dudley Rd, Edgewood KY 41017  
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>

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