



Employment Application Form

Staff ID: _____
 Badge # : _____

Date of Application: _____

Applicants are considered for employment without regard to race, color, religion, sex, national origin, ethnicity, age, marital status, veteran status, medical condition, or disability.

Please complete application online or by printing and using a typewriter or ink.

A	Name: Last First Middle			Social Security No.:		
	Present Address: Street City State Zip Code				Home Phone # :	
	Permanent Address: Street City State Zip Code				Mobile Phone # :	
Personal Information	Emergency Contact: Name Relation Contact Number			E-Mail Address:		
	Type of Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer			Date Available for Work:		
	Position Applied For:		Minimum Salary Requirements:			
B	Can you travel if the job requires: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on layoff or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does anyone in your family work for the City of Dry Ridge? If yes, List Name(s), Relationship(s), and Department(s). <input type="checkbox"/> Yes <input type="checkbox"/> No					
C	Education	Elementary	High School	College / Graduate / Professional Schooling		
	Name & Location of School					
Education	Year Completed					
	Diploma / Degree Year Completed					
	Major / Field of Study					
	Area(s) of Specialized Training:		Title of Thesis & Special Research Project(s):			
	Honors Received:		Vocational or Technical Courses Attended			
	Special Skill(s) or Certificate(s) Received:					
	Ky Firefighter Certification # :			First Responder, EMT, or Paramedic Certification # :		

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D	Previous Employment: Start with your present or last job and list all employment experiences. If additional space is needed, use an extra sheet of paper					
	Employer:		Duties:		Dates Employed:	
					From	To
	Address:		Phone Number:			
	Job Title:		Supervisor:		Hourly Rate	
					Start	Final
	Reason for leaving or wanting to leave:					
	Employer:		Duties:		Dates Employed:	
					From	To
	Address:		Phone Number:			
	Job Title:		Supervisor:		Hourly Rate	
					Start	Final
	Reason for leaving or wanting to leave:					
	Employer:		Duties:		Dates Employed:	
					From	To
	Address:		Phone Number:			
	Job Title:		Supervisor:		Hourly Rate	
					Start	Final
Reason for leaving or wanting to leave:						
Employer:		Duties:		Dates Employed:		
				From	To	
Address:		Phone Number:				
Job Title:		Supervisor:		Hourly Rate		
				Start	Final	
Reason for leaving or wanting to leave:						
May we contact your present employer now? If not, when may we call? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: ()						
M	Driver's License Number:		State:	Class:	Restrictions:	Expiration:
	Previous Fire Department Experience:			List skills and abilities that you possess that will be helpful in doing the job applied for:		
	Non-published phone number: SECURE					
Misc. Information	Blood Type:		Allergies:		Medical Conditions:	
Protected Medical Data	Medications:		Vitals at Rest:			
			Pulse		Resperations	Blood Pressure

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Dry Ridge Fire Department

31 Broadway Dry Ridge, Ky 41035

Robert Bruin, Chief

859-824-9158 ~ 859-824-9160(fax) ~ WWW.DRFD.ORG

Please attach a copy of the following with this application:

- CPR card
- First Responder / EMT / Paramedic Card
- 150 hour Volunteer Fire Certification
- 400 hour Career Fire Certification
- Driver's License

If you are a Paramedic, please attach a copy of the following also:

- ACLS
- PEPP / ACLS

Below list any certificate that you wish to submit with you application:

- _____
- _____
- _____
- _____
- _____
- _____



Emergency Services Request

Kentucky Court of Justice
www.kycourts.net

AOC-PT-53, Rev. 11-03

Mail Requests To:

Records Division
Pretrial Services
Administrative Office of the Courts
100 Millcreek Park
Frankfort, Kentucky 40601
502-573-1682 or 800-928-6381

Emergency Services Information

To request a record on an individual from the CourtNet Disposition System for the purpose of obtaining a background check, please follow these steps:

- Send this completed form to the mailing address above.
- Enclose a stamped envelope addressed to you for your return reply.
- Enclose a #10 (business-size) envelope addressed to the individual being checked.
- If you prefer, provide e-mail addresses for you and the individual being checked in place of envelopes.

Failure to comply with these procedures will result in the request being returned unprocessed. If you have any questions once you receive a reply, or if you suspect the information contained in the record is incorrect, contact Pretrial Services at 502-573-1682 or 800-928-6381.

Information on Individual Whose Record is Being Checked (please type or print clearly):

Social Security # _____

Name _____

Date of Birth _____

Maiden or Alias Names _____

Street Address/P.O. Box _____

City, State, ZIP _____

E-mail Address _____

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

Name of Agency

Address of Agency

Requestor/Contact Person

City, State, ZIP

Date

Phone #

E-mail Address