



NOTICE: This application is intended for the use of the Petersburg Fire Department Personnel Department only. As an applicant, you must be truthful and fully complete the form. All information contained herein will be subject to verification, is strictly confidential for personnel department use only, and will not be disclosed to any unauthorized person(s).

DATE (MM/DD/YYYY)	LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER (###-##-####)			

INSTRUCTIONS:

1. If completing it by hand, answer the questions by writing legibly in ink only.
2. Each question must be answered without leaving any blanks. If a question does not apply to your circumstance, insert **"N/A"** in that blank.
3. For questions that require a date, please enter the full date in MM/DD/YYYY format.
4. You must provide complete address information where requested.
5. Attach a copy of the following: (attach to back if submitting physical, attach to email electronic submission)
 - Valid Driver's License
 - DD Form 214, If applicable
 - NREMT Card, If applicable
 - Kentucky Board of Emergency Medical Services Card, If applicable
6. Deliver the completed and signed application and copy of evidence to an officer or email to **petersburgkyfd@gmail.com**

WARNING

APPLICANTS ARE CAUTIONED TO ANSWER EVERY QUESTION TRUTHFULLY AND WITHOUT EVASION. ANY OMISSIONS OR FALSE STATEMENTS MADE ON THIS APPLICATION MAY BE CAUSE FOR DISAPPROVAL OF MEMBERSHIP OR CAUSE FOR DISCHARGE AFTER OBTAINING MEMBERSHIP.



PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		
CITY, STATE, ZIP CODE		
DATE OF BIRTH (MM/DD/YYYY)	AGE	SOCIAL SECURITY NUMBER (###-##-####)
PLACE OF BIRTH – CITY	PLACE OF BIRTH – STATE	PLACE OF BIRTH – COUNTY
CELL PHONE NUMBER	BUSINESS PHONE NUMBER	EMAIL ADDRESS

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		CITIZEN OF THE UNITED STATES YES <input type="checkbox"/> NO <input type="checkbox"/>	
MARITAL STATUS (SELECT ONE) SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	SPOUSE LAST NAME	SPOUSE FIRST NAME	SPOUSE MAIDEN NAME
NUMBER OF CHILDREN	NUMBER OF DEPENDENTS OTHER THAN SPOUSE OR CHILDREN		
HOUSING (CHECK ONE) HOMEOWNER <input type="checkbox"/> RENTING <input type="checkbox"/> LIVING WITH (SPECIFY):			

IN CASE OF EMERGENCY NOTIFY

NAME	CELL PHONE NUMBER	EMAIL ADDRESS
STREET ADDRESS		
CITY, STATE, ZIP CODE		

EMPLOYMENT HISTORY

HAVE YOU EVER BEEN TERMINATED FROM A FIRE DEPARTMENT OR EMS SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROVIDE DETAILS OF TERMINATION:
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EMPLOYMENT HISTORY, CONTINUED

List your complete work history in chronological order for the past ten years. Include full-time and part-time jobs, casual employment, and military history. The last page is a blank content page if you need additional space for job history.

CURRENT EMPLOYER

COMPANY NAME		JOB TITLE	
STREET ADDRESS			
CITY, STATE, ZIP CODE			
PHONE NUMBER	FULL OR PART-TIME	START DATE	END DATE
IMMEDIATE SUPERVISOR'S NAME		IMMEDIATE SUPERVISOR'S PHONE NUMBER	
DESCRIPTION OF JOB DUTIES AND OTHER EXPERIENCE WITH THIS EMPLOYER			

PREVIOUS EMPLOYER

COMPANY NAME		JOB TITLE	
STREET ADDRESS			
CITY, STATE, ZIP CODE			
PHONE NUMBER	FULL OR PART-TIME	START DATE	END DATE
IMMEDIATE SUPERVISOR'S NAME		IMMEDIATE SUPERVISOR'S PHONE NUMBER	
DESCRIPTION OF JOB DUTIES AND OTHER EXPERIENCE WITH THIS EMPLOYER			

Use the ADDITIONAL INFORMATION section at the end of this application to document additional employment history.



PREVIOUS EMPLOYER CONTINUED

HAVE YOU EVER BEEN ACTIVE IN ANY CITY, COUNTY, STATE, OR FEDERAL SAFETY DEPARTMENT OR AGENCY (POLICE, FIRE, ETC.)?

YES NO IF YES, PROVIDE DETAILS (LOCATION, DATE, POSITION):

Empty box for providing details of previous employment.

MILITARY SERVICE

MILITARY SERVICE (IF YES, ATTACH DD214) YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH	CURRENTLY IN RESERVE/NATIONAL GUARD? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIGHEST RANK	PRESENT RANK	START DATE	END DATE	
TYPE OF DISCHARGE (HONORABLE, DISHONORABLE, ADMIN, MEDICAL, BCD, GENERAL)			CHARACTER (HONORABLE, OTHER THAN HONORABLE)	

EDUCATION

HIGHEST LEVEL OF EDUCATION (SELECT ONE)

GRADE SCHOOL JR HIGH SCHOOL HIGH SCHOOL TRADE CERTIFICATE
ASSOCIATES DEGREE BACHELOR DEGREE MASTERS DEGREE DOCTORATE

LIST EACH SCHOOL YOU HAVE ATTENDED (JR HIGH AND HIGHER)

NAME OF SCHOOL	LOCATION (CITY & STATE)	DATES ATTENDED (START – END_)	GRADUATE YES <input type="checkbox"/> NO <input type="checkbox"/>	DEGREE/UNITS
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

SPECIAL SKILLS

OTHER RELEVANT TRAINING, INCLUDING FIRE FIGHTING AND EMS (EXAMPLES: DIVING, MILITARY, LANGUAGE, PARAMETIC, ETC.)

Empty box for listing other relevant training.

ARE YOU CURRENTLY FIREFIGHTER OR EMS CERTIFIED (FIREFIGHTER, EMR, EMT/PARAMEDIC)?

YES NO IF YES, PROVIDE CREDENTIALS:

FIREFIGHTER ID:	NREMT ID:	KEMESIS ID:
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ARREST RECORD

HAVE YOU EVER BEEN CONFLICTED OF A FELONY?

YES NO IF YES, PROVIDE DETAILS (OFFENSE, DATE, LOCATION SENTENCE AND OTHER PERTINENT DETAILS):

DO YOU SMOKE MARIJUANA?

YES NO

DO YOU USE ILLICIT DRUGS?

YES NO

WOULD YOU CONSENT TO A DRUG TEST?

YES NO

WARNING: A DRUG TEST MAY BE REQUIRED OF YOU AT ANY TIME AND WILL BE REQUIRED IN CASE OF AN ACCIDENT, INJURY, OR INCIDENT THAT IS DEEMED TO BE QUESTIONABLE BY FIRE DEPARTMENT OFFICERS OR BOARD MEMBERS. FAILURE TO SUBMIT TO A DRUG TEST WHEN REQUESTED WILL RESULT IN IMMEDIATE MEMBERSHIP TERMINATION.

MEDICAL HISTORY

HAVE YOU HAD ANY SERIOUS INJURIES OR ILLNESSES THAT WOULD IMPACT YOUR ABILITY TO COMPLETE YOUR ASSIGNED DUTIES?

YES NO IF YES, PROVIDE DETAILS (INJURY/ILLNESS, DATES, CURRENT CONDITION):

DO YOU HAVE ANY PHYSICAL DEFECTS?

YES NO IF YES, PROVIDE DETAILS (HEARING AIDS, PROSTHESIS, ETC.):

ARE YOU TAKING ANY PRESCRIPTION MEDICATIONS?

YES NO IF YES, PROVIDE DETAILS (DRUG NAME AND MEDICAL CONDITION):

ARE YOU ALLERGIC TO ANY MEDICATIONS

YES NO IF YES, PROVIDE DETAILS (MEDICATION & TYPICAL ALLERGIC RESPONSE):

LIST AND DESCRIBE ANY SERIOUS ILLNESSES OR INJURIES YOU HAVE HAD IN THE PAST 5 YEARS

ILLNESS/INJURY	DATE	ATTENDING DOCTOR



MEDICAL HISTORY CONTINUED

ARE YOU PRESENTLY SEEING A PHYSICIAN, PSYCHIATRIST, OR PSYCHOLOGIST?

YES NO IF YES, PROVIDE DETAILS (PROVIDER NAME & ADDRESS, REASON FOR VISIT):

DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ABILITY TO PERFORM THE DUTIES REQUESTED IN THE FIELD?

YES NO IF YES, PROVIDE DETAILS (DESCRIBE THE NATURE OF THE DISABILITY):

HAVE YOU EVER OR ARE YOU NOW RECEIVING COMPENSATION FOR ANY INJURIES?

YES NO IF YES, PROVIDE DETAILS (COMPENSATION FROM WHOM, REASON, TYPE OF COMPENSATION, BODY PART INVOLVED):

DO YOU PRESENTLY HAVE AN APPLICATION PENDING FOR WORKMAN'S COMPENSATION BENEFITS OR ANY OTHER DISABILITY?

YES NO IF YES, PROVIDE DETAILS (EXPLAIN THE CONDITION AND STATUS OF THE CLAIM):

DRIVING / TRAFFIC HISTORY

DO YOU CURRENTLY HAVE AUTOMOBILE INSURANCE?

YES NO

List all driving or chauffeur licenses you hold or have previously held. Indicate if you have ever had your license revoked or suspended.

STATE	TYPE OF LICENSE	EXPIRATION DATE	LICENSE NUMBER	DATE REVOKED

List all driving citations or summons you have received, and all the times you were sentenced to a driving improvement school, hospital treatment, incarceration, etc., due to a violation of traffic laws and any auto accidents you were involved in for the past five years. Start with the most recent occurrence.

MONTH/YR	CITY/STATE	CHARGE	DESCRIPTION & TYPE OF PENALTY IMPOSED	INJURY / DEATH INVOLVED



WAIVER OF DRIVING RECORD

I authorize the release of my driving record from the Department of Transportation to the Petersburg Voluntary Fire Department.

DRIVER LICENSE NUMBER	
APPLICANT'S SIGNATURE	DATE
PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YRS OF AGE)	DATE



ADDITIONAL INFORMATION (USE THIS SPACE FOR ANY ADDITIONAL INFORMATION THAT YOU MAY NEED TO INCLUDE)



STATEMENT OF ACCURACY

I, the undersigned, do hereby certify that there are no willful misrepresentations, omissions, or falsifications of any and all answers to the questions in this application and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance that any misrepresentations, omissions, or falsifications on this application may result in the disapproval of my membership application or in my discharge after obtaining membership.

WAIVER OF BACKGROUND INFORMATION

I authorize all persons, schools, companies, military branches, and law enforcement agencies to supply information concerning my background and release them from any liability and responsibility arising from their doing so. I authorize the Petersburg Volunteer Fire Department or its agents to check any of this information.

APPLICANT'S SIGNATURE	DATE
PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YRS OF AGE)	DATE

Deliver the completed and signed application and copy of evidence to an officer or email to petersburgkyfd@gmail.com

OFFICE USE ONLY

Complete this section for all candidate applications and keep it in their personnel file.

CANDIDATE INTERVIEWED BY: (FULL NAME, RANK)		DATE
RECOMMEND APPROVAL YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, PROVIDE RATIONALE FOR THE REJECTION	
FIRE DISTRICT BOARD APPROVAL APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/>	DATE OF BOARD DECISION	

RULES AND REGULATIONS

I agree to abide by the following rules and regulations regarding my participation in the Petersburg Volunteer Fire Department.

PROBATIONARY MEMBERS

1. No Red Lights and/or sirens permitted on personal vehicles.
2. You may not respond to any run in your personal vehicle.
3. You are not permitted in the firehouse alone at any time.
4. You do not have the right to vote.
5. A new member is considered on probation for six months following being approved by the Fire District Board.
6. All probationary members must be enthusiastically active, preferably attending at least one business meeting.

ALL MEMBERS

1. Members must drive in a normal manner when responding to a run, obeying all traffic laws.
2. The firehouse is for members and family or a friend.
3. Car washing is for members.

Violation of any of the above rules and regulations will lead to immediate termination of your membership application. All rules and regulations are subject to an officer's discretion. Please sign below to indicate that you have read, understood, and accepted the above rules and regulations.

APPLICANT'S SIGNATURE	DATE
PARENT OR GUARDIAN SIGNATURE (IF UNDER 18 YRS OF AGE)	DATE



APPLICATION

PURPOSE: Our first and most important priority is to ensure we always do what is in the Petersburg Fire Department's best interest, which is why this organization exists. We work to raise funds for purchases of uniforms, small conveniences, and other miscellaneous items to boost the department's morale. We also strive to provide the underserved population of Petersburg with free community events, typically for children.

EXPECTATIONS & RULES

1. No alcohol consumption or smoking/vaping when representing the Petersburg Fire Department Boosters.
2. If you sign up to work an event, you will arrive on time and follow through on your commitment. If you cannot attend after signing up, you will need to let the Boosters know no less than one week in advance unless it is due to illness or a family emergency, in which case you will need to let them know ASAP.
3. While representing the Boosters, profanity, and offensive language are prohibited.
4. We have no political affiliation; members shall refrain from engaging in or discussing politics while representing the Boosters.
5. Volunteers shall use their best judgment when posting items on social media that may be controversial, offensive, or political in nature if they can be linked to The Booster Organization.
6. All questions, reservations, and community center requests should be given directly to the Booster Treasurer.
7. The Boosters cannot guarantee reimbursements for anything purchased prior to obtaining approval.
8. If a volunteer has an issue, they should bring it directly to one of the board members.
9. Meetings are public and are held the first Wednesday of the month at 6:15. We encourage volunteers to attend the Events Committee meetings that are held the second Wednesday of the month at 6
10. Whether or not volunteers are needed or approved to help is at the board's discretion.
11. Only Booster members can handle money or make sales/financial transactions at events unless otherwise approved.
12. Confidentiality: Although all meetings are open to the public, we ask that sensitive information be kept confidential.
13. Our primary form of communication will be the Group Me app. The members' and volunteers' responsibility is to check GroupMe for notifications and announcements and stay informed.

OUR VALUES

INTEGRITY: We act with integrity and uphold high ethical standards in all our interactions. We do not compromise our values for personal gain or profit.

CONTINUOUS IMPROVEMENT: We are committed to continuous learning and improvement. We strive to enhance our skills, knowledge, and abilities to serve the Boosters better. The Boosters should be open to feedback and communication with the community so that our ventures are successful.



PETERSBURG FIRE DEPARTMENT BOOSTERS



RESPECT: We value diversity and respect the opinions and beliefs of all members. We do not tolerate discrimination, harassment, or bullying of any kind. Even when voted against, you honor the decisions made. While we encourage constructive comments, they should be made respectfully and conscientiously.

PROFESSIONALISM: We conduct ourselves professionally at all times and do not engage in any behavior that could harm the Boosters' reputation.

COLLABORATION: We collaborate with others to achieve our goals. We do not engage in any behavior that could undermine the Boosters' efforts or goals or our support of the Petersburg Fire Department.

SAFETY: We prioritize the safety and well-being of all members. We do not engage in any behavior that could put ourselves or others at risk. We do not have alcohol or drugs of any nature at our events. If activities could result in injury, we ensure they are supervised and that liability waivers are signed.

COMMITMENT: We commit to doing tasks to the best of our ability and are dedicated to ensuring they are completed. We are committed to serving the Petersburg Fire Department as our first priority and ensuring we act in the department's best interest.

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		
CITY, STATE, ZIP CODE		
CELL PHONE NUMBER	EMAIL ADDRESS	

Mailing address if different:

MAILING ADDRESS
CITY, STATE, ZIP CODE

By signing this application, I agree to the above code of conduct and agree not to hold the Petersburg Fire Department, Petersburg Fire Department Boosters, or any of their members liable for any injury to myself or my belongings.

APPLICANT'S SIGNATURE	DATE
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