

Piner-Fiskburg Fire District

1851 Bracht-Piner Road
Morning View, Kentucky 41063

(859) 356-6916
Fax (859) 356-7111

Chief Jason Schleue
jschleue1275@pinerfireky.org

APPLICATION TO VOLUNTEER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of non-job-related medical condition or handicap.

Date of Application: _____

Name: _____
LAST FIRST MIDDLE

Address: _____
NUMBER STREET CITY/TOWN STATE ZIP CODE

Telephone: (____) _____ DOB _____ SSN _____

Are you 21 years of age? YES NO

Have you ever filed an application with Piner-Fiskburg Fire Protection District? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration status?
Proof of citizenship or immigration status will be required upon employment YES NO

On what date would you be available to begin volunteering? _____

Are you available to work weekday's daytime? YES NO

Are currently active in the military or reserves? YES NO

Do you have a high school diploma or equivalency certificate? YES NO

Do you have a current driver's license? State _____ Number _____ YES NO

Were you ever convicted by a court of an offense? YES NO

If yes, briefly describe the offense: _____

List any relatives presently employed/volunteering by Piner-Fiskburg Fire Protection District:

Do have any medical conditions that limit your abilities to perform your job? YES NO
If yes explain

EDUCATION:

	Name and Address Of School	Course of Study	Years Completed	Diploma/Degree
High School (Enclose copy)				
Undergraduate College (Enclose copy)				
Graduate/ Professional (Enclose copy)				
Other (Please specify and enclose)				

FIRE FIGHTING EXPERIENCE:

Previous fire fighting training (include copies of certificates and/or diplomas): No Experience

Fire Fighter I Fire Fighter II Hazmat Awareness Hazmat Operations

KY 150 Certified KY 400 Certified other (Please specify) _____

Please describe your experience as a fire fighter (i.e. number of years as a fire fighter, which fire department, etc.):

Describe any specialized training or skills related to your experience as a fire fighter (include copies of certificates and/or diplomas):

EMERGENCY MEDICAL SERVICES EXPERIENCE:

Current EMS license level (Please include copy of current license): None

Basic Paramedic other (Please specify) _____

Current CPR National Registry

Please describe your experience with the Emergency Medical Services (i.e. number of years in EMS, which fire department):

Describe any specialized training or skills related to your experience in EMS (include copies of certificates and/or diplomas):

Please state any additional information in regards to your fire fighting or EMS experiences that you feel may be helpful to us in considering your application:

EMPLOYMENT EXPERIENCE:

Start with your present or last employer. Include any job-related military service assignments and volunteer activities.

EMPLOYER:	DATES EMPLOYED:
ADDRESS	HOURLY PAY/SALARY: Starting: Final:
TELEPHONE NUMBER:	JOB DUTIES: (Continue below)
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	

EMPLOYER:	DATES EMPLOYED:
ADDRESS	HOURLY PAY/SALARY: Starting: Final:
TELEPHONE NUMBER:	JOB DUTIES: (Continue below)
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EMPLOYER:	DATES EMPLOYED:
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TELEPHONE NUMBER:	JOB DUTIES: (Continue below)
JOB TITLE:	
SUPERVISOR:	
REASON FOR LEAVING:	

PERSONAL/PROFESSIONAL REFERENCES:

1) _____

NAME PHONE NUMBER

ADDRESS RELATION

2) _____

NAME PHONE NUMBER

ADDRESS RELATION

3) _____
NAME PHONE NUMBER

ADDRESS RELATION

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a volunteer status decision.

This application for volunteering shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of acceptance as a volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer/department.

APPLICANT'S SIGNATURE

DATE