



**HARRODS CREEK FIRE PROTECTION DISTRICT  
8905 U.S. HIGHWAY 42  
PROSPECT, KY 40059-8837**

Phone: 502.228.1351

FAX: 502.228.1369

Web: [www.hcfd.org](http://www.hcfd.org)

We are pleased you have decided to apply to become a member of the Harrods Creek Fire Protection District. Please complete the attached application, which is the first step in the process. After completing the application, attach requested additional documents and email, mail or deliver it to us. Some documentation you will need to provide to us includes your current driver's license and any medical, trade, or professional certificates and/or licenses you currently possess. You will be required to prove you are eligible to work in the United States.

*We look forward to hearing from you soon!*

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APPLICATION FOR EMPLOYMENT

Place a checkmark next to the position or positions you are interested in

FULL-TIME

PART-TIME

I am currently a FF/Paramedic

I am currently a FF/EMT

I am currently a Paramedic

PRINT LEGIBLY, IN INK. Answer each item completely and accurately. Incomplete answers may disqualify you or may cause delays in the processing of your application. FALSE OR INCOMPLETE answers may lead to rejection and/or dismissal. Please write the letters "NA" (Not Applicable) in the sections which do not apply to you. Attach additional pages if needed.

The **Firefighter/Paramedic**, **Firefighter/EMT** and **Paramedic** position descriptions describing "Essential Functions," "Reasonable Accommodations," "Minimum Qualification Requirements," and "Minimum Standards to Maintain Position" for an employee of this fire protection district are available upon request.

1. Today's Date: 1/29/1

2. Name: \_\_\_\_\_  
(last) (first) (middle) (Jr./Sr./I/II/III)

3. Current Home Address (number, street, city, state, zip code): \_\_\_\_\_  
\_\_\_\_\_

4. Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

5. List all former addresses you have had during the past five years, beginning with the most recent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you at least 18 years of age? Yes  No

7. Social Security Number: \_\_\_\_\_

8. Do you possess a valid driver's license? Yes  No  State \_\_\_\_\_ Expires \_\_\_\_\_ Class \_\_\_\_\_

9. List any medical, trade, or professional certificates and/or licenses you possess. **(ATTACH COPIES OF ALL)**

Name of Certificate or License: \_\_\_\_\_ Cert./License No.: \_\_\_\_\_

Name of Licensing Agency: \_\_\_\_\_

Address of Licensing Agency: \_\_\_\_\_

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Name of Licensing Agency: \_\_\_\_\_

Address of Licensing Agency: \_\_\_\_\_

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Name of Certificate or License: \_\_\_\_\_ Cert./License No.: \_\_\_\_\_

Name of Licensing Agency: \_\_\_\_\_

Address of Licensing Agency: \_\_\_\_\_

10. Place a checkmark next to each of the following for which you hold a current certificate or license:

Kentucky 400-hour Firefighter

IFSAC or NBPO Firefighter 1

IFSAC or NBPO Firefighter 2

Kentucky Instructor 1

Kentucky Instructor 2

IFSAC Instructor 1

IFSAC Instructor 2

Kentucky or NREMT - Basic

Kentucky or NREMT - Paramedic

Haz-Mat:

Awareness

Operations

Technician

Swiftwater:

Awareness

Operations

Technician

Instructor

11. List firefighting equipment, machinery, and office equipment (including computers and software), you are able to operate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever served in the military? Yes  No  If yes, complete the following.

Service Dates: from \_\_\_\_\_ to \_\_\_\_\_ Branch: \_\_\_\_\_

Rank at time of discharge: \_\_\_\_\_ **(ATTACH COPY OF FORM DD-214)**

13. Employment Experience: Begin with your most recent job and describe in detail each specific job you have held during the last five (5) years. Periods of unemployment also should be noted. Leave no gaps in time sequence. Be sure to list all applicable experience that qualifies you for the position sought. Attach additional forms if needed to complete your employment history. You may exclude organizations that indicate age, color, religion, gender, national origin, handicap, or any other protected status.

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Employer: \_\_\_\_\_ Describe your duties: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Type of Business: \_\_\_\_\_  
\_\_\_\_\_  
Your Position: \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
Wages: Start \_\_\_\_\_ End \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Describe your duties: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Type of Business: \_\_\_\_\_  
\_\_\_\_\_  
Your Position: \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
Wages: Start \_\_\_\_\_ End \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Describe your duties: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Type of Business: \_\_\_\_\_  
\_\_\_\_\_  
Your Position: \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
Wages: Start \_\_\_\_\_ End \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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Employer: \_\_\_\_\_ Describe your duties: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 \_\_\_\_\_  
 Your Position: \_\_\_\_\_  
 Dates: \_\_\_\_\_ to \_\_\_\_\_  
 Wages: Start \_\_\_\_\_ End \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_  
 Supervisor's Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

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14. Have you ever been convicted of a crime? Yes  No  If yes, complete the following.

Charge	Location (city/state)	Date	Disposition of Charge

15. Are there any felony charges pending against you? Yes  No

16. How did you learn about this position? (Please check all that apply)

- Employee       Social Media       Email       Job Board Posting  
 Other \_\_\_\_\_

I certify that the information given in this Application is correct and complete to the best of my knowledge. I am aware that should an investigation at any time show falsification, I may be excluded from consideration for membership; or if I am already a member, my membership may be terminated and/or I may be disqualified from consideration for future membership.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

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**AUTHORIZATION FOR RELEASE OF RECORDS**

I, *(print your name here)* \_\_\_\_\_, hereby authorize the Harrods Creek Fire Protection District to request any law enforcement agency, former employer, or credit bureau to release all information (including but not limited to traffic, arrest/conviction, and credit records) to the Harrods Creek Fire Protection District or its representative, which may be sought in connection with my application for the position of Firefighter with the Harrods Creek Fire Protection District.

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Additional descriptive information may be provided to identify me if necessary or requested.

A photocopy of this Release shall be considered as effective and binding as the original hand-executed copy.

\_\_\_\_\_  
Signature of Applicant  
(please sign this in the presence of a witness)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness



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:

Harrods Creek Fire Protection District, 8905 U.S. Highway 42, Prospect, KY 40059-8837  
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>

Revised 10/03

# HARRODS CREEK FIRE PROTECTION DISTRICT

## APPLICANT RETAINS THIS PAGE

### GRIEVANCE PROCEDURES RELATED TO AMERICANS WITH DISABILITIES ACT

The Harrods Creek Fire Protection District adopts the following grievance procedures to provide a prompt and equitable resolution of complaints alleging any action under Title II of the Americans with Disabilities Act.

1. All complaints regarding access or alleged discrimination should be submitted in writing to the Safety Officer of the Harrods Creek Fire Protection District who shall be the Americans with Disabilities Act ("ADA") Coordinator for resolution. A record of the complaint and action taken will be maintained. A decision by the ADA Coordinator will be rendered within fifteen (15) working days.

2. If the complaint cannot be resolved to the satisfaction of the complainant by the ADA Coordinator, it will be forwarded to an ADA compliance committee composed of representatives from the Board of Trustees of the Harrods Creek Fire Protection District, the disabled community, business or non-profit sectors, and education and health/medical professions. The committee will be appointed by the Chairman of the Board of Trustees.

3. The ADA compliance committee shall be charged with establishing ground rules or procedures for hearing complaints, requests or suggestions from disabled persons regarding access to and participation in public facilities, services, activities and functions related to the Harrods Creek Fire Protection District. Further, the committee should be directed to hear such complaints in public, after adequate public notice is given, in an unbiased, objective manner. The committee should issue a written decision within thirty (30) days of a hearing. All proceedings of the committee should be recorded and maintained for five (5) years.

4. If the complaint cannot be resolved to the complainant's satisfaction by the committee, the complaint will be heard by the Board of Trustees of the Harrods Creek Fire Protection District. An open, public meeting of the Board of Trustees will precede the vote. A determination must be made within thirty (30) days of the hearing. The decision of the Board of Trustees is final.

5. A record of action taken on each request or complaint must be maintained as a part of the records or minutes at each level of the grievance process.

6. The individual's right to prompt and equitable resolution of the complaint must not be impaired by his/her pursuit of other remedies, such as the filing of a complaint with the U.S. Department of Justice or any other appropriate federal agency. Furthermore, the filing of a lawsuit in state or federal district court could occur at any time. The use of this grievance procedure is not a prerequisite to the pursuit of other remedies.