



FIRE DEPARTMENT BELLEVUE-DAYTON
 514 Sixth Avenue, Dayton, Kentucky 41074
 Telephone: (859) 261-0083 www.fdbd.org

For Office Use Only:	
Application Received:	_____
Application End Date:	_____
Interview Date:	_____

APPLICATION FOR EMPLOYMENT

FIREFIGHTER / PARAMEDIC POSITION

The Fire Department Bellevue-Dayton (FDBD) is an Equal Opportunity Employer. It considers all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE TYPE OR PRINT CLEARLY)

APPLICANT CONTACT INFORMATION			
Full Name (Last, First, Middle):			Today's Date:
Street Address:	City	State	Zip Code
Home Telephone:	Cell Phone:	Email Address:	
Person(s) to Contact in Case of Emergency:		Phone Number(s):	

GENERAL QUESTIONS		
1. Are you 21 years of age or older?	Yes	No
2. Do you have a valid driver's license?	Yes	No
3. Do you have a high school diploma or GED?	Yes	No
4. Have you ever been convicted of a felony?	Yes	No
5. Do you have previous firefighting experience?	Yes	No
6. Are you currently a certified Kentucky 400-hour Firefighter, or IFSAC I and II certified?	Yes	No
7. Do you have up-to-date ACLS, PEPP or PALS Certification?	Yes	No
8. Do you have a current CPAT card? If not, are you in the process of obtaining a CPAT card?	Yes	No
9. Are you presently employed?	Yes	No
10. On what date would you be available to start work?		

EDUCATIONAL BACKGROUND AND CERTIFICATIONS

Type	School Name, Address, City, State & Zip Code	Course of Study or Skills Acquired	Years or Hours Completed	Type of Diploma, Certification or Degree
HIGH SCHOOL OR GED				
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
OTHER				
OTHER				
OTHER				
OTHER				

PROFESSIONAL AFFILIATIONS

List professional, trade, business, or civic offices or memberships you currently hold or have held in the past.

EMPLOYMENT HISTORY

PLEASE LIST YOUR MOST RECENT OR CURRENT EMPLOYER FIRST:

Dates Employed

Start End

Employer:			
Street Address:		<u>Hourly Rate of Pay</u>	
		Beginning	Ending
City, State and Zip Code:			
Job Title:	Supervisor:	May we contact this employer? Please circle: Yes No	
Telephone Number:	Reason for Leaving:		

Dates Employed

Start End

Employer:			
Street Address:		<u>Hourly Rate of Pay</u>	
		Beginning	Ending
City, State and Zip Code:			
Job Title:	Supervisor:		
Telephone Number:	Reason for Leaving:		

Dates Employed

Start End

Employer:			
Street Address:		<u>Hourly Rate of Pay</u>	
		Beginning	Ending
City, State and Zip Code:			
Job Title:	Supervisor:		
Telephone Number:	Reason for Leaving:		

Dates Employed

Start End

Employer:			
Street Address:		<u>Hourly Rate of Pay</u>	
		Beginning	Ending
City, State and Zip Code:			
Job Title:	Supervisor:		
Telephone Number:	Reason for Leaving:		

MILITARY AND RESERVES SERVICE

Have you ever served in the U.S. Military? Yes _____ No _____ If yes, please fully complete this section.

Branch of Service:

Dates of Active Service:

Discharge Date and Rank:

Are you presently a member of the National Guard or other reserve military unit? Yes _____ No _____

If yes, what is the Reserve Unit and Location? _____

Please list any relevant skills, awards or achievements received during your Military or Reserves experience.

REFERENCES

Please list three references who are not past or present employers or relatives.

Full Name:

Address:

City, State, Zip:

Telephone:

How do you know this person?

Full Name:

Address:

City, State, Zip:

Telephone:

How do you know this person?

Full Name:

Address:

City, State, Zip:

Telephone:

How do you know this person?

AFFIRMATION OF TRUTH

I hereby certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information given by me in this application, or in any part of the employment selection process, will be grounds for cessation of the application process.

I further understand that if any false, misleading, incomplete, or inaccurate information is discovered after I am hired it will be cause for my immediate termination from employment with the Bellevue-Dayton Fire Department, and any unused vacation, sick or other benefits to which I may have been entitled to will no longer be available to me.

I hereby authorize the Fire Department Bellevue-Dayton to investigate all of the statements contained in this Application for Employment as may be necessary in arriving at an employment decision.

Printed Name of Applicant:

Signature of Applicant:

Application Date:

DOCUMENTS TO ATTACH

Please attach copies of the following documents to your application:

1. Current Driver's License.
2. High School, GED or College Diploma.
3. Kentucky Firefighter or IFSAC I and II Certificate.
4. ACLS, PEPP or PALS Certificate.
5. CPAT Card, if available.

The Fire Department of Bellevue-Dayton (FDBD) does not accept Applications for Employment by email or fax. An emailed or faxed Application will not be considered for employment with FDBD.

All Applications for Employment should be sent by U.S. Mail, or may be dropped off in person to:

**Fire Department of Bellevue-Dayton
514 Sixth Avenue
Dayton, KY 41074
Telephone: 859-261-0083**

Office hours are Monday - Friday, 8:30 a.m. to 4:30 p.m.