



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 POSITIONS

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:	

EMERGENCY CONTACT INFORMATION		
Emergency Contact Name:	Relationship:	Cell Phone:
Emergency Contact Name:	Relationship:	Cell Phone:

GENERAL INFORMATION	
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?	Yes No
7. Do you have up-to-date ACLS, PEPP or PALS Certification?	Yes No
8. Do you have a current Kentucky Paramedic Certificate? If not, will you have one within six (6) months of the date of hire? ___ Yes ___ No	Yes No
9. Do you have a CPAT card? If not, are you in the process of obtaining CPAT? ___ Yes ___ No	Yes No
10. Are you presently employed?	Yes No

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				
OTHER				
OTHER				

PROFESSIONAL AFFILIATIONS

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

MILITARY AND RESERVES SERVICE INFORMATION

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.

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EMPLOYMENT HISTORY

<i>PLEASE LIST YOUR MOST RECENT OR CURRENT EMPLOYER FIRST:</i>		<u>Dates Employed</u>	
		Start	End
Employer:			
Street Address:		<u>Hourly Rate of Pay</u>	
City, State and Zip Code:		Beginning	Ending
Job Title:	Supervisor:	May we contact this employer? Please circle: Yes No	
Telephone:	Reason for Leaving:		

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

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

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

REFERENCES

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

Full Name:	Telephone:
Address:	City, State, Zip:
How do you know this person?	
Full Name:	Telephone:
Address:	City, State, Zip:
How do you know this person?	
Full Name:	Telephone:
Address:	City, State, Zip:
How do you know this person?	

AFFIRMATION OF TRUTH

I hereby certify 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, during the employment selection process, or discovered after I am hired, will be grounds for cessation of the application process, and be cause for my immediate termination from employment with Fire Department Bellevue-Dayton, and that 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 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, if available.

1. High School, GED or College Diploma.
2. Kentucky Firefighter or IFSAC I and II Certificate.
3. Kentucky Paramedic or EMT Certificate.
4. ACLS, PEPP or PALS Certificate.
5. CPAT Card

MAIL OR DROP OFF APPLICATION TO:

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

Office hours: Monday - Friday, 8:30 a.m. to 5:00 p.m.

**FAXED OR EMAILED APPLICATIONS
WILL NOT BE ACCEPTED.**