



Membership Application

PERSONAL INFORMATION

Application Date: _____

You are applying for: Volunteer Part-Time Full-Time

Position Desired: Fire & EMS Fire Only EMS Only Support Only

Do you have CPAT Certification: Yes No

If "Yes", Expiration Date: _____

_____	_____	_____
Last Name	First Name	Middle Name

Street Address		
_____	_____	_____
City	State	Zip
_____	_____	_____
Social Security Number	Date of Birth	Age
Valid Driver's License? Yes / No: _____	_____	_____
	License Number	State of Issue

Contact Information

Home	Best Time to call:
Work	Best Time to call:
Cell	Best Time to call:
Email	



Membership Application

GENERAL INFORMATION

- Are you a U.S. citizen? YES NO If not, what is your immigration status?

- Do you have any relatives, blood or marriage currently a member of the Walton Fire Protection District? If so, please provide name and relation below:

- Have you ever been dismissed or forced to resign by an employer or volunteer organization? YES NO (if yes, please explain below)

- Have you ever been convicted of a felony? If so, please explain below

- Have you ever been involved in any civil action in or out of court, as a plaintiff or defendant as a result of a criminal traffic or other incident for any reason?
If so, please explain below:

- List all traffic violations and auto accidents, please provide date and disposition:



Membership Application

Professional References

Name	Address	Occupation	Telephone

Personal References

Name	Telephone	Relation	Years Known

	YES	NO
Do you consent Walton Fire Protection District to contact <u>professional</u> references?		
Do you consent Walton Fire Protection District to contact <u>personal</u> references?		
Would you consent to a drug/alcohol screening at any time, if requested?		
Have you ever been on restrictive duty due to a on the job injury?		
Do you have any physical condition(s) that may limit your ability to perform the duties in the field in which you are applying?		
Have you ever, or are you now receiving compensation for any injuries, illnesses or conditions?		
Do you presently have an application pending for Worker's Compensation benefits, or any other disability?		
Are you currently in the CERS (Ky Retirement System)?		
Are any of your current employers enrolled in CERS?		



Membership Application

EMPLOYMENT HISTORY

Employed BY	Dates/Salary
--------------------	---------------------

Address / Phone Number	Reason For Leaving
-------------------------------	---------------------------

Duties Performed:

Employed BY	Dates/Salary
--------------------	---------------------

Address / Phone Number	Reason For Leaving
-------------------------------	---------------------------

Duties Performed:

Employed BY	Dates/Salary
--------------------	---------------------

Address / Phone Number	Reason For Leaving
-------------------------------	---------------------------

Duties Performed:



Membership Application

Fire & EMS Experience

	YES	NO	
Do you have experience in Fire/EMS?			Years of experience:
Are in KY Fire Commission Training Database?			Total Hrs:
			FFN #
Are you KY Volunteer Certified (150hrs)?			
Are you KY Career Certified (400hrs)?			
Are you a KY EMT and/or Nationally Certified?			KY EMT KEMSIS #:
			National #:
			Years of service:
Are you KY and/or Nationally Certified Paramedic?			KY Paramedic KEMSIS #:
			National #:
			Years of service:

Please list Fire & EMS Organizations you are currently serving or have served:

Organization Name	City & State
to	
Dates Served	Telephone Number
Organization Name	City & State
to	
Dates Served	Telephone Number
Organization Name	City & State
to	
Dates Served	Telephone Number



Membership Application

Education & Training

Do you have a high school diploma or GED? YES NO Year Graduated: _____

High School: _____

Address: _____

Please list any other education you have received:

_____	_____
Institution Name	City & State
_____	_____
Degree Earned / Type of Degree	Dates
_____	_____
Institution Name	City & State
_____	_____
Degree Earned / Type of Degree	Dates
_____	_____
Institution Name	City & State
_____	_____
Degree Earned / Type of Degree	Dates



Membership Application

List other training received (Special Courses, Work Training Programs, Armed Forces Training, etc.)

List special qualifications and skills (Licenses, Skills With Machines, Patents of Inventions, Publications, Public Speaking, etc.)



Membership Application

Please Provide Copies of the items below which are applicable:

- Drivers License
- Birth Certificate
- High School Diploma or GED
- Military Discharge
- Auto Insurance
- Current Fire Training Hours
- NIMS Training
- Wildland FF Training
- Firefighter Survival / Rescue Training
- Kentucky EMT / Paramedic Card
- National Registry EMT / Paramedic Card
- Current CPR Card
- Hepatitis B Vaccination
- HIV / AIDs Certification
- ACLS Card
- PEPP / PALS Card
- Current TB Results
- Any Additional Certificates

Please submit copies with the completed application.

STOP.

All pages beyond this point are to be completed by the Administration. Please return your completed application.



Membership Application

Applicant Verification / Investigation

Application Received	Date:	
Application Complete	Y / N	
AOC Background Check	Date Sent:	Date Received:
KSP Background Check	Date Sent:	Date Received:

EMT Certification / YOS Verified	Y / N	
Paramedic Cert / YOS Verified	Y / N	
Firefighter Cert Verified	Y / N	
Firefighter TRN Hrs verified	Y / N	
FFN Number Verified	Y / N	

		Comments
Professional Reference Check	Date:	
Professional Reference Check	Date:	
Professional Reference Check	Date:	

Personal Reference Check	Date:	
Personal Reference Check	Date:	

Applicant: ACCEPTED DENIED *(If denied explain below)* Date: _____

Comments:



Membership Application

Human Resources

		Date Completed	Comments
Payroll Info Completed (voided check / banking info)	Y / N		
Payroll website access	Y / N		
Tax Forms Completed	Y / N		
W-4	Y / N		

Insurance

		Comments
VFIS Beneficiary Form Completed	Y / N	
US Public Safety Form Completed	Y / N	
Medical Insurance Forms completed (FTE Only)	Y / N	
Dental Ins. (All Staff PTE/VME must pay)	Y / N	
Vision Ins. (All Staff PTE/VME must pay)	Y / N	

Building Access	Y / N	Code:
Email Server Access	Y / N	@waltonfireky.com Username: Password:
File Server Access	Y / N	Username : Username:
Online Scheduling management	Y / N	
Scheduling Access	Y / N	Username: Password:
Emergency Reporting	Y / N	Username: Password:
ID Badge	Y / N	Badge #:



Membership Application

EMS

Required Copies Received	Y / N	
Patient Reporting Access	Y / N	
EMS Supply Room Access	Y / N	
Controlled Medication Access	Y / N	

Fire

Required Cert Copies Received	Y / N	
State TRN	Y / N	

Uniforms

Bunker Gear Issued and logged	Y / N	
SCBA Mask Issued and logged	Y / N	
PASS Tags	Y / N	
Gear Locker Name Plate	Y / N	
Station Uniforms Issued/Ordered	Y / N	