

# Personnel Application for Employment

Lexington Fire Protection District

## Applicant Information

Last name:		First name:		Middle:	
Street address:			City:		Zip code:
Home phone:		Mobile phone:		Work phone:	
Driver License #:		Class:	Expiration date:		

## Emergency Contact Information

Last name:		First name:		Middle:	
Street address:			City:		Zip code:
Home phone:		Mobile phone:		Work phone:	

## Employment Information

Place of employment:			Years of employment:		
Street address:		City:		State:	Zip code:
Occupation:				Work phone:	

## Emergency Services Experience

Agency:	Position:	Years of service:
Agency:	Position:	Years of service:
Agency:	Position:	Years of service:

Basic Ops FF (II)	Instructor 1	Company fire officer	Unified command	EMR
Advanced FF (III)	Instructor 2	Advanced fire officer	Roadway extrication	EMT
Hazmat awareness	Instructor 3	Chief fire officer	Tech rescue awareness	A-EMT /-I
Hazmat operations	FS vehicle operator	Incident safety officer	Fire apparatus engineer	EMT-P

## Military Service

Branch:	Rank:	PEBD:	Years of service:
Branch:	Rank:	PEBD:	Years of service:

## Position

Please select the position you are applying to:

Volunteer Firefighter / EMT	Volunteer EMT	Career Full Time EMT
Volunteer Firefighter / EMR	Volunteer Firefighter	Career Part Time EMT

## Alcohol Policy

The standard policy of the Lexington Fire Department on alcohol: No firefighter, EMT, or officer shall respond to any fire department function or activity who has consumed any alcohol whatsoever within 6 hours from your last drink. This is a zero-tolerance policy.

The first offense will result in a 30-day suspension. The second offense will result in dismissal from the fire department.

## Questions

1. Do you understand the alcohol policy of this department	Yes	No
2. Have you ever been convicted of a felony	Yes	No
3. Have you ever been dismissed or forced to resign from any emergency services position	Yes	No
4. May the fire department contact any of the organizations that you have listed to ask questions regarding your character or abilities	Yes	No
5. Are you at least 18 years of age	Yes	No

*If Yes to #2 or 3, explain on separate paper, please.*

I, \_\_\_\_\_, certify that I am in good health and physical condition and able to perform the function of the position for which I am applying. Should, at any time, my health or physical condition change, I will notify my immediate supervisor immediately. I understand that a doctor's release may be needed to continue to perform functions with the fire department.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my acceptance is depended upon the completion of a background check conducted by law enforcement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, understand that everything assigned to me by the Department, including pagers, badges, and uniform shirts remain Department property. All items must be returned in good working upon my resignation or dismissal. I understand that I am financially responsible for all equipment I am assigned.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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Do not write below this line

Date application received: \_\_\_\_\_

Unit # assigned: \_\_\_\_\_

Date interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Date of background check: \_\_\_\_\_ Agency: \_\_\_\_\_