



Shepherdsville Fire Department

634 Conestoga Parkway, P.O. Box 400
Shepherdsville, KY 40165
(502)543-6833 www.shepfire.com



APPLICATION FOR MEMBERSHIP

*****PLEASE FILL OUT EVERY LINE COMPLETELY. FOR ITEMS THAT DO NOT APPLY, REPLY N/A***
PLEASE PRINT CLEARLY**

First Name _____ Middle _____ Last Name _____

Nick Name(s) _____ Date of Birth ____/____/____ Age _____

Address _____ Home # _____ Cell # _____

Emergency Contact Name _____ Address _____ Phone # _____

Social Security # ____/____/____ Driver's License (State Issued & #) _____ Exp. date ____/____/____

Email Address _____ Marital Status _____

Physical Condition _____ Sex ____ Race _____ Weight _____ Height _____

Hair Color _____ Eye Color _____ Blood Type (if known) _____

Current Employer _____ Address _____ Phone# _____

Have you ever been on a Fire Dept. in the Commonwealth of KY? Yes or No (circle one)

If yes, where? _____ Fire Fighter # (if known) _____ Instructor # (if known) _____

Please circle any that apply to you: CONFINED SPACE EMT HAZMAT IFSAC I/II
INSTRUCTOR ROPE TRENCH OTHER

REFERENCES (LIST THREE NON-IMMEDIATE FAMILY MEMBERS) ***IT IS MANDATORY TO FILL THIS PORTION OUT**

1. Name _____ Occupation _____
Address _____ Phone _____

2. Name _____ Occupation _____
Address _____ Phone _____

3. Name _____ Occupation _____
Address _____ Phone _____

Have you ever been convicted of a FELONY? (If yes, please explain): _____

Are you now, or have you ever, been addicted to an illegal substance? Yes or No (circle one)

I HEREBY AFFIRM THAT ALL STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THEY ARE SUBJECT TO VERIFICATION. ANY FALSE STATEMENT ON THIS APPLICATION WILL BE CONSIDERED A BASIS FOR REJECTION OR TERMINATION OF MY MEMBERSHIP.

SIGN _____ Date _____



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:

Shepherdsville Fire Department 634 Conestoga Parkway Shepherdsville, KY 40165

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 Code

SEX: _____ RACE: _____ DATE OF BIRTH: ____/____/____ SOC SEC NO: _____

Signature Date Signature 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