

SHEPHERDSVILLE FIRE & RESCUE
170 Frank E. Simon Avenue, P. O. Box 400, Shepherdsville, KY 40165
(502) 543-6833

APPLICATION FOR MEMBERSHIP

Name _____ Age _____ Date of Birth ___/___/___
Address _____ Home Phone # _____

Place of Employment _____ Work Phone # _____
Address _____

Physical Condition _____
Sex _____ Race _____ Weight _____ Height _____
Hair Color _____ Eye Color _____ Blood Type _____
Any Birthmarks? _____

Driver's License (STATE & #) _____ Expiration Date ___/___/___
Social Security Number _____ - _____ - _____

References (LIST THREE – OTHER THAN IMMEDIATE FAMILY)

1. Name _____ Occupation: _____
Address _____
Phone Number _____

2. Name _____ Occupation: _____
Address _____
Phone Number _____

3. Name _____ Occupation: _____
Address _____
Phone Number _____

Please specify any special qualifications, special skills, etc.... _____

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? _____

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.

SIGNED _____
DATE OF APPLICATION _____

SHEPHERDSVILLE FIRE & RESCUE

170 Frank E. Simon Avenue, P. O. Box 400, Shepherdsville, KY 40165
(502) 543-6833

FROM: _____

DATE: _____

TO WHOM IT MAY CONCERN:

I _____ DO HEREBY
CONSENT TO A DRIVER'S RECORD AND ARREST HISTORY CHECK TO BE
CONDUCTED BY THE SHEPHERDSVILLE FIRE DEPARTMENT ON MYSELF. I
UNDERSTAND THAT ANY INFORMATION OBTAINED BY THESE CHECKS
COULD BE USED AS GROUNDS FOR REJECTION OF MY APPLICATION OR
DISMISSAL. THE REFERENCES ON THE ATTACHED APPLICATION AS WELL
AS MY EMPLOYER MAY ALSO BE CONTACTED.

SIGNED _____
DATE OF APPLICATION _____

HISTORY CHECK CONDUCTED BY:

DATE: _____ REMARKS:

RECOMMENDATION: APPROVE / DISAPPROVE
(CIRCLE ONE)

SIGNED: _____
TITLE: _____