

Montgomery County FIRE/EMS



805 Indian Mound Drive
Mt. Sterling, Kentucky 40353

Chief Michael A. Mosbey

Phone: 859-498-1318

Office Fax: 859-498-3809

Application for Employment

An Equal Employment Opportunity Employer

Answer Each Question Full and Accurately. No action will be taken until you have answered all questions. Use blank paper if you do not have enough space on this application. **PLEASE PRINT**, except for signature area on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for (list only one): _____ Today's Date: _____

Position you are seeking: Career or Volunteer

When can you start work? _____ Minimum salary acceptable: _____

Name (as it appears on Social Security Card)

Last Name

First Name

Middle Name

Phone Number

Present Street Address

City

State

Zip Code

Are you 18 years of age or older? Yes _____ No _____

Social Security Number #: _____ Date of Birth: _____

If hired can you furnish proof you are eligible to work in the U.S.? Yes _____ No _____

Have you applied here before? Yes _____ No _____ If yes, when? _____

Were you ever employed here? Yes _____ No _____ If yes, when? _____

Do you have any relatives (any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage) employed by Montgomery County Fire EMS? Yes _____ No _____

If yes, provide their name:

Have you ever been convicted of any law violation? Yes _____ No _____

If yes, provide details:

Have you ever been fired or asked to resign by an employer? Yes _____ No _____

If yes, provide name of employer, address, date of incident and explanation of circumstances

EMT Certification: Yes _____ No _____

Paramedic Certification: Yes _____ No _____

Firefighter 1 Certification: Yes _____ No _____ IFSAC: Yes _____ No _____

Firefighter 2 Certification: Yes _____ No _____ IFSAC: Yes _____ No _____

CPAT: Yes _____ No _____ Expiration: _____

Education

	Name and Location of School	Course of Study	Years Completed	Diploma or Degree
Undergraduate College				
Graduate Professional				
EMT EMT Student			Completion Date	
Paramedic Medic Student			Completion Date	
Other (Specify)				

Special Skills

List of current professional registrations, certifications and licenses: _____

What skills or additional training do you have that is related to the job for which you are applying?

What machines or equipment can you operate that is related to the job for which you are applying?

Military Service

Are you currently or were you a member of the Armed Forces? Yes ____ No ____

Branch: _____ Dates: _____ DD214: Yes ____ No ____

List any job related training or skills that would be beneficial to Montgomery County Fire EMS learned in the Armed Forces: _____

Drivers Qualifications

List all active drivers' licenses; including type, state and number: _____

Have you ever been denied a license or permit to operate a motor vehicle? Yes ____ No ____

Has any license or permit ever been suspended or revoked? Yes ____ No ____

If yes to either of the above, please furnish in detail the facts and circumstances: _____

Work History

List name of Employers in consecutive order with present or last employer listed first. Account for all periods of time including self-employment, military service and any unemployment.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Supervisor
Address (City, State, Zip Code)	Employment Dates
	From (m/y) / To (m/y) /
	Pay
	Start \$ Final \$
Telephone	Reason for Leaving
()	
Duties	
Name of Employer	Supervisor
Address (City, State, Zip Code)	Employment Dates
	From (m/y) / To (m/y) /
	Pay
	Start \$ Final \$
Telephone	Reason for Leaving
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	Pay
	Start \$ Final \$
Telephone	Reason for Leaving
()	
Duties	

Work Related References

Have you worked or attended school under any other names? Yes ____ No ____

If yes, provide name: _____

Are you presently employed? Yes ____ No ____

If yes, whom do you suggest we contact? _____

List three work-related references whom we may contact who are not relatives and are familiar with your qualifications.

Name/Company	Work Relationship	Work Telephone
		()
Address (City, State, Zip Code)		

Name/Company	Work Relationship	Work Telephone
		()
Address (City, State, Zip Code)		

Name/Company	Work Relationship	Work Telephone
		()
Address (City, State, Zip Code)		

Personal References

Name	Relationship	Telephone
		()
Name	Relationship	Telephone
		()
Name	Relationship	Telephone
		()

Affidavit, Consent and Release

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information in the employment application is true and complete. I understand that any false information or questions may disqualify me from further consideration for employment and may result in the dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employer and organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to submit to and successfully pass a drug screening examination and background investigation. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, as may be required.

I understand that this application, verbal statements by management, or subsequent employment does not create and express or implied contract of employment nor guarantee employment for any definite period of time.

I have read, understand and by my signature consent to these statements.

Signature: _____

Date: _____

This application for employment will remain active until job is filled.

Background Investigation Information Request Form

PLEASE PRINT OR TYPE THE INFORMATION CLEARLY

Social Security Number	
Date of Birth	
Full Name	
Maiden or Alias Names	
Street Address/P.O. Box	
City, State, Zip Code	
Driver's License Number	
Email Address	

Signature: _____

Date: _____