



NORTH OLDHAM
FIRE PROTECTION DISTRICT
 Post Office Box 3
 Goshen, KY 40026
www.nofd.org



Administrative Offices - 502-228-1447

FAX - 502-228-3195

11. Place a checkmark next to each of the following for which you hold a current certificate or license: (attach copies of all)

- Kentucky Firefighter Number _____
- KY 150-hour Firefighter KY 400-hour Firefighter
- IFSAC Firefighter I IFSAC Firefighter II
- KY Instructor I KY Instructor II
- IFSAC Instructor KY or NREMT Paramedic
- KY or NREMT EMT
- CPR
- Hazmat Awareness Swiftwater Awareness
- Operations Operations
- Technician Technician

12. List firefighting equipment, machinery and office equipment (including computers) you are able to operate:

13. Have you ever served in the military? Yes No If yes complete the following:

Service Dates: from _____ to _____ Branch _____

Rank at time of discharge _____ Type of discharge _____ (attach copy of DD-214)

14. Employment Experience: (Beginning with most recent employer, describe each job you have held during the last fifteen (15) years. Periods of unemployment should also be noted. Leave no gaps in time sequence. List all applicable experience that qualifies you for the position sought. Attach additional pages if required to complete your employment history.

Employer: _____ Address: _____ Type of Business: _____ Position: _____ Dates: _____ to: _____ Supervisor Name _____ Phone _____	Describe your Duties _____ _____ _____ _____ _____
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Employer: _____	Describe your Duties _____ _____ _____ _____ _____ _____
Address: _____	
Type of Business: _____	
Position: _____	
Dates: _____ to: _____	
Supervisor Name _____ Phone _____	
Reason for Leaving: _____	

Employer: _____	Describe your Duties _____ _____ _____ _____ _____ _____
Address: _____	
Type of Business: _____	
Position: _____	
Dates: _____ to: _____	
Supervisor Name _____ Phone _____	
Reason for Leaving: _____	



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Employer: _____ Address: _____ Employer: _____ Address: _____ Type of Business: _____ Position: _____ Dates: _____ to: _____ Supervisor Name _____ Phone _____ Reason for Leaving: _____	Describe your Duties _____ Describe your Duties _____ _____ _____ _____ _____ _____ _____
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15. Have you ever been convicted of a crime? Yes No If yes, complete the following:

Charge	Location (city/state)	Date	Disposition of Charge



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16. Are there any felony charges pending against you? Yes No

17. How did you learn about this position? _____

I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should an investigation at any time show falsification, I may be excluded from consideration for membership or termination (if already a member).

 Applicant's Signature

 Date

AOC-RU-006
Rev. 1-10
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
records@kycourts.net



EMERGENCY SERVICES REQUEST

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

Individuals for employment in Emergency Services

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

*** ALL INFORMATION BELOW IS REQUIRED.**

Requestor/Contact Person

Date

Agency

Phone Number

Address

E-mail Address

City, State, Zip