

10. List any medical, trade or professional certificates and/or licenses you possess: **(attach copies of all)**

Name of Certificate or License: _____ Cert./License No. _____

Licensing Agency _____

Address of Licensing Agency _____

Name of Certificate or License: _____ Cert./License No. _____

Licensing Agency _____

Address of Licensing Agency _____

Name of Certificate or License: _____ Cert./License No. _____

Licensing Agency _____

Address of Licensing Agency _____

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 | <input type="checkbox"/> | KY 400-hour Firefighter | <input type="checkbox"/> |
| IFSAC Firefighter I | <input type="checkbox"/> | IFSAC Firefighter II | <input type="checkbox"/> |
| KY Instructor I | <input type="checkbox"/> | KY Instructor II | <input type="checkbox"/> |
| IFSAC Instructor | <input type="checkbox"/> | | |
| KY or NREMT EMT | <input type="checkbox"/> | KY or NREMT Paramedic | <input type="checkbox"/> |
| CPR | <input type="checkbox"/> | | |
| Hazmat Awareness | <input type="checkbox"/> | Swiftwater Awareness | <input type="checkbox"/> |
| Operations | <input type="checkbox"/> | Operations | <input type="checkbox"/> |
| Technician | <input type="checkbox"/> | Technician | <input type="checkbox"/> |

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

Employer: _____

Address: _____

Type of Business: _____

Position: _____

Dates: _____ to: _____

Supervisor Name _____ Phone _____

Reason for Leaving: _____

Describe your Duties _____

Employer: _____

Address: _____

Type of Business: _____

Position: _____

Dates: _____ to: _____

Supervisor Name _____ Phone _____

Reason for Leaving: _____

Describe your Duties _____

15. Have you ever been convicted of a crime? Yes No If yes, complete the following:

Charge	Location (city/state)	Date	Disposition of Charge

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

applicable experience that qualifies you for the position sought. Attach additional pages if required to complete your employment history.

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