

APPLICATION FOR MEMBERSHIP
WILDER VOLUNTEER FIRE DEPARTMENT, INC.
(PRINT LEGIBLY OR TYPE)

DATE OF APPLICATION _____

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE NUMBER _____

EDUCATION:

HIGH SCHOOL:

NAME _____
ADDRESS _____
DATE GRADUATED _____

TRADE SCHOOL:

NAME _____
ADDRESS _____
DATE GRADUATED _____

COLLEGE:

NAME _____
ADDRESS _____
DATE GRADUATED _____

MILITARY SERVICE:

BRANCH _____
DATES SERVED _____ TYPE OF DISCHARGE _____

WORK EXPERIENCE:

CURRENT EMPLOYER:

NAME _____
ADDRESS _____
TELEPHONE NUMBER _____ HOW LONG _____
JOB TITLE _____
DUTIES _____

PREVIOUS EMPLOYER(IF WITHIN ONE YEAR)

NAME _____
ADDRESS _____
TELEPHONE NUMBER _____ HOW LONG _____
JOB TITLE _____
DUTIES _____

PREVIOUS EMPLOYER (IF WITHIN ONE YEAR)

NAME _____
ADDRESS _____
TELEPHONE NUMBER _____ HOW LONG _____

JOB TITLE _____
DUTIES _____

**APPLICATION FOR MEMBERSHIP
WILDER VOLUNTEER FIRE DEPARTMENT, INC.**

HAVE YOU EVER BEEN A MEMBER OR AFFILIATED WITH ANOTHER FIRE DEPARTMENT AND/OR EMERGENCY MEDICAL SERVICE ORGANIZATION? _____

COMPLETE THE FOLLOWING WHERE APPLICABLE:

DATE OF MEMBERSHIP/ACTIVITY _____
NAME OF DEPT. OR ORGANIZATION _____
ADDRESS _____
TELEPHONE NUMBER _____
REFERENCE _____
NAME _____
POSITIONS/RANK _____
HELD _____
APPROXIMATE TRAINING HOURS _____
CURRENT _____
CONTACT _____
EMT CERT _____ IF SO, WHAT STATE AND CERTIFICATION NUMBER? _____
REASON FOR LEAVING _____

REFERENCES: (NO RELATIVES)

NAME _____
ADDRESS _____
CITY _____ STATE _____
TELEPHONE _____

SIGNED _____
DATE _____

The Wilder Volunteer Fire Department, Inc. must do a driving record check and police record check. In order to do this, the department must have your written authorization to do so. By giving us your date of birth, your social security number, your drivers license number and signing this section of the application, you are granting the Wilder Volunteer Fire Department, Inc. permission to check your driving record and to have a police background check performed.

Date of Birth _____

Social Security Number _____

Drivers License Number (specify State License is issued) _____

Print Your Name _____

Signed _____

Date _____

REQUEST FOR FELONY CONVICTION RECORD
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to HB 126, request is made for any record of conviction of a felony crime by the parson identified herein. This information shall be released to:

Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment, or acting as a volunteer, 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 Disaster and Emergency Services). I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any felony crime. I know that I have a 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 KSP and KSP employee's from any claim for damages arising from the dissemination of inaccurate information.

Applicant information:

Name _____

_____ Last, First, Middle, Maiden

Sex _____ Race _____ Date of Birth _____ Soc. Sec. No. _____

Scars, Marks, Amputations _____

Signature Date

Witness Date

INSTRUCTIONS:

Requesting agency should ensure that all application information is completed.

Return forms to: KENTUCKY STATE POLICE
RECORDS SECTION
1250 LOUISVILLE ROAD
FRANKFORT, KY 40601