



WELCOME!

Dear Applicant:

Thank you for your interest in the Williamstown Volunteer Fire Department. We are a group of highly dedicated and trained personnel providing emergency response to the residents and visitors of Williamstown and surrounding areas of Grant County.

If you are willing to commit to teamwork, training and community service, please complete this application. We are a quality organization with many opportunities to serve.

Thank you for your interest,

Les Whalen
Chief of Williamstown Volunteer FD

MEMBERSHIP APPLICATION

PERSONAL INFORMATION:

Application Date Position Desired

Last Name First Name Middle Name

Maiden Name, Name used on records, or Alias':

Street Address

City State Zip Code

Date of Birth SS#:

E-mail Address:

Telephone #, Cellular #, Work #

Home Work Cellular

Do you hold a valid KY driver's license? Yes / No Restrictions? Yes / No

State of Issue Date of Expiration License Number

List any and all motor vehicle accidents you have been involved in:

List all traffic citations received, including date, agency, location, violation and disposition:

References:

Name: Address: Years Known: Telephone:

1.

2.

3.

MEMBERSHIP APPLICATION

General Information:

Are you a U.S. Citizen? Yes / No

Are you over the age of 18? Yes / No

Have you ever been dismissed or forced to resign by an employer or volunteer organization? Yes / No
If yes, please explain:

Have you ever been convicted of a felony? (*This doesn't bar you from member acceptance*) Yes / No
If yes, please explain:

Have you ever been involved in any civil action in or out of court, as a plaintiff or defendant as a result of a criminal traffic or other incident for any reason? Yes / No If yes, please explain:

Fire Department Experience:

Are you a certified firefighter? Yes / No

Certification #:

What level of certification: 150 hr 400 hr IFSAC Other:

Are you a Kentucky certified First Responder, EMT or Paramedic? Yes / No Certification #:

Are you CPR certified? Yes / No

Are you Claustrophobic? Yes / No

Are you willing to wear a self-contained breathing apparatus? Yes / No

Are you able to climb ladders? Yes / No

Are you afraid of heights? Yes / No

Are you familiar with portable power equipment? Yes / No

Please list any Emergency Organization where you have served if applicable:

Organization Name Length of service City & State Telephone #:

1.

2.

3.

4.

MEMBERSHIP APPLICATION

Education & Training:

High School Attended:

Address:

Did you receive a diploma or GED equivalent? Yes / No

Please list any other education you have received:

Institution Name	City & State	Major of Study	Degree Earned?	Type of Degree?
1.				
2.				
3.				
4.				

List any special qualifications and skills you have:

This membership application is designed to be continuing in nature as to all information contained herein.

Between the date of completing this membership application and the date of notification of my possible appointment to the Williamstown Volunteer Fire Department, I hereby agree to inform the Chief(s) of any changes contained herein:

- A. My physical wellbeing or injury that may have occurred. This includes any medical procedure that a physician diagnoses as necessary or may be necessary.
- B. Update my arrest record, including felonies, DUI's, reckless driving, traffic violations, license suspensions or automobile accidents.
- C. All other information or data pertaining to this application.

Failure to inform the Chief(s) could be cause for disciplinary action up to dismissal.

In addition if any physical, mental or emotional condition exists which could impair my ability to perform my duties in an unrestricted manner, I agree to provide a doctors statement so indicating this condition and what type of accommodations I might require to perform the requirements of the position to which I was appointed.

Applicants Signature

Date:

Accepted on 6-month probation as of:

Off Probation:

Chiefs Initials:

Secretaries Initials:

Witness' Initials:

MEMBERSHIP APPLICATION

IMPORTANT:

Verification

I hereby affirm that the information provided on this application and any accompanying resume, if any, is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify my application and myself from further consideration for employment / volunteering and may be considered justification for dismissal if discovered at a later date.

Waiver

I waive any right of privilege, privacy and / or confidentiality I may have in the information provided by reference or whom I have indicated may be contacted.

Release

I hereby release any and all individuals, companies and organizations to provide requested dates to the Williamstown Volunteer Fire Department, its agents and employees, so that it may verify the contents of this application and my acceptance for membership.

Applicants Signature

Date

FOR MEMBERSHIP AND / OR EMPLOYMENT WITH A FIRE DEPARTMENT, AMBULANCE SERVICE, OR RESCUE SQUAD; STATE LAW PERMITS A CRIMINAL RECORD CHECK AS A CONDITION OF MEMBERSHIP OR EMPLOYMENT. THIS ACTION IS PERMITTED BY KRS 17.167 (HB 126) CHAPTER 373. PLEASE BE NOTIFIED THAT THE DEPARTMENT MAY DO A BACKGROUND CHECK AT ANY TIME IT DEEMS NECESSARY. BY INITIALING BELOW YOU ARE AGREEING TO ALLOW THE DEPARTMENT TO PERFORM SUCH CHECKS:

PLEASE INITIAL FOR BACKGROUND CHECK: