



ST. MATTHEWS FIRE PROTECTION DISTRICT

240 SEARS AVENUE

LOUISVILLE KENTUCKY 40207

www.stmatthewsfd.com

**Employment Application
(Fire)**

This page MUST be filled out and left in the business office when application package is picked up.

Present Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Name (printed): _____

Signature: _____

Date: _____



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Employment Application
(Fire)

The St. Matthews Fire Protection District is an Equal Opportunity Employer.

Print in ink, answering each item completely and accurately. Incomplete answers may disqualify you or may cause delays. False answers may lead to dismissal. Please write the letters "NA" (not applicable) in those sections that do not apply.

Position Applying For: _____ Date of Application: _____

Last Name	First Name	Middle Name

List all other names, including maiden name and nicknames, by which you have been known.

Present Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

List all former addresses you have had for the past five years (begin with the most recent).

SCHOOLS	NAME OF SCHOOL	DATES ATTENDED	HRS EARNED	GRADUATION DATE	DEGREE EARNED
HIGH SCHOOL/GED			XX		XX
COLLEGE/UNIVERSITY					
VOCATIONAL					
GRADUATE					
OTHER					

List any Fire Service Experience, Training or Certifications:

EMPLOYMENT HISTORY

Begin with the most recent job experience and describe each specific job that you have had in your work history. Periods of unemployment should also be noted. Leave no gaps in the time sequence. Be sure to list all applicable experience with qualifies you for the position sought. Attach additional forms if needed to complete employment history.

Employer: _____

Address: _____

Type of Business: _____

Briefly Describe Your Position: _____

Employment Dates: _____

Supervisors Name & Position: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Type of Business: _____

Briefly Describe Your Position: _____

Employment Dates: _____

Supervisors Name & Position: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Type of Business: _____

Briefly Describe Your Position: _____

Employment Dates: _____

Supervisors Name & Position: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Type of Business: _____

Briefly Describe Your Position: _____

Employment Dates: _____

Supervisors Name & Position: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Type of Business: _____

Briefly Describe Your Position: _____

Employment Dates: _____

Supervisors Name & Position: _____

Reason for Leaving: _____

Are you a United States Citizen: YES NO

If not, do you have a right to work in the United States? YES NO

Do you have a valid driver's license? YES NO

Driver's License Number / Expiration Date: _____

List all traffic and criminal citations or arrest:

Charge	Location (City/State)	Date	Disposition of Charge

Have you ever been convicted of a felony? YES NO

Have you ever served in the military? YES NO

If Yes, complete the following:

Branch: _____

Dates: From _____ To _____

Rank at Time of Discharge: _____

Were you honorably discharged? YES NO

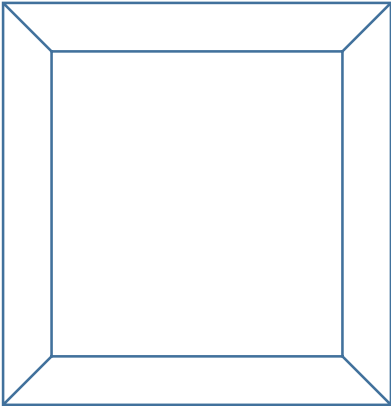
I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should an investigation at any time show falsification, I may be excluded from consideration for a position, or if I am in a position, I may be terminated and/or disqualified from further consideration for a position with the St. Matthews Fire Protection District.

Signature

Date

ST. MATTHEWS FIRE PROTECTION DISTRICT

Pass Tag / Emergency Contact



FDID: _____

Firefighter Name: _____ Rank _____

SS # _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Religion: _____ Phone: _____

Physician: _____ Physician Number: _____

Medical History / Medications: _____ Blood Type: _____

Allergies:

Emergency Contact Info

Name: _____ Name: _____

Relation: _____ Relation: _____

Phone: _____ Phone: _____

Address: _____ Address: _____



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AUTHORIZATION FOR RELEASE OF RECORDS

I, _____, hereby authorize the St. Matthews Fire Protection District to request any law enforcement agency, former employer, or credit bureau to release all information (included but not limited to traffic, arrest/conviction, and credit records) to the St. Matthews Fire Protection District or its representative that may be sought in connection with this application for a position with the St. Matthews Fire Protection District.

A PHOTOCOPY OF THIS RELEASE SHALL BE CONSIDERED AS EFFECTIVE AND BINDING AS THE ORIGINAL HAND EXECUTED COPY.

Social Security Number: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

Witness Name (Printed) _____

Witness Name (Signature) _____

Date: _____