



## APPLICATION INSTRUCTIONS

*Incomplete applications will not be reviewed.*

If emailing an application: scan all requested items with completed application and email it to [mfrantz@stmatthewsfd.com](mailto:mfrantz@stmatthewsfd.com). If submitting a paper copy: attach all requested items with completed application and return it to business office at address below during normal business hours.

240 Sears Ave  
Louisville, Ky 40207

### ATTACHED ITEMS

- Current Resume
- Copy of a current driver's license
- Copy of your social security card
- Copy of current EMT certificate/card
- Copy of current Paramedic License
- Copy of current ACLS card
- Copy of PALS card
- Copy of current CPR card
- Copy of Blood Borne Pathogens certificate
- Copy of Pediatric Abuse of Head Trauma certificate
- Color Photograph of yourself

**EMS EDUCATION**

\_\_\_\_\_ EMT \_\_\_\_\_ Paramedic Instructor \_\_\_\_\_ Date Completed \_\_\_\_\_

Course taken at \_\_\_\_\_ Instructor \_\_\_\_\_

\_\_\_\_\_ EMT \_\_\_\_\_ Paramedic Instructor \_\_\_\_\_ Date Completed \_\_\_\_\_

Course taken at \_\_\_\_\_ Instructor \_\_\_\_\_

\_\_\_\_\_ EMT \_\_\_\_\_ Paramedic Instructor \_\_\_\_\_ Date Completed \_\_\_\_\_

Course taken at \_\_\_\_\_ Instructor/Level \_\_\_\_\_

**ACLS**

Date Completed \_\_\_\_\_ Course Location \_\_\_\_\_

Exp Date \_\_\_\_\_

**Blood Borne Pathogens**

Date Completed \_\_\_\_\_ Course Location \_\_\_\_\_

Exp Date \_\_\_\_\_

**Pediatric Abuse of Head Trauma**

Date Completed \_\_\_\_\_ Course Location \_\_\_\_\_

Exp Date \_\_\_\_\_

**PALS**

**Date Completed** \_\_\_\_\_ **Course Location** \_\_\_\_\_

**Exp Date** \_\_\_\_\_

**EMS LICENSE AND CERTIFICATIONS**

Current License Level: \_\_\_\_\_ EMT    \_\_\_\_\_ Paramedic    \_\_\_\_\_ Instructor

KY State License # \_\_\_\_\_ Other Certification #s \_\_\_\_\_

Endorsements: \_\_\_\_\_ Other Levels: \_\_\_\_\_

Expiration Date \_\_\_\_\_

Are you currently Nationally Registered?    Yes    No

Are you a KY licensed EMS Instructor?    Yes    No

Have you had any disciplinary actions against your EMS license?    Yes    No

If yes, explain:

---

---

Current CPR certification expiration date: \_\_\_\_\_

Do you hold, or have you ever held an EMS license in another state?

Yes    No

If yes, what state and license level?

---



## St. Matthews Fire Protection District

240 Sears Avenue  
Louisville, KY 40207  
502-893-7825

### 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 (including 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 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 \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Name (Printed) \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

**REFERENCES Provide at least three**

**\* Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\* Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\* Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\* REQUIRED**

## EMPLOYMENT HISTORY

Employer:

Address:

Type of Business

Briefly describe position:

Employment Dates:

Supervisors Name:

Reason for leaving:

Employer:

Address:

Type of Business

Briefly describe position:

Employment Dates:

Supervisors Name:

Reason for leaving:

Employer:

Address:

Type of Business

Briefly describe position:

Employment Dates:

Supervisors Name:

Reason for leaving:



Are you legally eligible to work in the United States? Yes No

Do you have a valid driver's license? Yes No

**List all traffic and criminal citations and arrest.**

Charge	Location	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 of service:

Dates

From

To

---

Rank at time of discharge:\_\_\_\_\_ **Attach a copy of your DD214**

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

Schools	Name of School	Dates Attended	HRs Earned	Graduation Date	Degree Earned
High School/GED					
College/University					
Vocational					
Graduate					
Other					

**Briefly** list any other EMS/Fire Service Experience, Training or Certifications.