

# APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )	REFERRED BY		

## EMPLOYMENT DESIRED

*Email Address:*

POSITION <i>PART-TIME PARAMEDIC</i>	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

*This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.*

**EMERGENCY SERVICES REQUEST**

**Organization:** Pleasure Ridge Park Fire District Headquarters

**Address:** 9500 Stonestreet Road, Louisville, KY 40272

**Contact Person:** Gayle A. Bolton/Executive Assistant

**Phone Number:** (502) 935-3878, ext 5

**Tax Exempt Number:** SD 56-115

**Administrative Office of the Courts  
Pretrial Services  
100 Millcreek Park  
Frankfort, Kentucky 40601  
(800) 928-6381**

The records request will be returned to the mailing address on a postage paid self-addressed return envelope. A separate addressed envelope on each person requested is required. If you have any questions, please contact Pretrial Services at (800) 928-6381.

**PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.**

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

**Maiden or Alias Names:** \_\_\_\_\_

**Street Address/P.O. Box:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

I \_\_\_\_\_, do hereby authorize the Pleasure Ridge Park Fire Protection District and the Administrative Office of the Courts to search public records for any relevant information regarding me.

**Signature:** \_\_\_\_\_ **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 person identified herein. This information shall be released to:

**Pleasure Ridge Park Fire Protection District 9500 Stonestreet Road Louisville, KY 40272**  
**Attn: Gayle A. Bolton 502-935-3878 #5**

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 employees from any claim for damage arising from the dissemination of inaccurate information.

Applicant Information (Please print except where signature is required)

NAME \_\_\_\_\_  
Maiden Last First Middle

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec.# \_\_\_\_\_

Scars, marks, amputations:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Instructions: Requesting agency should ensure that all application information is completed.

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