APPLICATION FOR EMPLOYMENT



NAME:	
DATE:	
Please indicate the position(s) for which you wish Applicants are considered only for specific positions. "any")	
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2	

APPLICATION FOR EMPLOYMENT

DATE: POSITION APPLIED FOR: _				
REFERRED BY:	DATE AVAILABLE FOR WORK:			
qualifications will be carefully reviewed and you will be given that Upon employment, this application will become part of your permithis in mind as you complete it. Special Note: You are not require Local Law. We are an Equal Opportunity Employer. Pleasure Ridg race, color, religion, gender, national origin, pregnancy, many	t be answered to the best of your ability. Please print in ink. Your rough consideration for the position(s) for which you have applied manent record at Pleasure Ridge Park Fire Protection District. Keep ed to supply any information that is prohibited by Federal, State, or ge Park Fire Protection District does not discriminate on the basis of the status, citizenship, age, disability, veteran status, gender ted class. You may request assistance in completing this application.			
PERSONAL				
Name:First MI Last	Preferred Telephone Number: ()			
Street: Box	City: State: Zip:			
Alternate Phone Number:	E-Mail Address:@			
If younger than 21, state your age here:				
Are you legally entitled to work in the United States:**	Yes No			
**Compliance with I-9 requirements is mandatory, upo	on employment			
If a job offer is made to you, we will conduct a criminal recor you understand we may withdraw the job offer if the criminal				
Have you ever been convicted of a moving traffic violati	ion?			
If yes, list all here:				
Have your driving privileges ever been revoked or suspe	ended?			
If yes, list when and why here:				
Do you currently hold a Commercial driving license (CD	L)?			
EDUCATION				
Did you graduate from High School? If n	o, last grade completed: Grade Average:			
College or University (Name and Location):				
	mpleted your coursework. eted: Grade Point Average: Degree: ending, date of graduation:			

GENERAL EMPLOYMENT INFORMATION List here all of the equipment with which you have experience and training. (Example: materials 1. handling, small tools, trucks, computers, manufacturing machines, etc.) Are you willing to relocate? If yes, state location preferred: _____ 2. How much do you expect to be paid? \$_____per hour or \$_____per week or \$_____per year 3. Hours you are available per week? _____ or _____No preference 4. Type of work sought: _____Regular Full Time or _____Regular Part Time or _____Remotion Temporary 5. Which of the following are you available: Days: __yes__no Nights: __yes__no Weekends: yes no 6. Holidays: yes no Shift Work: yes no 7. Indicate hours you are available to work on the following days (or check Anytime, if you have no restrictions): Monday Tuesday Wednesday Thursday Friday Saturday Sunday ___to_____to_____to_____to_____to_____to_____to____ __Anytime ___Anytime ___Anytime ___Anytime ___Anytime ___Anytime 8. Are you able and willing to perform the essential functions of the job for which you are applying? yes no don't know enough yet to reply *If no, indicate reason: need different hours need different days ____need more training need a driver Other, (explain accommodation needed:) Are you currently under a non-compete or non-solicitation agreement that will prevent you from 9. working for a fire or EMS Service? ____yes ____no If yes, explain: _____ EXPERIENCE 1. Employer: _____ Kind of Business: _____ Supervisor: _____ Job Title: _____ Reason for Leaving: ___ Quit ___ Discharged ___ Retired Dates Employed: ______ to _____ Laid Off Why? _____ For Job Reference, call: ______ at _____ Please do not contact this employer. Why not? 2. Employer: Address: Kind of Business: _____ Supervisor: _____ Job Title: _____ Reason for Leaving: ___ Quit ___ Discharged ___ Retired Dates Employed: _____ to ____ Laid Off Why? _____ For Job Reference, call: ______ at _____ Please do not contact this employer. Why not? 3. Employer: _____ Address: Kind of Business: _____ Supervisor: _____ Job Title: _____ Reason for Leaving: ___ Quit ___ Discharged ___ Retired Dates Employed: ______ to _____ Laid Off Why? _____ For Job Reference, call: ______ at _____ Please do not contact this employer. Why not?

In the following space, please des	cribe any special knowledge, s	skills, or abilities	that will bring added value if
you are employed here.			
Please list the name, address and	contact information of three	references who o	can attest to your knowledge,
kill and ability to perform the wo			
not personal references.			,,
tot personal references.			
Name:	-	Phone:()_	
Employer:	Location: _		Position:
Name:		Phono: ()	
Employer:			
improyer.	Location		
lame:		Phone:()_	
mployer:	Location: _		Position:
	CONDITIONS OF EMPLO	DYMENT	
I. The facts as stated on this applic	cation are true and correct. I under	stand that, if emplo	yed, false statements on this
application may cause my imme			
accurate and to determine my f	tness for this job and hold harmles	•	
report. A copy of this authoriza III. I understand that I may be requ	tion is as valid as the original. ired to work overtime as a condition	of heing employed	4
-	nent, I agree to confirm to the rules		
	_		d I am free to resign with or without
	ny employment and compensation on the Board of Trustees. I understand		
Protection District, has any auth	ority to enter into any verbal agree	ment for employme	ent for any specified period of time or
	y to the foregoing and that no docu the foregoing unless it is expressly t		
	Officer of Pleasure Ridge Park Fire P		Agreement and signed by both
V. I understand that I will be require	red to submit to a pre-employment,		oyment test for fitness and/or
substance abuse, if not prohibit VI. Upon separation of employmen	•	re Protection Distric	ct to withhold from my final paycheck
all monies owed by me (if not p	rohibited by law) for equipment, loa	ans, products, servic	ces, unforms unreturned, benefits
	d, materials, or other assets in my p	•	ptly returned or prepaid as agreed. esolved internally may be referred to
· · ·	, unless prohibited by law or contract		
NATE.	CICNIATUDE.		

Authorization to Complete Comprehensive Background Checks

The Pleasure Ridge Park Fire District is committed to hiring quality candidates to fill public servant/first responder positions. If you (the candidate) are chosen to move forward in the hiring process, the Fire District will conduct a comprehensive background check which may include the following:

- 1. Federal court check
- 2. Sex offender check

By completing the following information and signing this document, you are authorizing Pleasure Ridge Park Fire District to search public records for any relevant information regarding you.

Name:			
Last	First	Middle	Maiden
Date of Birth:	Sex:	Race:	
Social Security Number:			
Signature		Date	
Witness Signature		Date	

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ADMINISTRATIVE OFFICE OF THE COURTS RECORDS UNIT 1001 VANDALAY DRIVE FRANKFORT, KENTUCKY 40601 502-573-1682 or 800-928-6381



records@kycourts.net

The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$25.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

csmalley@prpfire.org

E-mail Address

Requesting a record on individuals requires a \$25.00 fee (check or money order).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY. SOCIAL SECURITY NUMBER: ______ DLN: _____ MIDDLE FIRST MAIDEN NAME(S) AND/OR ALIAS: ______ DATE OF BIRTH: STREET ADDRESS/P.O. BOX: CITY, STATE, ZIP CODE: _____ I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable. * ALL INFORMATION BELOW IS REQUIRED. Please denote which purpose applies to this request: Date ☐ Employment Pleasure Ridge Park Fire Protection District ☐ Criminal Investigation Company (If applicable) ☐ Screening Housing Applicants ☐ Volunteer/Care over Juvenile Cheryl Smalley Requestor/Contact Person Licensing Other (please explain) 9500 Stonestreet Road Address Louisville, KY 40272 City, State, Zip 502-935-3878 ext 5 Telephone Number



REQUEST FOR CONVICTION RECORDS - EMPLOYMENT/PROFESSIONAL LICENSE

Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Pleasure Ridge Park Fire Protection District, 9500 Stonestreet Road, Louisville, KY 40272

Agency/Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I am requesting that the Kentucky State Police provide the above named agency/organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the 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 Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME:						
Fi	rst	Middle	Last		Maiden	
ADDRESS:						
ADDICESS.	Street	A SECTION OF THE CONTRACT OF T	City		State	Zip
SEX:	RACE:	DATE OF BIRTH:		SOC SEC NO:		
-				- 100 per 10000 estapposages 5-0000 per 6		
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*						
Signature		Date		Witness		Date

INSTRUCTIONS:

Requesting agencies/organizations should ensure that all application information is completed.

Requesting agencies/organizations should forward a check or money order made payable to the Kentucky State Treasurer in the amount of \$20.00 for each submitted form. Requests should be accompanied by two, self addressed stamped envelopes—one bearing the name and address of the requesting agency/organization and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police

Criminal Identifications and Records Branch Criminal Records Dissemination Section

1266 Louisville Road Frankfort, KY 40601

Visit us online @ http://kentuckystatepolice.org

Revised 10/08