



**WELCOME!**

Dear Applicant:

Thank you for showing your interest in the Walton Fire Protection District. We are a group of highly dedicated, trained personnel providing emergency services to the resident and visitors of the Walton and Richwood areas, in addition to the unincorporated areas of both Boone and Kenton Counties. 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,

*Chief Thomas E. Ollier*

# Membership Application

Please fill out COMPLETELY in Black or Blue Ink

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## Personal Information

Position applying for: Volunteer \_\_\_\_\_ Part-time \_\_\_\_\_ Full time \_\_\_\_\_

Area applying for: Fire/EMS \_\_\_\_\_ Fire Only \_\_\_\_\_ EMS Only \_\_\_\_\_

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Last, \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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Street Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Telephone, Pager Numbers, E-Mail

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Home \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_ Work \_\_\_\_\_

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E-Mail \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**GENERAL INFORMATION**

Are you a U.S. citizen? YES \_\_\_\_\_ NO \_\_\_\_\_ If not, what is your immigration status? \_\_\_\_\_

Are you over the age of 18? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any relatives, by blood or marriage currently a member of The Walton Fire Protection District? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state:

Name of relative currently a member: \_\_\_\_\_

What relation to you: \_\_\_\_\_

Position of relative with WFPD: \_\_\_\_\_

Have you ever been dismissed or forced to resign by an employer or volunteer organization? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain. This may be relevant if job related, but does not bar you from employment.

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

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? If so, please explain:

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

Do you hold a valid drivers license? YES \_\_\_\_\_ NO \_\_\_\_\_

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

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

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**Fire & Emergency Medical Service Experience**

Do you have any experience in the fire and EMS services? YES \_\_\_ NO \_\_\_

Are you in the Kentucky Fire Commission Training Database System? YES \_\_\_ NO \_\_\_  
If so, how many hours? \_\_\_\_\_

Are you Kentucky Volunteer Certified? YES \_\_\_ NO \_\_\_

Are you Kentucky Career Certified? YES \_\_\_ NO \_\_\_

Are you certified in CPR? YES \_\_\_ NO \_\_\_

Are you certified in First Aid? YES \_\_\_ NO \_\_\_

Are you certified in Blood Borne Pathogens? YES \_\_\_ NO \_\_\_

Are you a Kentucky Certified EMT? YES \_\_\_ NO \_\_\_  
If so, how many years have you been an EMT? \_\_\_\_\_  
Yrs. 911? \_\_\_\_\_ Yrs. Private/Non-Emergency? \_\_\_\_\_  
Certification Number \_\_\_\_\_ Expiration \_\_\_\_\_

Are you a Nationally Certified EMT? YES \_\_\_ NO \_\_\_  
If so, how many years have you been Nationally Certified? \_\_\_\_\_  
Certification Number \_\_\_\_\_ Expiration \_\_\_\_\_

Are you a Kentucky Certified Paramedic? YES \_\_\_ NO \_\_\_  
If so, how many years have you been Certified? \_\_\_\_\_  
Yrs. 911? \_\_\_\_\_ Yrs. Private/Non-Emergency? \_\_\_\_\_  
Certification Number \_\_\_\_\_ Expiration \_\_\_\_\_  
Are you a Nationally Certified Paramedic? YES \_\_\_ NO \_\_\_  
If so, how many years have you been Certified? \_\_\_\_\_

Are you a Nationally Certified Paramedic? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, how many years have you been Certified? \_\_\_\_\_  
Certification Number \_\_\_\_\_ Expiration \_\_\_\_\_

**Fire & Emergency Organizations where you have served or still serving**

\_\_\_\_\_  
Department Name City & State

\_\_\_\_\_  
Dates of Service Telephone Number & Contact Person

\_\_\_\_\_  
Department Name City & State

\_\_\_\_\_  
Dates of Service Telephone Number & Contact Person

\_\_\_\_\_  
Department Name City & State

\_\_\_\_\_  
Dates of Service Telephone Number & Contact Person

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**Education & Training**

High School Attended: \_\_\_\_\_

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

Do you have a high school diploma? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list other education you have received;

\_\_\_\_\_  
School Name City & State

\_\_\_\_\_  
Degree Earned? Type of Degree Major Area of Study

\_\_\_\_\_  
School Name City & State

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Degree Earned? Type of Degree

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Major Area of Study

List other training received (Special Courses, Work Training Programs, Armed Forces Training, etc. ):

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List special qualifications and skills (Licenses, Skills with Machines, Patents, or Inventions, Publications, etc.):

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**References:**

<u>Name</u>	<u>Address</u>	<u>Yrs. Known</u>	<u>Telephone</u>
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**Employment Record**

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Employed By

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Dates/Salary

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Address

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Reason for Leaving

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Duties Performed

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\_\_\_\_\_  
Employed By

\_\_\_\_\_  
Dates/Salary

\_\_\_\_\_  
Address

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Duties Performed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employed By

\_\_\_\_\_  
Dates/Salary

\_\_\_\_\_  
Address

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Duties Performed  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employed By

\_\_\_\_\_  
Dates/Salary

\_\_\_\_\_  
Address

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Duties Performed:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employed By

\_\_\_\_\_  
Dates/Salary

\_\_\_\_\_  
Address

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Duties Performed:  
\_\_\_\_\_  
\_\_\_\_\_



THIS EMPLOYMENT APPLICATION IS DESIGNED TO BE CONTINUING IN NATURE AS TO ALL INFORMATION CONTAINED HEREIN.

Between the date of completing this application and the date of notification of my possible appointment to the Walton Fire Protection District. I hereby agree to inform the Chief or Deputy Chief of the Walton Fire Protection District of any change in:

A: My physical well-being or injury that occurred. This includes any medical procedure, which a physician diagnoses as necessary or may be necessary.

B: Update my arrest record, including felonies, D.U.I.'s, reckless driving, traffic violations, license suspensions or auto accident.

C: All other information or data contained in the application.

Failure to inform the Chief or Deputy Chief could be cause for disciplinary action up to dismissal and/or might seriously impact my medical benefits.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

WAIVER OF RESPONSIBILITY RELATED TO TESTING FOR PHYSICAL CAPABILITIES

This applies to full-time/part-time Fire fighter/EMT, Fire Fighter/Medic, and Firefighter positions only.

I fully understand that the duties of the Fire Division personnel are physically demanding. Further I may be required to participate in pass a most rigorous physical capabilities testing process. This series of tests, conducted during one day and/or evening, may include but not limited to a fire service combat test and/or exercises such as sit ups, running one and one half miles, push ups, pull ups, ladder climbing, lifting and carrying weights (up to 125 lbs.), walking beams and other similar exercises.

Knowing of these demands of comparative testing, I proclaim that I am physically and psychologically fit to participate in such testing: and further, that I absolve the Walton Fire Protection District or their representatives of any and all responsibility relating to such testing directly related to any past or pre-existing, or current conditions, known if unknown, that might result in injury, in any form, as a result of such testing.

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Applicant's Signature

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Date

Applicant's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**PHYSICIAN'S STATEMENT OF ABILITY**

In my professional opinion, \_\_\_\_\_ is physically capable of performing the duties of a Kentucky Certified Firefighter for the Walton Fire Protection District. This job will involve walking, standing and/or kneeling on various levels of terrain, or for various distances, the ability to endure various outdoor elements and exposure to smoke and heat.

This patient has the following limitations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This patient has no limitations: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUEST FOR FELONY CONVICTION**  
**RECORD**

FIRE DEPARTMENT, AMBULANCE SERVICE, RESQUE 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:

Walton Fire Protection District P.O. Box 007 12600 Towne Center Drive Walton KY.  
41094

Organization Name and Address

**ACKNOWLEDGEMENT 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 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 KSP and KSP employee's from any claim for damages arising from the dissemination of inaccurate information.

Applicant Information:

Name: \_\_\_\_\_  
Last, first, middle, maiden

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

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  
1266 Louisville Road  
Frankfort, KY 40601

**Emergency Services Request**

Kentucky Court of Justice

[www.kycourts.net](http://www.kycourts.net)

**Mail Requests To:**

Records Section

Pretrial Services

Administrative Office of the Courts

1001 Vandalay Drive

Frankfort, KY 40601

502-573-1682 or 800-928-6381

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**Emergency Service Information**

To request a record on an individual from Court Net Disposition System for the purpose of obtaining a background check, please follow these steps:

- Send this completed form to the mailing address above
- Enclose a stamped envelope addressed to you for your return reply
- Enclose a #10 (business-size) envelope addressed to the individual being checked
- If you prefer, provide an email address for you and the individual being checked in place of envelopes

Failure to comply with these procedures will result in the request being returned unprocessed. If you have any questions once you receive a reply, or if you suspect the information contained in the record is incorrect, contact Pretrial Services at 502-573-1682 or 800-928-6381

Information on Individual whose record is being checked (please type or print clearly):

**Social Security #** \_\_\_\_\_

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

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

**Maiden of Alias Names:** \_\_\_\_\_

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

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

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

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have the basic information necessary for record processing.

Walton Fire District

Name of Agency

PO Box 007/12600 Towne Center Drive

Walton Ky, 41094

Chief Tom Ollier/Dep. Chief Allen Roberts

Requester/Contact Person

Date: \_\_\_\_\_

1-859-485-7439/allen.roberts@waltonfireky.com

Phone

Email Address

## TO BE READ AND SIGNED BY APPLICANT

By Completing and Submitting this Application, I

- Authorize The Walton Fire District, or its agent to investigate my Background, Character, General Reputation and Prior employment by contacting my Prior Employers, References or Any other Individual the Walton Fire District or its agent considers necessary;
- Authorize my prior Employers, References, and any other Individuals contacted by the Walton Fire District or its agents to release any and all information requested and absolve those parties who provide information requested from any and all liability related to their doing so;
- Authorize the Walton Fire District, or its agents to investigate my driving record and to release any pertinent information deemed necessary for investigation;
- Certify that this application was completed by ME, and that all entries on it and information in it are true and complete to the best of my knowledge.
- Understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I'm required to abide by all rules and regulations of the Walton Fire District.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPLICATION CHECK LIST

<b>Fire Only</b>	<b>EMS Only</b>	<b>FF/EMT</b>	<b>FF/Medic</b>	<b>Paperwork Required</b>
_____	_____	_____	_____	Completed Application
_____	_____	_____	_____	Appropriate Signatures
_____	_____	_____	_____	Copy of Birth Certificate
_____	_____	_____	_____	Copy of H.S. Diploma/GED
_____	_____	_____	_____	Copy of Driver's License
_____	_____	_____	_____	Military Discharge (If Applicable)
_____	_____	_____	_____	Copy of Auto Insurance
_____	_____	_____	_____	Current Fire Training Hours
_____	_____	_____	_____	Copy of any NIMS Cert.
_____	_____	_____	_____	Copy of Wildland Cert.
_____	_____	_____	_____	Copy of FF Rescue/Survival
_____	_____	_____	_____	Copy of Haz-Mat Ops/Tech
_____	_____	_____	_____	Copy of Fire Inspectors Cert.
_____	_____	_____	_____	Copy of KY EMT/Medic Card
_____	_____	_____	_____	Copy of Nat. Registry Card
_____	_____	_____	_____	Copy of Current CPR Card
_____	_____	_____	_____	Copy of Hepatitis B Vaccination
_____	_____	_____	_____	Copy of HIV/Aids Cert.
_____	_____	_____	_____	Copy of ACLS Card
_____	_____	_____	_____	Copy of PEPP/PALS Card
_____	_____	_____	_____	Copy of Current TB Results
_____	_____	_____	_____	Any Additional Certificates