

# HIGHVIEW FIRE DISTRICT MEMBERSHIP APPLICATION

Application for:

Volunteer Firefighter

Reactivation/Transfer Firefighter

Other

PLEASE COMPLETE THE FOLLOWING INFORMATION (Print or Type)

Full Name \_\_\_\_\_  
Last First Middle

Current Address:

Street \_\_\_\_\_

City \_\_\_\_\_

Telephone No: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Previous Address (If Above Address is Less Than 5 Years)

Street \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

In Case of Emergency, NOTIFY:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Present Employer:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ How Long: \_\_\_\_\_

**Previous Fire/Emergency Service Experience (Most Recent)**

**Department:** \_\_\_\_\_ **Rank/Position:** \_\_\_\_\_

Type of Department: \_\_\_\_\_ Volunteer \_\_\_\_\_ Combination \_\_\_\_\_ Paid Service Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Chief's Name: \_\_\_\_\_

**Department:** \_\_\_\_\_ **Rank/Position:** \_\_\_\_\_

Type of Department: \_\_\_\_\_ Volunteer \_\_\_\_\_ Combination \_\_\_\_\_ Paid Service Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Chief's Name: \_\_\_\_\_

**Current Certifications (Fire Service Instructor, EMT, CPR, Other)**

Type: \_\_\_\_\_ No: \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_ No: \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_ No: \_\_\_\_\_ Expires: \_\_\_\_\_

**Education: (Check all that apply)**

\_\_\_\_\_ High School Student at \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ High School Diploma of GED from \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ If you did not graduate from high school, list highest grade level completed \_\_\_\_\_

**Vehicle Operators License No:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

***Please Attach a Photo Copy of Your Vehicle Operators License***  
(Application Cannot Be Processed Without This Item)

**Has your Operators License ever been suspended or revoked?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ YES \_\_\_\_\_ NO

**List Criminal Convictions for the Past 3 Years**

Date                      Description

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**List all Traffic Citations for the Past 3 Years (Do Not Include Parking Violations)**

Date                      Location                      Description

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**List all automobile accidents for the 3 years**

Date                      Location                      Nature of Accident

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Do you have insurance for your private vehicle? \_\_\_\_\_ YES \_\_\_\_\_ NO

***Please Attach a Photo Copy of Your Proof of Insurance Card***  
(Application Cannot Be Processed Without This Item)

**Give Names, Addresses and Telephone Numbers of three (3) References who are not related to you.**

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**I understand that membership is probationary for a period of SIX MONTHS during which I must demonstrate my fitness for continued membership with the Highview Fire District. I further understand that I may be required to pass a medical evaluation and drug screening through the Fire District's doctor as a condition of continuing membership.**

**In order that the Chief or his designee may be fully informed as to my personal character and qualifications for membership, I refer to my employer, references given and any other person who may have information concerning me. I do agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.**

**I understand that willfully withholding information or making false statements on this application will be grounds for dismissal or exclusion from consideration for membership.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised 07-12-2005

# AUTHORIZATION FOR ARREST RECORDS CHECK HIGHVIEW FIRE DISTRICT

I, \_\_\_\_\_  
(Signature)

do hereby authorize the **Louisville Metro Police Department** or any other **Police Agency** who may have arrest records or any other information regarding myself to release same without reservation, to the **Highview Fire District**. I am applying as a Volunteer Firefighter with the above named Fire District and the information is a requirement for acceptance.

**Please print the following information**

**NAME:** \_\_\_\_\_

**HOME STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

\_\_\_\_\_ **SEX** \_\_\_\_\_ **RACE** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

\_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **EYES** \_\_\_\_\_ **HAIR** \_\_\_\_\_

\_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **SCARS or MARKS** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

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

**Signature and title of person requesting records check from the Highview Fire District.**

**Signature:** \_\_\_\_\_ **Name/Title:** \_\_\_\_\_

**Chief or Designee of the Highview Fire District**

**Signature:** \_\_\_\_\_ **Name/Title:** \_\_\_\_\_

**Or**

**Signature:** \_\_\_\_\_ **Name/Title:** \_\_\_\_\_



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APPLICANT DO NOT WRITE ON THIS PAGE  
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INVESTIGATION RECORD

APPLICANT: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE

- 01 Application Received: \_\_\_\_\_
- 02 Address Confirmed: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
Station Assignment: \_\_\_\_\_
- 03 Application Receipt Letter Sent to Applicant? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_
- 04 Criminal Record Investigation Complete \_\_\_\_\_  
Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_
- 05 Driving record Investigation Complete: \_\_\_\_\_  
Date Requested: \_\_\_\_\_ Date Received: \_\_\_\_\_
- 06 COMMENTS:

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COMMAND STAFF RECOMMENDATION  
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- Approved Application
- Disapprove Application
- Conditional Approval

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Rank: \_\_\_\_\_

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ACCEPTANCE PROCESSING

- Acceptance letter mailed to the applicant \_\_\_\_\_
- Class notification letter mailed to the applicant \_\_\_\_\_
- Training File prepared \_\_\_\_\_
- Data entered in the Training Data Base FFID# \_\_\_\_\_
- Personnel file prepared and forwarded secretary \_\_\_\_\_