

HIGHVIEW FIRE PROTECTION DISTRICT

Volunteer Firefighter Application

An Equal Opportunity / Affirmative Action Employer

Fill out all sections COMPLETELY and to the best of your ability. This application will be used as part of the examination process and therefore, should represent your best effort. Unsigned or incomplete applications will not be considered. Once submitted, application materials become property of the Highview Fire Protection District.

CURRENT INFORMATION

1. NAME: _____
First Name Last Name Middle
2. ADDRESS: _____
No. & Street Name or P.O. Box City State Zip
3. HOME PHONE: _____ CELL PHONE: _____
4. E-MAIL ADDRESS: _____

GENERAL INFORMATION

In accordance with 739 KAR 2:100:

- | | | |
|---|-----|----|
| 1. Are you at least 18 years of age? | Yes | No |
| 2. Have you ever been convicted of a felony? | Yes | No |
| 3. Are you a citizen or permanent resident of the US? | Yes | No |
| 4. Are you currently a member of another fire department? | Yes | No |

If yes, please provide the name of the department: _____

If you need to explain any answers, please use the provided space below:

EXPLANATIONS: _____

SIGNATURE: _____ **DATE:** _____

**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:

Nonprofit/Commercial/Others

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: _____

NAME: _____

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.**

Individual's Signature

Date

Company

E-mail address

Requestor/Contact Person

Telephone Number

Address

City, State, Zip