



**CITY OF NICHOLASVILLE  
RECRUIT FIREFIGHTER / EMT  
APPLICANT INFORMATION PACKET**

The City of Nicholasville is currently accepting applications for the purpose of creating a hiring list for the position of Firefighter. Please read all the materials thoroughly before submitting your application. Failure to submit a complete application with all supporting documentation will result in your application being rejected.

**Application Deadline:** The application period will end on **December 8, 2017 at 4:00 PM** eastern time. You may drop off your application Monday - Friday from 8:00 a.m. to 4:00 p.m. (not including holidays) or mail to:

**Nicholasville Fire Department, Station 2  
1022 S. Main Street  
Nicholasville, KY 40356**

The Nicholasville Fire Department will be filling two vacancies with this hiring process.

**Please Note:** *All application packets that are submitted need to be certified by a notary If this is witnessed by a Notary, they must sign as a Notary with their ID number and date their commission expires. (If not your application will be considered incomplete) OR have final signatures witness by City of Nicholasville Fire Department representative.*

**The following documents must be submitted with the application by  
December 8, 2017 at 4:00 PM central time.**

- Birth certificate (*must be an official copy from the State Bureau of Vital Statistics*) Driver's license (*must be a valid copy*).
- High school diploma, GED, or high school transcript.
- DD 214 form for military service (*if applicable*)
- Authorization for Release of U.S. Military Records Information Form
- Authorization for Release of Credit Information Form
- City of Nicholasville Release of Personal Information Form
- Department of Personnel EEO Data Information Form
- Social Security Card
- Administrative Office of the Courts Form (*fill in all pertinent information, sign, and date*)
- Nicholasville Fire Department Recruit Uniform order form
- Copy of CPAT card

### **Minimum Requirements:**

In order to apply for Firefighter with the City of Nicholasville, an individual must:

1. Have successfully completed high school or obtained a GED.
2. Be at least 21 years of age prior to the date of hire.
3. Be a U. S. citizen or be able to provide documentation showing eligibility to work in the U.S.
4. Have a valid driver's license.
5. Have a current CPAT card **if applicable** (out of state applicants or those not currently working for a career department).
6. Current KY 400 hour certification.
7. Current KY certified EMT
8. IFSAC Firefighter I and II
9. IFSAC Haz-Mat Awareness and operations.

*- Please visit the following website for more information on the CPAT process:*

**[http://kyfirecommission.kctcs.edu/Fire\\_Commission\\_Programs/CPAT.aspx](http://kyfirecommission.kctcs.edu/Fire_Commission_Programs/CPAT.aspx)**

### **ADA Accommodation:**

In order to comply with the Americans with Disabilities Act, if any candidate needs an accommodation to be made for an eligible disability, in order to complete the physical test on the date assigned, Please notify the Human Resource office (859-885-1121) by the advertised application deadline, and specify the accommodation needed.

### **Salary and Benefits**

The City of Nicholasville will give credit for up to ten years of service with pay being commensurate of experience, education, and years of experience, education, and years of service compared to the City of Nicholasville's current pay plan minus 2%.

### **Minimum Starting Salary:**

\$33,280.00 plus training incentive

### **Incentive Pay:**

\$4000.00 Annual Training Incentive

### **Benefits:**

1. Fully-Paid Employee Medical/Dental/Vision
2. 75% Paid Family Medical/Dental/Vision
3. State C.E.R.S. Hazardous-Duty Retirement
4. Paid Vacation
5. Paid Life Insurance
6. Bereavement Leave
7. Sick Leave
8. Paid Holidays
9. Shift Trade-Time
10. Tuition Reimbursement

### **Other Available Benefits:**

1. Flexible Spending Account
2. Roth IRA
3. 457 Plan
4. 401 Plan
5. Supplemental Insurances (Aflac, etc.)
6. Additional Life Insurance
7. Sick Pool
8. Athletic Club Membership

### **Employment Application Forms:**

1. Accurate completion of the Employment Application Form is the first step in the process. The completed Employment Application Form (including required supporting documentation) will be used to determine whether applicants meet the minimum requirements and are eligible to enter the application process for Recruit Firefighter.

2. Please type or print, using black or blue ink.

3. All questions must be answered and all blanks, boxes, and sections must be completed **[use N/A (not applicable) if a question does not apply to you.]**

4. No applicant shall participate in the process if the applicant has made false statements of material fact in the Employment Application Form; has used (or attempted to use) any unfair method to obtain an advantage in an examination or appointment to which he/she is not rightfully entitled; has directly or indirectly obtained knowledge of the contents of the examination to which, as an applicant, he/she was not entitled; has taken part in compiling, administering or scoring the examination; has used or threatened to use or attempted to use political influence in securing employment or reemployment; or has failed to submit his/her application correctly and fully or within the prescribed time limit.

5. All applicants for Firefighter must be a person of sobriety and integrity and must be and have been an orderly, law-abiding citizen.

a. Applicants must list all convictions (including those that have been merged) since age eighteen, including misdemeanors, felonies, and violations (including traffic and moving violations). A conviction includes any fines paid, jail sentences, probation served, and/or traffic school(s) attended. Give dates, offense or nature of convictions, county or city and state, and fines or sentences. [An Employment Application Form will not be considered complete unless all convictions are listed, and failure to disclose and/or falsification of any conviction will result in automatic rejection of the Employment Application Form.]

b. Convictions are considered in relation to the position (KRS 335B.020). An applicant's conviction record will not necessarily be a basis for rejection from the testing process; factors such as the date of the offense, seriousness and nature of the conviction, and rehabilitation will be taken into account. However, if the applicant lists any job-related conviction within 12 months prior to the application filing deadline date or during the testing and employment process for the position, the application for employment shall be rejected. [State law prohibits hiring an individual with a felony conviction, including a crime involving moral turpitude. Record checks will be obtained from the applicant's local police department or other agencies where the applicant may have a conviction(s).]

### **Use of Illegal Drugs/Substances:**

1. The Federal Drug-Free Work Place Act of 1988 requires the city to maintain a drug-free work environment. Part of the city's mandate is to enforce all laws applicable to illegal drugs/substances. Due to the nature of government services, it is a business necessity that the city remains a drug-free workplace by ensuring that applicants are drug/substance free and continue to be drug/substance free while employed; or have been properly and professionally rehabilitated by competent medical professionals. Therefore, an applicant who is a current user of an illegal drug/substance will not be eligible for employment consideration during this process, and for 12 months from the date of such use. An applicant will be rejected if he/she has been convicted of the use and/or possession of an illegal drug/substance for the 12 month period prior to the application filing deadline date, unless he/she has successfully completed drug/substance rehabilitation program and remained free of any illegal drug/substance as verified by random drug testing. An applicant will also be rejected if he/she has been convicted of offenses involving the cultivation and/or manufacturing of an illegal drug/substance; possession of an illegal drug/substance with the intent to distribute; and/or trafficking in an illegal drug/substance for the 12 month period prior to the application filing deadline date and during the hiring process for the position.

2. An applicant's conviction history involving the use/abuse of illegal drugs/substances prior to the 12 month period and an additional period up to 5 years will be reviewed. The history may or may not be a basis for the rejection of an applicant; factors such as the number, dates, and seriousness of an applicant's illegal drug/substance convictions and rehabilitation will be taken into account. In order to be considered disabled under the Americans with Disabilities Act (ADA) as a former illegal drug/substance abuser, submission of substantial medical evidence of same and of having completed appropriate rehabilitation programs will be required at the appropriate time during the recruitment and hiring process.

3. Current city employees who apply for the Recruit Firefighter position and are found to be using illegal drugs/substances will be referred to the city's Human Resource Officer and may be subjected to disciplinary action (up to and including dismissal) as outlined in the City's Drug and Alcohol policy.

**Driving Convictions:**

1. Automatic rejection shall not apply to traffic violations unless such violations and other violations involving a motor vehicle were not listed on the Employment Application Supplement Form as required, or there are over 6 points in the 12 months prior to the application filing deadline date and during the hiring process for the position in accordance with the following scale:

- |    |                              |           |
|----|------------------------------|-----------|
| a. | Driving under the influence: | 10 points |
| b. | Reckless driving:            | 7 points  |
| c. | Accident                     | 3 points  |
| d. | Speeding                     | 3 points  |
| e. | Other moving violations      | 2 points  |

2. An applicant will be rejected if they have received 10 points or over within a 5 year period prior to the application filing deadline date and during the hiring process for the position in accordance with the scale above.

**Accidents:**

Applicants must list all motor vehicle accidents within the past ten years, regardless of who was at fault.

**Driver's License:**

All applicants must submit a copy of a valid driver's license with the application form.

**Military Experience:**

Please explain military experience fully. A copy of the applicant's DD 214 Form must accompany the completed Employment Application Form.

**Education and Training:**

In completing this section, please include the names and addresses of the schools and dates of attendance. If transcripts are not attached, applicants will not receive credit for college studies.

**Work Experience:**

1. List all part-time and full-time jobs from the last 10 years, accounting for periods of unemployment; **failure to list all previous employment within that time period will result in the elimination of the applicant from the process.** When listing employment experiences, be specific about employment dates by listing month and year, job title, supervisor's name, reason for leaving, and a thorough description of job duties (for example, do not make statements such as general mechanic duties but list specifically such as analyzed engine problems, made engine and carburetor repairs, changed spark plugs, repaired ignitions, etc.)

2. Applicants who have more than one position with the same organization must complete a different section for each position (use extra paper for explanations, if necessary.)

3. A resume may not be substituted for the education and training or work experience sections of the application; the education and work experience sections must be completed. However, a resume may be submitted to provide additional or more comprehensive information.

**Signature Required:**

Employment Application Forms **will not** be accepted unless they are signed and dated by the applicant. Signature must be witnessed and certified by notary or City of Nicholasville Fire Department representative

## **Completing EEO Data Information Form**

Completion of the EEO form is voluntary; however, it helps the Human Resources Office to complete required federal forms and assists in assuring that protected groups are not discriminated against.

## **Authority to Release Personal Information Form**

This form must be completed, and the applicant's signature must be witnessed by either a representative in the Human Resources Office or by a Notary Public. If this form is not completed and witnessed/notarized, the Employment Application Form will not be processed.

## **Authority to Release Credit Information**

Again, complete the front page of this form as required. This form will give consent for full disclosure of the records of financial and/or credit institutions and other financial statements and records wherever filed.

## **Essential Job Elements Form (Firefighter Job Description)**

Each applicant must review the Recruit Firefighter Job Description Form, and must acknowledge review of job description by initialing the Employment Application Form in the designated location.

## **EMPLOYMENT PROCEDURES**

1. After completing the Employment Application Form, Authority to Release Information Form, EEO Data Information Form, Military Record Check Form, and Credit Information Release form return the completed Employment Application Packet and supporting documents to the **Nicholasville Fire Department 1022 S. Main Street Nicholasville, KY 40356** between the hours of 8:00 a.m. and 4:00 p.m. Monday-Friday except holidays. The Employment Application Form will be accepted only if the Form is comprehensively completed, all required supporting documents are attached, and all required forms are signed by the applicant.

2. Applicants who do not meet the minimum qualifications will be notified of their ineligibility after a review and verification of the Employment Application Form and all supporting documents.

3. The procedures for eligibility, selection and employment for the position of Recruit Firefighter include:

- a. Oral examination to determine the final group
- b. Background investigation.
- c. Appointment to the position.
- d. Medical/physical examination / Drug Screen.
- e. Probation Period (1yr) that begins at the completion of recruit training

1). The Candidate physical ability test (CPAT) will be the responsibility of the candidate. The Nicholasville Fire Department does not conduct CPAT testing.

2). Oral Interview: Candidates who successfully completed the written examination will be invited to an oral interview by a panel consisting of individuals from the fire service, employees within the city government, and citizens from the community. The panel will ask each applicant questions based on job-related duties and responsibilities, and each panel member will independently score each applicant at the conclusion of their interview. The panels members' scores will be totaled to obtain the individual oral examination score for the applicant. Only those applicants in the top group as a result of their oral examination numerical standard score will be eligible to continue in the process.

3). Background Investigation: In establishing the eligibility list for Recruit Firefighter, individuals must successfully complete the background investigation. This includes but is not limited to a background questionnaire, interview with police investigators and an extensive character evaluation. Successful individuals will then be ranked according to their numerical standard score obtained as a result of the oral examination. Names of eligible candidates will be sent to the Chief of the Fire Department in sufficient numbers to satisfy the "rule of three."

4). Appointment to the Position: The Fire Chief, subject to approval of the Fire Commissioner, may recommend one of the applicants from the top three on the eligibility list. The Board of Commissioners shall make appointments, subject to the successful completion of a job-related physical examination (including drug/substance abuse).

5). Medical/Physical Examination: A job-related medical/physical examination (including drug and illegal substance screening) and respirator fit test will be given to applicants after appointment by the City Commission. In addition, under OSHA Standards 29 CFR 1910.1030, all individuals who would possibly be exposed to Hepatitis based on their job duties will be offered immunization at no cost once appointed to a position within the department.

6). Probation Period: Recruit Firefighter must serve a 12-month probation period. During approximately the first 12 weeks of employment, Recruit Firefighters attend in-depth training programs conducted by the Training Division of the Nicholasville Fire Department. In the remainder of the probationary period, Recruit Firefighters receive in-service training and testing on firefighter techniques (fire suppression and prevention), training in emergency medicine (EMT-B certification), and specifics concerning the procedures and practices of the Department. Recruit Firefighters are required to maintain passing academic grades and to participate in strenuous physical conditioning during the probationary period. (Currently, there is no transfer policy and everyone must go through the procedures outlined above.)

**NOTE: THE APPLICATION SUBMITTED FOR RECRUIT FIREFIGHTER IS VALID FOR THE PROCESS IN ESTABLISHING THE CURRENT RECRUIT FIREFIGHTER ELIGIBILITY LIST ONLY. APPLICANTS MUST SUBMIT A NEW APPLICATION IN ORDER TO BE CONSIDERED FOR ANY FUTURE RECRUITME**

**CITY OF NICHOLASVILLE  
POSITION DESCRIPTION**

**Class Title:** Fire Fighter

**Department:** Fire

**Supervisor:** Lieutenant

**Supervises:** No Supervisory Responsibilities

**Class Characteristics:** Under general direction, performs fire suppression, inspection and prevention activities; performs routine fire station and equipment maintenance duties; performs related duties as required.

**General Duties and Responsibilities:**

**Essential:**

1. Responds to all type emergencies including fire, accident, rescue, hazardous materials and natural disaster incidents and performs necessary firefighting, rescue or mitigation tasks
2. Rescues victims in life threatening situation; climbs ladders, ropes, stairs, hills, etc., using various equipment to gain access to and rescue victims; administers emergency medical care when necessary.
3. May drive vehicle to scene; may operate equipment.
4. Lays and connects hoses; directs water stream to control or extinguish fires.
5. Protects property from water and soil damage.
6. Removes excess solid and liquid debris from structures and grounds.
7. Assists in the maintenance of vehicles and equipment.
8. Cleans hoses, tools and other equipment.
9. Performs general station and other equipment maintenance; hangs and dries hoses; makes minor equipment repairs, sweeps and mops floors, washes windows, cleans furniture and facilities, paints buildings, etc.
10. Assists with preparing and maintaining accurate records.
11. Attends training classes.
12. May perform fire inspection duties.
13. Checks fire hydrants.
14. Performs public relations as requested.

**Non-essential:** None.

**DESIRABLE QUALIFICATIONS**

**Training and Experience:** Graduation from high school or equivalent (GED) supplemented by one year work experience as a fire fighter.

## **Special Skills, Knowledge and Abilities:**

### **Knowledge:**

1. Knowledge of modern fire fighting principles, methods and techniques used in fire suppression, inspection and prevention.
2. Knowledge of the operation and maintenance requirements of fire vehicles, fire fighting and rescue equipment, and related apparatus.
3. Knowledge of the federal, state and local laws and ordinances, including National Fire Protection Association codes and standards, pertaining to fire prevention, inspection and suppression.
4. Knowledge of the geography of the City, including the location of streets and roads, fire hydrants, and the location and interior plans of major buildings.

### **Skills:**

1. Skill in the operation and maintenance of fire fighting equipment and tools.

### **Abilities:**

1. Ability to respond and act quickly, efficiently and calmly in emergency and hazardous situations.
2. Ability to accept lines of authority, and to respond to orders with question in emergency situations.
3. Ability to perform minor mechanical work on fire vehicles and equipment.
4. Ability to complete required forms and maintain records.
5. Ability to deal courteously and tactfully with the public.
6. Ability to establish and maintain effective working relationship with other emergency service organizations, city officers and employees, and the general public.
7. Physical strength and agility to perform fire fighting duties for extended periods of time, often under adverse weather conditions.

## **ADDITIONAL REQUIREMENTS**

**Instructions:** Somewhat general; many aspects of work are covered specifically, but must also use some of own judgment.

**Processes:** Must occasionally consider different courses of action, or deviate from standard operating procedures, to get the job done.

**Review of Work:** Work is monitored in progress, and certain fires and other operations are reviewed immediately following suppression or completion.

**Analytical Requirements:** Assignments frequently involve decisions based on a wide knowledge of many factors where application of advanced or technical concepts are predominantly required.



**Physical Requirements of the Job:** Work involves sitting, standing, stooping, walking; extreme physical demands at scene of emergencies for long periods of time; lifting heavy objects (more than 25 pounds); exposed to extreme weather conditions for extended periods of time; exposed to high places, confined spaces, noise, machinery and its moving parts, fumes, chemicals and toxic substances must have excellent hearing and vision; must be able to wear a respirator; **must be able to pass annual medical and physical tests.**

**Tools and/or Equipment Used:** All types of fire and rescue equipment, vehicles and tools; normal office equipment.

**Contacts:** Public and internal contacts are requirements of the job.

**Confidential Information:** Limited use of confidential information.

**Mental Effort:** Moderate/heavy.

**Interruptions:** Frequent.

**Special Licensing Requirements:** Must possess and maintain a valid driver's license issued by the Commonwealth of Kentucky.

**Training Requirements:** Must have completed required basic training; must complete required annual training.

**Certification Requirements:** Must be Kentucky (400 hour) certified Fire Fighter; must possess Basic Emergency Medical Technician (EMT-B) certification (within 2 years of appointment); Current members certified as First Responder prior to the effective date of this order shall meet this requirement. Must possess IFSAC Firefighter I and Firefighter II certifications; must possess child passenger safety seat technician certification\*\*, must possess IFSAC or equivalent Haz-Mat Awareness and Operations certification. (See Training Requirements for additional certification requirements.)

\*\* Personnel hired after 2005

**Additional Requirements:** Must be able to work 24-hour shifts; must be able to respond to calls at all hours; must be able to attend departmental meetings and training programs during evening hours.

**Additional Information:** Hazardous retirement.

**Overtime Provision:** Non-exempt.

**Pay Grade:** F-2



## APPLICATION FOR FIREFIGHTER

The following information is required of you for verification and contact purposes.  
Please print or type – in black or blue ink **ONLY**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Other Names (including nicknames) that you have used or been known by: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

E-Mail Address (if applicable) \_\_\_\_\_

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for Citizenship to be employed by the Nicholasville Fire Department. Can you provide such documentation?  Yes  No

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes only, to ensure that proper records are obtained.)

For identification purposes, please provide the following:

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair color \_\_\_\_\_

Eye Color \_\_\_\_\_

Scars, Tattoos, or other distinguishing marks:  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED OF THE REQUIREMENTS OF THE POSITION OF “RECRUIT FIREFIGHTER.” THESE ARE FOUND IN THE RECRUIT FIREFIGHTER JOB DESCRIPTION SHOWN ABOVE.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (A description of the activities involved in the position of “Recruit Firefighter” is attached to the front of this application.)

Please check only one:       Yes       No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**RELATIVES, REFERENCES, AND ACQUAINTANCES**

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of firefighter. Inquiries will be confirmed to job relevant matters.

Please supply the appropriate information in the spaces provided below. If a category is not applicable, write ‘N/A.’ If parents are deceased, please not “Deceased” in the appropriate box.

If living, Name of Your:	Address where person may be contacted (include City, State, and Zip Code)	Telephone Number where person maybe contacted
Father		
Mother		
Spouse		
Children		
Former Spouse (s)		
Step-father		
Step-mother		
Father-in-law		
Mother-in-law		

In the space below, please list 3 to 5 Personal References. These should be individuals who have knowledge of you and your qualifications, EXCLUDE FAMILY MEMBERS.

Name	Address where person may be contacted (include City, State, and Zip Code)	Telephone Number where person maybe contacted

**RESIDENCES**

Individuals, who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information during the background investigation. Please list all of your residences during the last ten (10) years and those individuals with whom you resided. Begin with your most current residence, and list NO information prior to your 15<sup>th</sup> birthday.

Address of Residence	City & State & Zip Code	Dates (mo. & yr.)		Individuals Residing with You
		From	To	

**EDUCATION**

The Kentucky Revised Statutes requires a firefighter to possess a high school diploma or its equivalent. Please indicate all the high schools and college or universities that you have attended and any degrees obtained while attending. A review of your school records may be made in conjunction with the background investigation.

Name of School	Location of School (City & State)	Dates Attended		Degree Earned (if applicable) or Hours
		From	To	

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level.)  Yes  No

If “Yes”, please explain (include which school, date, and the circumstances.) \_\_\_\_\_

**MILITARY SERVICE**

Have you ever served in the Armed Forces, National Guard, or Military Reserves?  Yes  No

If YES, please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge

Are you currently participating in Military Reserves or National Guard program?  Yes  No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserve?  Yes  No If YES, please give details: \_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT**

**BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT**, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, e.g. full-time, part-time, or voluntary. If you have been intervening periods of military service or employment, please list those periods in sequence in the spaces provided. If you need more space attach a piece of additional paper and title it “Addendum to Work References”

Dates of Employment		Name & Address of Employer	Name of Supervisor
From Mo. / Yr.	To Mo. / Yr.		Name of Co-Workers
		Title or Duties (for identification purposes)	
			Telephone No.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Name of Supervisor
From	To		
Mo. / Yr.	Mo. / Yr.		Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Name of Supervisor
From	To		
Mo. / Yr.	Mo. / Yr.		Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Name of Supervisor
From	To		
Mo. / Yr.	Mo. / Yr.		Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Name of Supervisor
From	To		
Mo. / Yr.	Mo. / Yr.		Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Name of Supervisor
From Mo. / Yr.	To Mo. / Yr.		Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Name of Supervisor
From Mo. / Yr.	To Mo. / Yr.		Name of Co-Workers
Title or Duties (for identification purposes)			Telephone No.
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
REASON FOR LEAVING:			

Would any problem result if your present employer was contacted during the course of the background investigation?  
 Yes    No

Have you ever filed a claim for Worker's Compensation?    Yes    No

Have you ever had any extended absences from work for reasons other than earned vacation?    Yes    No

Have you ever been fired or asked to resign from any place of employment?    Yes    No

If you have answered YES to any of the above questions, please explain: \_\_\_\_\_

## LEGAL

If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information:  
(The fact that your record may have been affected by a sealing or by an expungement, a release, or a pardon has specific legal implications as to how you should answer this question.)

Have you ever been placed on court probation as an adult?    Yes    No

Have you ever been reported to a law enforcement agency as a missing person or a runaway?    Yes    No

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?    Yes    No

Do you consider yourself a light, moderate, or heavy drinker?    Light    Moderate    Heavy    None

What do you usually drink?    Beer    Wine    Liquor    None

Do you frequent any particular lounges, clubs, or taverns?    Yes    No

How much do you consume in an average week? \_\_\_\_\_

How many times have you been under the influence of alcohol and/or drugs in the last twelve (12) months? \_\_\_\_\_

When were you last under the influence of alcohol and/or drugs in the last twelve (12) months? \_\_\_\_\_

How many times have you driven while under the influence of alcohol and/or drugs in the last twelve (12) months? \_\_\_\_\_

Has your use of alcohol and/or drugs resulted in any problems for you (i.e. Family distress, missed work, arrests)? \_\_\_\_\_

Have you ever tried, experimented, or used any of the following illegal drugs or substances?

Drug	Yes / No	# of Times Used	Last Time (Month / Year)
Marijuana			
Hashish			
Speed			
Heroin			
Mushroom			
Peyote			
L.S.D.			
Cocaine / Crack			
PCP			
Ecstasy			
Methamphetamine			

List in detail any prescription drugs, other drugs or substances: \_\_\_\_\_

If you have answered YES to any of the above questions (other than in the chart), please give details: \_\_\_\_\_

### MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an important part of the position of firefighter. An investigation into your driving history will be made through the course of the background investigation. To expedite this procedure, please supply the following information:

Kentucky Driver's License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name which license was granted: \_\_\_\_\_

Please list other states where you have been licensed to operate a motor vehicle

FULL name under which license was granted	State

Kentucky law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy Numbers	Date of Expiration



Please list all traffic citations (exclude parking citations).

Nature of Violation	Location (City & State)	Date (Mo. & Yr.)	Action Taken

Have you ever been refused insurance for any reason other than failure to pay for a premium?  Yes  No

Have you ever been refused a driver's license by any state?  Yes  No

If YES to any of the above questions, please give details: \_\_\_\_\_

Have you ever been involved as a driver in a motor vehicle accident during the last ten (10) years?  Yes  No

If YES, please complete the following for the last ten (10) years:

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_ Injury Accident?  Yes  No

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_ Injury Accident?  Yes  No

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_ Injury Accident?  Yes  No

Date: \_\_\_\_\_ Police Investigation?  Yes  No

Location: \_\_\_\_\_ Injury Accident?  Yes  No

## FINANCIAL

The management of personal finances is relevant to an individual's qualifications for the position of firefighter. Therefore, please be complete and accurate when filling in the financial statement. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Have you every filed for or declared bankruptcy or filed for Wage Earner's Plan?  Yes  No

Have any of your bills been turned over to a collection agency?  Yes  No

Have you ever had purchased goods repossessed?  Yes  No

Have your wages ever been garnished?  Yes  No

Have you ever been delinquent on income or other tax payments?  Yes  No

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED. SIGNATURE PAGE MUST BE WITNESSES BY CITY OF NICHOLASVILLE ADMINISTRATIVE PERSONNEL OR NOTARY. IF THIS IS WITNESSED BY A NOTARY, THEY MUST SIGN AS A NOTARY WITH THEIR ID NUMBER AND DATE THEIR COMMISSION EXPIRES. (IF NOT YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE)**

**I hereby acknowledge that I will be given pre-employment drug test. I am aware that employees may not be hired or assigned to positions unless they pass these tests.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **CERTIFICATION OF ACCURACY**

**I hereby certify that all statements made in this application are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF:  
CREDIT INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure  
*(Print name)*

of all records concerning myself to any duly authorized agent of the City of Nicholasville, Nicholasville, Kentucky whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and or ratings); and other financial statements and records wherever filed.

I understand that any information obtained by a credit history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Nicholasville, Kentucky. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof even though the said photocopy does not obtain an original writing of my signature.

\_\_\_\_\_  
Signature of Applicant *(include maiden Name)*

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

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

\_\_\_\_\_  
Drivers License Number *(include state)*

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone Number

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

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

DEPARTMENT OF PERSONNEL

EEO DATA INFORMATION

The Civil Rights Act of 1964, Title VII - Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, medical condition or disability.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed.

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_.

ADDRESS \_\_\_\_\_  
STREET, ROUTE OR BOX CITY STATE ZIP CODE

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

IS POSITION VACANT:  YES  NO

METHOD OF RECRUITMENT (Please specify or give name of publication):

A. Newspaper \_\_\_\_\_

B. Professional Publication \_\_\_\_\_

C. Referral \_\_\_\_\_

D. Other \_\_\_\_\_

PLEASE CHECK (/) APPROPRIATE BOX

Sex:  Male  Female

Race:  Black  White  Hispanic  American Indian / Alaskan Native

Asian / Pacific Islander

Other:  Vietnam Era Veteran  Disabled Veteran  Individual with a Disability

"Failure to complete this form does not preclude the applicant's consideration for the position applied for."

**AUTHORIZATION FOR RELEASE OF:  
U.S. MILITARY RECORDS / INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full  
*(Print name)*

disclosure of all Military records/information concerning myself to any duly authorized agent of the City of Nicholasville, Kentucky whether said records are public, private or confidential nature. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not obtain an original writing of my signature.

The intent of this authorization is to give my consent for full background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Nicholasville, Kentucky. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

\_\_\_\_\_  
Signature of Applicant *(include maiden Name)*

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

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

\_\_\_\_\_  
Drivers License Number *(include state)*

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone Number

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

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



## NFD RECRUIT UNIFORM ORDER FORM

**NAME:**

\_\_\_\_\_

**ITEM**

**SIZE**

**POLO**

\_\_\_\_\_

**PANT**

\_\_\_\_\_

**BOOTS**

\_\_\_\_\_

**T-SHIRTS(QTY.3)**

\_\_\_\_\_

**City of Nicholasville, Kentucky Authorization for  
Release of Personal Information**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Nicholasville, Kentucky, or to any authorized agent of a criminal justice agency or any private agency upon request of the City of Nicholasville, Kentucky, whether the said records are public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and US Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Nicholasville, Kentucky. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

**DO NOT SIGN UNTIL COMPLETED APPLICATION IS SUBMITTED TO THE PERSONNEL OFFICE**

Signature (including maiden name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Driver's License Number \_\_\_\_\_

\_\_\_\_\_  
City State Zip Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Witness 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:

**Individuals**

Requesting a record on yourself requires a \$20.00 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**

Requesting a record on individuals requires a \$20.00 fee (check or money order) .

**Criminal Justice Agencies**

Criminal Justice Agencies do receive a waiver of fees for requests that are for criminal justice purposes.

**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  
City of Nicholasville  
\_\_\_\_\_  
Company  
Kathy Rhineheimer  
\_\_\_\_\_  
Requestor/Contact Person  
517 N Main St  
\_\_\_\_\_  
Address  
Nicholasville, KY 40356  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date  
\_\_\_\_\_  
E-mail address  
859 885-1121  
\_\_\_\_\_  
Telephone Number

**Please denote which purpose applies to this request:**

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) \_\_\_\_\_

NICHOLASVILLE FIRE DEPARTMENT



# Application Packet Checklist

	Applicant Initial	Official's Initial
1. Official Bureau of Vital Statistics copy of birth certificate	_____	_____
2. High School Diploma, GED, or official high school transcript	_____	_____
3. Driver's License (must be valid copy)	_____	_____
4. Social Security Card	_____	_____
5. DD 214 (if applicable)	_____	_____
6. Authorization for Release of Credit Information Form	_____	_____
7. EEO Data Information Form	_____	_____
8. Military Records Release Form (if applicable)	_____	_____
9. Nicholasville Fire Department Recruit Uniform Order Form	_____	_____
10. City of Nicholasville Release of Personal Information	_____	_____
11. Administrative Office of the Courts Form	_____	_____
12. Copy of CPAT Card (if applicable)	_____	_____
13. All forms signed and dated	_____	_____

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Receiving Official \_\_\_\_\_

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