



City of Dry Ridge

Employment Application Form

Staff ID: _____
 Badge # : _____

Date of Application: _____

Applicants are considered for employment without regard to race, color, religion, sex, national origin, ethnicity, age, marital status, veteran status, medical condition, or disability.

Please complete application online or by printing and using a typewriter or ink.

| | | | | | | |
|--|--|--|--|--|--|----------------------|
| A | Name: Last First Middle | | | | | Social Security No.: |
| | Present Address: Street City State Zip Code | | | | | Home Phone # : |
| | Permanent Address: Street City State Zip Code | | | | | Mobile Phone # : |
| Personal Information | Emergency Contact: Name | | Relation | Contact Number | E-Mail Address: | |
| | Type of Employment Desired: | | | | Date Available for Work: | |
| | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer | | | | | |
| Employment Interests | Position Applied For: | | | Minimum Salary Requirements: | | |
| | Can you travel if the job requires: | | | Are you on layoff or subject to recall? | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does anyone in your family work for the City of Dry Ridge? If yes, List Name(s), Relationship(s), and Department(s). | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| C | Education | | Elementary | High School | College / Graduate / Professional Schooling | |
| | Name & Location of School | | | | | |
| Education | Year Completed | | | | | |
| | Diploma / Degree Year Completed | | | | | |
| | Major / Field of Study | | | | | |
| | Area(s) of Specialized Training: | | | Title of Thesis & Special Research Project(s): | | |
| | Honors Received: | | | Vocational or Technical Courses Attended | | |
| | Special Skill(s) or Certificate(s) Received: | | | | | |
| | Ky Firefighter Certification # : | | | First Responder, EMT, or Paramedic Certification # : | | |

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| | | | | | | |
|---|---|-------|------------------------|---|---------------------|-------------|
| D Employment Experience | Previous Employment: Start with your present or last job and list all employment experiences. If additional space is needed, use an extra sheet of paper | | | | | |
| | Employer: | | Duties: | | Dates Employed: | |
| | Address: | | Phone Number: | | From | To |
| | Job Title: | | Supervisor: | | Hourly Rate | |
| | Reason for leaving or wanting to leave: | | Start | Final | | |
| | Employer: | | Duties: | | Dates Employed: | |
| | Address: | | Phone Number: | | From | To |
| | Job Title: | | Supervisor: | | Hourly Rate | |
| | Reason for leaving or wanting to leave: | | Start | Final | | |
| | Employer: | | Duties: | | Dates Employed: | |
| | Address: | | Phone Number: | | From | To |
| | Job Title: | | Supervisor: | | Hourly Rate | |
| | Reason for leaving or wanting to leave: | | Start | Final | | |
| | Employer: | | Duties: | | Dates Employed: | |
| | Address: | | Phone Number: | | From | To |
| | Job Title: | | Supervisor: | | Hourly Rate | |
| | Reason for leaving or wanting to leave: | | Start | Final | | |
| | Employer: | | Duties: | | Dates Employed: | |
| | Address: | | Phone Number: | | From | To |
| | Job Title: | | Supervisor: | | Hourly Rate | |
| Reason for leaving or wanting to leave: | | Start | Final | | | |
| May we contact your present employer now? If not, when may we call? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____ | | | | | | |
| E Misc. Information | Driver's License Number: | | State: | Class: | Restrictions: | Expiration: |
| | Previous Fire Department Experience: | | | List skills and abilities that you possess that will be helpful in doing the job applied for: | | |
| | Non-published phone number: SECURE | | | | | |
| F Protected Medical Data | Blood Type: | | Allergies: | | Medical Conditions: | |
| | Medications: | | Vitals at Rest: | | | |
| | | | Pulse | Resperations | Blood Pressure | |

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Dry Ridge Fire Department

31 Broadway Dry Ridge, KY 41035
P.O. Box 145

859-824-9158 ~ 859-824-9160(fax) ~ WWW.cdrky.org

Application Included Checklist (Please check all the applies and included)

- Dirver's License
- Resumme
- Completed Background Check Form
 - KY 400 FF cert
 - KY 150 FF cert
 - IFSAC FF 1
 - IFSAC FF 2
- KY Paramedic cert
 - KY EMT cert
- CPR Cert "BLS Provider"
 - PALS or PEEP
 - ACLS
- EMS Instructor
- Fire Instructor
- NIMS 100, 200, 700, 800
- SS card or Birth Certificate.
 - CPAT card
- Other _____

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Commonwealth of Kentucky
Court of Justice www.kycourts.gov

records@kycourts.net



EMERGENCY SERVICES REQUEST

MAIL REQUESTS TO:

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

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

Individuals for employment in Emergency Services

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: _____
 FIRST MIDDLE LAST

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

***I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.
* ALL INFORMATION BELOW IS REQUIRED.***

| | | | |
|-------------------------------|--------------------------|----------------------------|-----------------------|
| <u>Kevin Stave</u> | Requestor/Contact Person | _____ | Date |
| <u>1049300</u> | Requestor KEMSIS # | <u>(859)824-9158</u> | Phone Number |
| <u>DryRidgeFireDepartment</u> | Agency | <u>1641</u> | Agency License # |
| <u>31 Broadway Street</u> | Address | <u>Dry Ridge, KY 41035</u> | City, State, Zip Code |
| <u>Kstave@drfd.org</u> | E-mail Address | | |