BURLINGTON FIRE PROTECTION DISTRICT
Application for Volunteer Membership

APPLICANT INFORMATION:

Last:	First:	M.I.:	Date:
Street Address:			Apartment/Unit #:
City:		State:	Zip:
Phone #:	Email Address:		
Date of Birth:	Age:	Social Security #:	
Height:	Weight:	Hair Color:	Eye Color:
Sex: ☐ Male ☐ Female	Martial Status: ☐ Single ☐ Married ☐ Divorced		
Volunteer Position Applying For? ☐ Fire Only ☐ EMS Only ☐ Fire and EMS ☐ Support Only			
Are you a legal citizen of the United States of America? ☐ Yes ☐ No			
Have you ever been convicted of a felony? ☐ Yes ☐ No			
If yes, explain?			
Would you consent to a drug screen at any time, if requested? ☐ Yes ☐ No			

EDUCATION:

High School:		Address:	
From:	To:	Did you graduate? ☐ Yes ☐ No	Degree:
College:		Address:	
From:	To:	Did you graduate? ☐ Yes ☐ No	Degree:
Other:		Address:	
From:	To:	Did you graduate? ☐ Yes ☐ No	Degree:

PROFESSIONAL REFERENCES:

Name:	Relationship:
Address:	
Years Known:	Phone:
Name:	Relationship:
Address:	
Years Known:	Phone:
Name:	Relationship:
Address:	
Years Known:	Phone:

PRESENT EMPLOYMENT:

Company:	Job Title:
Address:	
Supervisor:	Phone:
Responsibilities:	
May we contact your supervisor for a reference? ☐ Yes ☐ No	

PREVIOUS EMPLOYMENT:

Company:	Job Title:
Address:	
Supervisor:	Phone:
Responsibilities:	
May we contact your previous supervisor for a reference? ☐ Yes ☐ No	
Company:	Job Title:
Address:	
Supervisor:	Phone:
Responsibilities:	
May we contact your previous supervisor for a reference? ☐ Yes ☐ No	

MILITARY SERVICE:

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain?		

AGENCY AFFILIATION(S):

Are you currently a member of another fire/EMS agency? ☐ Yes ☐ No
If yes, explain?
Have you ever been a member of another fire/EMS agency? ☐ Yes ☐ No
If yes, explain?

SPECIAL SKILLS:

List any relevant training including courses of study in firefighting or EMS (examples: EMT or paramedic training, special schools and seminars, languages, etc):

PHYSICAL AND/OR MENTAL HISTORY

Do you have any physical condition that may limit your ability to perform duties required in the field for which you are applying? ☐ Yes ☐ No

If yes, describe the nature of the condition:

Have you ever, or are you now receiving compensation for any injuries, illnesses or conditions? ☐ Yes ☐ No

If yes, explain:

Do you presently have an application pending for Worker's Compensation benefits, or any other disability? ☐ Yes ☐ No

If yes, explain:

REQUIRED DOCUMENTS (ATTACH TO THE APPLICATION):

1. Any previous training certifications and/or training: ☐ Yes ☐ No ☐ N/A
2. Copy of Commonwealth of Kentucky Driver's License: ☐ Yes ☐ No – License #: ____________
3. Copy of current vehicle insurance card: ☐ Yes ☐ No
4. Copy of High School Diploma or GED: ☐ Yes ☐ No
5. Copy of Social Security Card: ☐ Yes ☐ No
6. DD Form 214: ☐ Yes ☐ No ☐ N/A

STATEMENT OF ACCUARCY:

I, the undersigned do hereby certify that there are no willful misrepresentations, omissions, or falsifications of any and all answers to the questions in this application, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I further agree that if this application leads to membership, I understand that false or misleading information in my application my result in my dismissal from the department.

Signature:	Date:

WAIVER OF BACKGROUND INFORMATION:

I authorize all persons, schools, companies, military branches, and law enforcement agencies to supply information concerning my background and release them from any liability and responsibility arising from their doing so. I authorize the Burlington Fire Protection District, or its agents to check any of this information.

Signature:	Date:

WAIVER OF DRIVING RECORD:

I authorize the release of my driving record from the Commonwealth of Kentucky Transportation Cabinet to the Burlington Fire Protection District.

Signature:	Date:
Witness Signature:	Date:

Burlington Fire Protection District
6050 Firehouse Drive
P.O. Box 479
Burlington, Kentucky 41005-0479

Phone: (859) 586-6161 Fax: (859) 586-6178

Jeff Barlow, Fire Chief

Website: www.burlingtonkyfire.org

Dear Applicant,

Each prospective applicant seeking a volunteer fire/EMS position within the Burlington Fire Protection must receive medical clearance prior to acceptance. Following you will find instructions for filling out the attached forms:

1. Complete all pages of the Medical Evaluation Questionnaire.
2. Take the completed packet with you to your personal physician. All of the documents should be reviewed and considered by your physician during the medical clearance evaluation. Following a review of the Medical Evaluation Questionnaire and position description, your physician may or may not require additional medical evaluation.
3. Following your evaluation, your physician must complete the Medical Clearance Form. You must then bring ONLY the Medical Clearance Form with you when turning in your application. DO NOT return the Medical Evaluation Questionnaire Form with your application.

Exceptions:

1. If you are applying for a support member only position or,
2. If you currently an active member (either career or volunteer) of a fire department and within the past 12 months have been given a medical evaluation and have been fit-tested to wear a self-contained breathing apparatus, you may turn in documentation to that effect.

BURLINGTON FIRE PROTECTION DISTRICT
Medical Evaluation Questionnaire

PART A – SECTION 1:			
Last:	First:	M.I.:	Date:
Phone #:	Email Address:		
Date of Birth:	Age:	Sex: ☐ Male ☐ Female	
Height:	Weight:		
Volunteer Position Applying For? ☐ Fire ☐ EMS ☐ Fire and EMS			
Check the type of respirator you will use (you can check more than one category):	☐ N, R, or P disposable respirator (filter-mask, non-cartridge type only) – EMS and Fire/EMS Positions ☐ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus) – Fire and Fire/EMS Positions		
Have you worn a respirator before? ☐ Yes ☐ No			
If yes, explain?			

PART A – SECTION 2:			
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?		☐ Yes	☐ No
2. Have you ever had any of the following conditions?			
	Seizures (fits)?	☐ Yes	☐ No
	Diabetes (sugar disease)?	☐ Yes	☐ No
	Allergic reactions that interfere with breathing	☐ Yes	☐ No
	Claustrophobia (fear of closed-in places)?	☐ Yes	☐ No
	Trouble smelling odors?	☐ Yes	☐ No
3. Have you ever had any of the following pulmonary or lung problems?			
	Asbestosis?	☐ Yes	☐ No
	Asthma?	☐ Yes	☐ No
	Chronic bronchitis?	☐ Yes	☐ No
	Emphysema?	☐ Yes	☐ No
	Tuberculosis?	☐ Yes	☐ No
	Silicosis?	☐ Yes	☐ No
	Pneumothorax (collapsed lung)?	☐ Yes	☐ No
	Lung cancer?	☐ Yes	☐ No
	Broken ribs?	☐ Yes	☐ No
	Any chest injuries or sugeries?	☐ Yes	☐ No
	Any other lung problems that you've been told about?	☐ Yes	☐ No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?			
	Shortness of breath?	☐ Yes	☐ No
	Shortness of breath when walking fast on level ground or walking up a slight hill or incline?	☐ Yes	☐ No
	Shortness of breath when walking with people at an ordinary pace on level ground?	☐ Yes	☐ No
	Have to stop for breath when walking at your own pace on level ground?	☐ Yes	☐ No
	Shortness of breath when washing or dressing yourself?	☐ Yes	☐ No
	Shortness of breath that interferes with your job?	☐ Yes	☐ No
	Coughing that produces phlegm (thick sputum)?	☐ Yes	☐ No
	Coughing that wakes you early in the morning?	☐ Yes	☐ No
	Coughing that occurs mostly when you are laying down?	☐ Yes	☐ No
	Coughing up blood in the last month?	☐ Yes	☐ No
	Wheezing?	☐ Yes	☐ No
	Wheezing that interferes with you job?	☐ Yes	☐ No
	Chest pain when you breathe deeply?	☐ Yes	☐ No
	Any other symptoms that you think may be related to lung problems?	☐ Yes	☐ No
5. Have you ever had any of the following cardiovascular or heart problems?			
	Heart attack?	☐ Yes	☐ No
	Stroke?	☐ Yes	☐ No
	Angina?	☐ Yes	☐ No
	Heart failure?	☐ Yes	☐ No
	Swelling in your legs or feet (not caused by walking)?	☐ Yes	☐ No
	Heart arrhythmia (heart beating irregularly)?	☐ Yes	☐ No
	High blood pressure?	☐ Yes	☐ No
	Any other heart problems that you've been told about?	☐ Yes	☐ No
6. Have you ever had any of the following cardiovascular or heart symptoms?			
	Frequent pain or tightness in your chest?	☐ Yes	☐ No
	Pain or tightness in your chest during physical activity?	☐ Yes	☐ No
	Pain or tightness in your chest that interferes with you job?	☐ Yes	☐ No
	In the past 2 years, have you noticed your heart skipping or missing a beat?	☐ Yes	☐ No
	Heartburn or indigestion that is not related to eating?	☐ Yes	☐ No
	Any other symptoms that you think may be related to heart or circulation problems?	☐ Yes	☐ No

7. Do you currently take medication for any of the following problems?			
	Breathing or lung problems?	☐ Yes	☐ No
	Heart trouble?	☐ Yes	☐ No
	Blood pressure?	☐ Yes	☐ No
	Seizures (fits)?	☐ Yes	☐ No
8. Have you ever used a respirator before and had any of the following?			
	Eye irritation?	☐ Yes	☐ No
	Skin allergies or rashes?	☐ Yes	☐ No
	Anxiety?	☐ Yes	☐ No
	General weakness or fatigue?	☐ Yes	☐ No
	Any other problem that interferes with your use of a respirator?	☐ Yes	☐ No
9. Have you ever lost vision in either eye (temporarily or permanently)?		☐ Yes	☐ No
10. Do you currently have any of the following vision problems?			
	Wear contact lenses?	☐ Yes	☐ No
	Wear glasses?	☐ Yes	☐ No
	Color blind?	☐ Yes	☐ No
	Any other eye or vision problem?	☐ Yes	☐ No
11. Have you ever had an injury to your ears, including a broken ear drum?		☐ Yes	☐ No
12. Do you currently have any of the following hearing problems?			
	Difficulty hearing?	☐ Yes	☐ No
	Wear a hearing aid?	☐ Yes	☐ No
	Any other hearing or ear problem?	☐ Yes	☐ No
13. Have you ever had a back injury?		☐ Yes	☐ No
14. Do you currently have any of the following musculoskeletal problems?			
	Weakness in any of your arms, hands, legs or feet?	☐ Yes	☐ No
	Back pain?	☐ Yes	☐ No
	Difficulty fully moving your arms and legs?	☐ Yes	☐ No
	Pain/stiffness when leaning forward or backward?	☐ Yes	☐ No
	Difficulty fully moving you head up or down?	☐ Yes	☐ No
	Difficulty fully moving you head side to side?	☐ Yes	☐ No
	Difficulty bending at your knees?	☐ Yes	☐ No
	Difficulty squatting to the ground?	☐ Yes	☐ No
	Climbing a flight of stairs or a ladder carrying more than 25 lbs.	☐ Yes	☐ No
	Any other muscle or skeletal problems that interferes with using a respirator?	☐ Yes	☐ No

PART B			
1. In you present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?		☐ Yes	☐ No
	If "Yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you've working under these conditions?	☐ Yes	☐ No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals or have you come into skin contact with hazardous chemicals?		☐ Yes	☐ No
	If yes, explain?		
3. Have you ever worked with any of the materials, or under any of the conditions listed below?			
	Asbestos?	☐ Yes	☐ No
	Silica (e.g., in sandblasting)?	☐ Yes	☐ No
	Tungsten/cobalt (e.g., grinding or welding this material)?	☐ Yes	☐ No
	Beryllium?	☐ Yes	☐ No
	Aluminum?	☐ Yes	☐ No
	Coal (for example, mining)?	☐ Yes	☐ No
	Iron?	☐ Yes	☐ No
	Tin?	☐ Yes	☐ No
	Dusty environments?	☐ Yes	☐ No
	Any other hazardous exposures?	☐ Yes	☐ No
	If yes, explain?		
4. Have you been in the military services?		☐ Yes	☐ No
	If "Yes", were you exposed to biological or chemical agents (either in training or combat)?	☐ Yes	☐ No
5. Have you ever worked on a Haz-Mat Team?		☐ Yes	☐ No
6. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?		☐ Yes	☐ No
	If yes, explain?		

BURLINGTON FIRE PROTECTION DISTRICT
Medical Clearance Form

APPLICANT INFORMATION:			
Last:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Phone #:	Email Address:		
Date of Birth:	Age:	Social Security #:	

PHYSICIAN INFORMATION:		
Physician's Name:	Practice Name:	
Street Address:		Unit/Suite #:
City:	State:	Zip:

PHYSICIAN STATEMENT:	
By signing below I understand that the above named person intends to join the Burlington Fire Protection District. He/she will be required to participate in sometimes strenuous activity without physical limitations and potentially wear a tight-fitting self-contained breathing apparatus. I have reviewed the position description and the Medical Evaluation Form provided by the individual. I have conducted an appropriate physical examination and recommend the following: ☐ That this person be allowed to join the Burlington Fire Protection District without limitations. ☐ That this person NOT be allowed to join the Burlington Fire Protection District.	
Physicians Signature:	Date:
Applicants Signature:	Date:

COMMENTS:

REQUEST FOR CONVICTION RECORDS
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Burlington Fire Protection District – P.O. Box 479, Burlington, KY 41005-0479

Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment or a volunteer position 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 Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. 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 Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: ____
Last First Middle Maiden

ADDRESS: ____
Street City State Zip

SEX ______ RACE ______ DATE OF BIRTH ______________ SOC SEC NO ______________

______________________________ ______________________________
Signature Date Witness Date

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requests should be accompanied by two, self-addressed stamped envelopes – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal History Dissemination Section
1250 Louisville Road
Frankfort, KY 40601

Visit us online @ http:\\kentuckystatepolice.org

Revised 10/03