

**JEFFERSONTOWN FIRE PROTECTION DISTRICT  
APPLICATION TRACKING SHEET  
(Fire Department Use Only)**



<b>Name:</b>	<b>Personnel Number:</b>
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#	Description	Accepted or Completed Date	Rejected Date	Initials of Person(s)
01	Application Received			
02	Reviewed By Committee			
03	Drivers License			
04	GED/High School Diploma			
05	Liability Insurance			
06	CPAT or Lateral Firefighter			
07	EMT			
08	IFSAC II Certification or KY 400 Certification			
09	Employment History			
10	Interview w/References			
11	Police Record Check			
12	Advised of test date			
	Test Score			
13	Interview w/Applicant			
	Interview Score			
14	Applicant Advised Disposition			
15	Original to Secretary Copy – Personal File Copy – Training Bureau			
16				
17				
18				
19				

# JEFFERSONTOWN FIRE PROTECTION DISTRICT

## Employment Opportunity

**Pay/Benefits:** Base pay \$34,058.86/yearly (initial probation period)  
Average hours work 52/week (all hours above 40/week compensated @ 1 ½ x)  
Employer paid health and dental insurance  
Employer paid life insurance  
Participation in Kentucky County Employee Retirement System (hazardous) \*  
Participation in KY Fire Commission educational incentive program (\$4,000/year/individual)  
Paid vacation and sick leave policy  
Paid holidays and personal time policy  
Uniform/clothing maintenance allowance

- Not applicable to all employees

### Minimum Qualifications

- Minimum of 18 years of age
- Minimum of a high school diploma or GED
- IFSAC Firefighter II or KY 400 hour Certification
- Valid driver's license
- Liability Insurance, current
- Satisfactory criminal and employment background check
- Current (CPAT) Candidate Physical Ability Test Card \*\*
- Successful completion of a Jeffersontown Fire Department provided physical examination
- Kentucky certified Emergency Medical Technician (proof of EMT required at time of interview)

Note: The Jeffersontown Fire Protection District is an equal opportunity employer.

*\*\*CPAT is waived for Temporary Employment and/or Lateral entry Paid Firefighter (Previous CPAT if hired after 2013)*

## Application Outline

The following description will help the applicant understand the department's method of handling applications for membership:

Any person eighteen (18) years of age or older desiring must complete application and return to the Jeffersontown Fire Protection District. Application package must include the following materials:

- Page 1. Tracking Sheet (FD use only)
- Page 2. Employment Opportunity
- Page 3. Application Outline
- Page 4. Pre-application Sheet
- Page 5. Description of Firefighter position
- Page 6. Term of Membership/ Application process
- Page 7. Personal Information page
- Page 8. Employer History page
- Page 9. Back Ground Information page
- Page 10. Kentucky Courts Record Check
- Page 11. Employment Verification
- Page 12. Release of Information Form

Applicant must also provide:

1. Copy of valid drivers license
2. Copy of GED/High School diploma
3. Copy of Auto insurance card
4. Copy of CPAT certification and/or Proof of Lateral
5. Copy of EMT certification
6. IFSAC certification for Firefighter II and/or KY 400 hr. Certification.

The Committee will review the application and make sure all information is supplied.

Applicant initial \_\_\_\_\_



## DESCRIPTION OF FIREFIGHTER POSITION

**ESSENTIAL FUNCTIONS:** The most important and indispensable duties required of a firefighter with the Jeffersontown Fire Protection District relate to the fire suppression and rescue procedures, including the following functions:

**1. SAFETY:** A firefighter must:

- (a) Know the dangerous building conditions created by fire;
- (b) Be able to act in a fire situation or hostile environment; and,
- (c) Be able to use safety procedures in emergency operations in relation to:
  - (1) Protective equipment
  - (2) Team work
  - (3) Portable tools and equipment;
  - (4) Riding on apparatus
  - (5) Hazardous materials incidents.
- (d) Not pose a direct threat or significant risk to the health or safety of other firefighters or the public.

**2. EMERGENCY MEDICAL CARE AND RESCUE:** A firefighter must be able to examine a victim to identify symptoms of life threatening injuries and be able to search for victims in smoke-filled buildings or other hostile environments, and remove injured persons from the immediate hazard.

**3. FIRE EQUIPMENT:** A firefighter must be able to use fire equipment such as nozzles and hose appliances carried on a pumper, advance dry hose lines, connect hose, work from a ladder with a charged attack line, carry hose into a building, and replace a burst section of hose line, in an emergency situation.

**4. SELF CONTAINED BREATHING APPARATUS:** A firefighter must know the various hazardous respiratory environments encountered in firefighting and be able to use self-contained breathing apparatus in an emergency situation.

**5. FORCIBLE ENTRY AND VENTILATION:** A firefighter must be able to use manual forcible entry tools, know the advantages and effects of ventilation, and be able to ventilate a fire.

**6. LADDERS:** A firefighter must be able to carry, raise, and climb ground and aerial ladders while carrying firefighting tools or equipment while ascending and descending, and while bringing an injured person down the ladders.

**Terms for Membership/ Application process**

I understand that should I lose or forfeit for any reason either my operator's license or my automobile liability insurance, JFD has grounds for disciplinary action up to and including discharge. Should I fail to notify the proper fire department authorities of the loss of either my operator's license or liability insurance within 48 hours, I could face disciplinary action up to and including discharge.

I understand that any and all issued items and equipment remain in the property of the department and I am responsible for properly returning them to the department at any time that my active membership terminates. The issued items must be returned to the Equipment Officer or his designated person.

I desire to be enrolled as an active member in the Jeffersontown Fire Protection District. I hereby agree, if accepted, that I will abide by the By-Laws of the department, its rules and regulations. I further agree to obey all lawful orders from my officers when representing the Jeffersontown Fire Protection District. I also understand that if qualified for membership, I shall be on probation for a period of at least one (1) year.

Applicant initial \_\_\_\_\_

**CONSENT TO UNDERGOING A PHYSICAL EXAMINATION & STRESS TEST**

Being 18 years or older, I do hereby voluntarily consent to undergoing a physical examination and stress test provided to me by the Jeffersontown Fire Protection District for the purposes of determining my physical fitness to become or remain a firefighter with the Jeffersontown Fire Protection District. I do hereby do further agree to hold the Jeffersontown Fire Protection District harmless for any errors or commissions on the part of the medical team conducting the physical examination and stress test.

Applicant initial \_\_\_\_\_

**CONSENT CPAT TESTING WITHOUT PHYSICAL EXAMINATION**

I, hereby consent to hiring process of the Jeffersontown Fire Protection District without having received the Jeffersontown Fire Protection District Physical Examination. However, I further understand a condition of my application for employment that I must pass CPAT certification.

**To my knowledge there are no medical or physical reasons why the Jeffersontown Fire Protection District would cause me to incur injury or illness.**

Applicant initial \_\_\_\_\_

## Personal Information

PRINT IN INK. Answer each item completely and accurately. Incomplete answers may disqualify you or may cause delays. FALSE answers may lead to rejection of application and/or dismissal. Please write the letters "NA" (Not Applicable) in those sections which do not apply to you. Attach additional pages if needed.

Father's Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

List all former addresses you have had during the past five years.  
 \_\_\_\_\_  
 \_\_\_\_\_

Place of Birth (City/State) \_\_\_\_\_

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

Driver's license

# of License: \_\_\_\_\_ Expiration date \_\_\_\_\_

Type of auto: \_\_\_\_\_ Insurance Company \_\_\_\_\_

Agent and phone #: \_\_\_\_\_

List any licenses and certificate you posses:  
 Name of Trade or Profession      License No.      Name of Licensing Agency  
 \_\_\_\_\_  
 \_\_\_\_\_

Education and Training: Give complete information.

Schools	Name and Address Of Schools	Attended from to	Hours Earned	Date of Graduation	Major Minor	Degree
Grade School						
High School or GED						
College or University						
Vocational or Business						
Graduate Work Seminars						

Have you ever served in the military?     Yes     No  
 If yes, complete the following:

<b>From:</b>	<b>Dates To:</b>	<b>Branch:</b>	<b>Rank at Time of Discharge:</b>
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Are you a United States citizen?     Yes     No

## Employment History

Employment Experience: Begin with your most recent job and describe in detail each specific job you have had in the last fifteen- (15) years. Periods of unemployment should also be noted. Leave no gaps in time sequence. Be sure to list all applicable experience, which qualifies you for the position sought. Attach additional forms if needed to complete employment history. You may exclude organizations, which indicate color, religion, gender, national origin, handicap, or other protected status.

<b>Employer:</b>	<b>Describe your duties:</b>
<b>Address:</b>	
(Street, City, State, Zip Code, Phone #)	
<b>Kind of Business:</b>	<b>Reason for leaving:</b>
<b>Your Position:</b>	<b>Work Schedule:</b>
From (Month, Day, Year) To	Salary <b>Start:</b> <b>Finish:</b>

<b>Employer:</b>	<b>Describe your duties:</b>
<b>Address:</b>	
(Street, City, State, Zip Code, Phone #)	
<b>Kind of Business:</b>	<b>Reason for leaving:</b>
<b>Your Position:</b>	<b>Work schedule:</b>
From (Month, Day, Year) To	Salary <b>Start:</b> <b>Finish:</b>

List any firefighting equipment, machinery, office equipment, including computers, you are able to operate:

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## Back Ground Information

List traffic citations in past 5 years and **all** criminal citations  
(If extra room is needed use back of this page)

Charge:	Location (City/State)	Date	Disposition of Charge

Have you ever been convicted of a felony?    Yes       No    **(List all felonies)**

**(The Jeffersontown Fire District will check your driving record and insurance periodically)**

Do you wish to make the JFPD aware of any reasonable accommodations, which may be required for you to perform firefighter duties or proceed through application process?

**REASONABLE ACCOMMODATIONS:** The Jeffersontown Fire Protection District will make reasonable accommodations for any individual with disabilities unless the accommodation would present a direct threat or significant risk to the health or safety of other firefighters or the public, or impose and undue hardship on the operation of the Jeffersontown Fire Protection District.

Your signature at the bottom of this form indicates that you have received and read each of the materials above concerning the application and membership process for a firefighter with the Jeffersontown Fire Protection District.

Furthermore, I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that should an investigation at any time show falsification I may be excluded from consideration or if accepted I may be terminated and/or disqualified from further consideration.

I hereby authorize the Jeffersontown Fire District to request any law enforcement agency to release all information (including but not limited to traffic, arrest, convictions, and credit records) to the Jeffersontown Fire District or its representative.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

# Jeffersontown Fire Protection District

10540 Watterson Trail (502) 267-7300  
 Jeffersontown, KY 40299 FAX (502) 267-5217

## PREVIOUS EMPLOYMENT VERIFICATION

Date: \_\_\_\_\_ Requested by: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant: \_\_\_\_\_

The person above has applied for a position with the Jeffersontown Fire Protection District. He/She has authorized the release of the following information:

	APPLICANT CLAIMS	YOU CONFIRM
Position:	_____	_____
Dates:	_____	_____
Salary:	_____	_____
Reason for Leaving:	_____	_____
Comments:	_____	
	_____	

Please take the time to give the person listed above a fair, honest review. The applicant is given credit for each positive response. A blank response is considered to be negative.

### Comments

Appropriate Notice Given?  Yes  No \_\_\_\_\_

Eligible for Rehire?  Yes  No \_\_\_\_\_

Dependable?  Yes  No \_\_\_\_\_

Needs Supervision?  Yes  No \_\_\_\_\_

Works Well With Others?  Yes  No \_\_\_\_\_

Trustworthy?  Yes  No \_\_\_\_\_

Performance Rating (Scale 1-10, 10 being highest): \_\_\_\_\_

Information Provided By: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

AOC-RU-006  
Rev. 1-10  
Page 1 of 1  
Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
[records@kycourts.net](mailto:records@kycourts.net)



**EMERGENCY SERVICES REQUEST**

MAIL REQUESTS TO:  
ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
100 MILLCREEK PARK  
FRANKFORT, KENTUCKY 40801  
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: \_\_\_\_\_

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.

**Major James Sebastian**

Requestor/Contact Person

Date

**Jeffersontown Fire Protection District**

**502.267.7300**

Agency

Phone Number

**10530 Watterson Trail**

**[jsebastian@jeffersontownfire.com](mailto:jsebastian@jeffersontownfire.com)**

Address

E-mail Address

**Jeffersontown Kentucky 40299**

City, State, Zip