

**MERCER COUNTY  
FIRE PROTECTION DISTRICT**



**APPLICATION  
FOR  
Emergency Medical Technician-Basic  
Training Course**

**INSTRUCTIONS  
READ THESE INSTRUCTIONS CAREFULLY  
BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Application and Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for the course.

1. Your Application and Personal History Statement must be returned by the closing date that is posted/advertised if a closing date has been stipulated.
2. Your Application and Personal History Statement should be typed or printed legibly in ink. Answer all questions to the best of your ability.
3. If a question is not applicable to you, enter N/A in the space provided.
4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in the proper sequence before you begin.
5. You are responsible for obtaining complete and correct addresses, including zip codes. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.
6. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question before continuing your answer.
7. Be sure that both copies of the "Authority To Release Personal Information" are signed by the applicant and two witnesses before the Application is returned. Failure to do so will result in disqualification.
8. An accurate and complete application will help expedite the background check. On the other hand, deliberate omissions or falsifications will result in disqualification.

**PROSPECTIVE APPLICANTS:**

The following is a listing of the minimum requirements that must be met for EMT Class:

1. Applicant must be authorized to work in the United States on an unrestricted basis.
2. Applicant must be at least 18 years of age.
3. Applicant must have a high school diploma or equivalent.
4. Applicant must have a valid Kentucky Driver's License.
5. Applicant must have no felony convictions or certain misdemeanor convictions.
6. Applicant must have no D.W.I. or D.U.I. convictions within the last five years.
7. Applicants must be of good legal character as confirmed through background check through the Administrative Office of the Courts in Frankfort..

**In addition you are required to return the following copies with your application:**

1. Driver's License
2. High School diploma or equivalent or evidence of current enrollment in the senior year in a Kentucky High School.

**MERCER COUNTY FIRE PROTECTION DISTRICT**  
200 MORRIS DRIVE  
HARRODSBURG, KENTUCKY 40330  
(859) 734-4688

**AUTHORIZATION FOR BACKGROUND CHECK**

I \_\_\_\_\_ understand that before being considered for EMT Class, information contained in this application, along with any personal or private information relating to my background, including work record, educational history, military record, workman's compensation claims, medical records (physical and mental), financial status, criminal record, and general reputation, may be checked and be considered by the Mercer County Fire Protection District.

I also understand that any information obtained from a background investigation concerning me for EMT Class purposes, will be confidential, and, that whether I am or am not accepted for EMT Class, the Mercer County Fire Protection District, or any of its employees or members, will bear no obligation to reveal to me, or anyone, any information or explanation relating to the acceptance or rejection of this application including the background investigation report. I also understand that all information obtained from a background investigation concerning me shall remain the property of the Mercer County Fire Protection District.

I fully understand the conditions stated above, and authorize the release of any information that relates to me to be released to the Mercer County Fire Protection District for the purposes of the volunteer firefighter application and background investigation process.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS PRINTED NAME / SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS PRINTED NAME / SIGNATURE

\_\_\_\_\_  
DATE

# PERSONAL HISTORY STATEMENT

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	CURRENT AGE	SOCIAL SECURITY NUMBER
HOME ADDRESS		
CITY	STATE	ZIP CODE
MAIDEN NAME, IF APPLICABLE	LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN	
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS

PLACE OF BIRTH – ADDRESS	CITY	STATE	ZIP
ARE YOU A U.S. CITIZEN?	DRIVER'S LICENSE NUMBER AND STATE OF ISSUANCE		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR

SPOUSE'S NAME	SPOUSE CONTACT NUMBER (1)	SPOUSE CONTACT NUMBER (2)
EMERGENCY CONTACT NAME	ADDRESS	PHONE
EMERGENCY CONTACT NAME	ADDRESS	PHONE

DATE OF HIGH SCHOOL GRADUATION OR GED	NAME OF HIGH SCHOOL		
NAME OF COLLEGE ATTENDED	DEGREE ATTAINED	/	GRAD DATE
NAME OF TECHNICAL SCHOOL ATTENDED	DEGREE ATTAINED	/	GRAD DATE

PLEASE LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST TEN (10) YEARS, BEGINNING WITH THE PRESENT ADDRESS. ATTACH EXTRA PAGE IF NECESSARY.

FROM	TO	FROM

**SPECIAL QUALIFICATIONS AND SKILLS:**

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS:

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**ARRESTS, CONVICTIONS, DETENTIONS, AND LITIGATION:**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS:

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LIST ANY **MISDEMEANOR CONVICTIONS AND TRAFFIC VIOLATIONS** THAT HAVE OCCURRED WITHIN THE PAST FIVE (5) YEARS, GIVING DATE OF CONVICTION AND COURT JURISDICTION:

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**REGULAR EMPLOYMENT:**

**CURRENT EMPLOYER:** \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMERGENCY SERVICES EXPERIENCE:**

NAME OF FIRE / RESCUE ORGANIZATION: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHIEF'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE AND AMOUNT OF TRAINING RECEIVED, INCLUDING ALL CERTIFICATIONS OBTAINED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFIED EMT-FR OR EMT-BASIC:** \_\_\_\_\_ YES \_\_\_\_\_ NO CERTIFICATION NUMBER \_\_\_\_\_

**FIREFIGHTER STATUS:** \_\_\_\_\_ STATE CERTIFIED \_\_\_\_\_ FF LEVEL I \_\_\_\_\_ FF LEVEL II

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE (IF NONE, THEN WITNESS SIGNATURE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
2ND WITNESS SIGNATURE

\_\_\_\_\_  
DATE

Please submit this application by mailing the completed form to the following address:

Glenn Phillips  
Mercer County Fire Protection District  
200 Morris Drive  
Harrodsburg, KY 40330