



APPLICATION FOR VOLUNTEER FIRE FIGHTER
CITY OF RADCLIFF FIRE DEPARTMENT



PLEASE PRINT

Date of Application _____ Background check received _____

(Office Use Only)

Last Name	First Name	Middle Name
Address		City
Telephone (Home)	(Cell)	Social Security Number

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever filed an application with us before? Yes No

If yes, please give date: _____

Have you ever been a volunteer with us before? Yes No

If yes, please give date: _____

Do you have transportation 24/7? Yes No

When are you able to respond? Days Nights

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant.

If yes, please explain

EDUCATION

	Name/Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

ANY SPECIALIZED TRAINING IN US MILITARY

RADCLIFF FIRE DEPARTMENT REQUIREMENTS FOR VOLUNTEER MEMBERSHIP

1. All prospective applicants must be at least eighteen (18) years of age.
2. All prospective applicants shall live within the City limits of the City of Radcliff. An exception may be granted to those who live within one (1) statute road mile of the City limits.
3. All prospective applicants must complete the application for membership. The Chief will process the application and conduct a background investigation of the applicant. The background investigation will include a review of the application, arrest records, driving records and personal references.
4. All applicants must undergo a thorough background check and may not be accepted for membership if they have been convicted of a felon or are currently suffering from alcohol or drug dependency or other crime deemed inappropriate behavior by the Fire Chief or in violation of KRS Chapter 95.
5. All fire suppression personnel will be subject to difficult and strenuous work during training. The offer of a position to the prospective recruit will be conditional upon satisfactory completion of a physical examination to determine physical fitness for fire fighting duty.
6. After being accepted, all new applicants must serve a six (6) month probationary period.
7. ***Before installation of red lights and siren in your personal vehicle*** four (4) additional requirements must be met:
 - 1) successful completion of the six month probationary period
 - 2) completion of basic Fire Fighter Certification (150 hour)
 - 3) successful completion of Emergency Drivers Training Course
 - 4) personal vehicle inspection for compliance with basic D.O.T. regulations and KRS Chapter 189 compliance
8. The new recruit will have two (2) years to receive one-hundred fifty (150) hour certification by the State of Kentucky to become a certified Firefighter. The applicant must show reasonable progress in obtaining the certification. If the applicant fails to receive certification or fails to show reasonable progress in this effort, he/she may be dismissed.
9. Firefighters under the rank of Sergeant will not be allowed to transmit on F-1 from their privately owned radios and F-2 will be used for fire department business only.
10. Duties of the volunteer will include but are not limited to: placing a 24 ft. ladder with the help of another, climbing a 50 ft. ladder, carrying 50 lbs. up 5 flights of stairs, holding a charged 1 ³/₄ or 2 ¹/₂ inch hose line for an extended length of time and wearing a self contained breathing apparatus for an extended period of time.

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
pretrialrecords@kycourts.net



Emergency Services Request

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES, RECORDS DIVISION
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

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

You must include two envelopes. Your return envelope must be addressed with adequate postage, and the other only needs the address of the person being checked or provide e-mail addresses in place of envelopes.

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 Pretrial Services at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____
NAME: _____
DATE OF BIRTH: _____
MAIDEN OR ALIAS NAMES: _____
STREET ADDRESS/ P.O. BOX: _____
CITY, STATE, ZIP CODE: _____
E-MAIL ADDRESS: _____

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to qualify for record processing.

Requestor/Contact Person

Date

Agency

Phone Number

Address

E-mail Address

City, State, Zip