

South Oldham Fire Department



Applicant Checklist

Applicant Name: _____

- Completed Application for Firefighter
- Completed Authorization for Attest Record Check
- Completed Accountability Tag Information
- Completed IRS Form W-4
- Completed Oldham County Central Dispatch Confidentiality Policy Agreement
- Complete Direct Deposit Form and Attach VOID check for reimbursement

FOR DEPARTMENT USE ONLY DO NOT WRITE BELOW THIS LINE

- Upon approval of you application you will be instructed to schedule a fit for duty physical including a cardiac stress test at Baptist Worx in LaGrange, KY. 502-222-3302
- Take Photo & Print Accountabilty Tag
- SCBAFit Test Completed
- Acknowledgement of SOP,By Laws, & Employee Handbook
- Assign applicant/Look Up Applicant State Firefighter Number
- Signed letter of understanding of By-Laws & SOP's
- Transfer or Reactivation Practical if applicable



South Oldham Fire Department



APPLICATION FOR FIREFIGHTER

Personal Information			
Name		Social Security Number	
Home Address		City	State Zip
Home and/or Cell Phone #'s		Date of Birth	Email
Emergency Contact / Relationship		Emergency Contact Address	
		Emergency Contact Phone #	
Place of Employment		Employer Address	
		Employer Phone #	
SOFD ID # (To be Completed by SOFD)		Driver Operators License #	Exp. Date Vehicle Insurance Company
Experience & Education			
Highest Level of Formal Education		School	
Previous Fire Service Experience YES NO		If YES - Which Department(s)	
		If YES - How Long	
Are you a KY Certified Firefighter? YES NO KY Firefighter # (if known)		First Responder #	EMT # Paramedic #
List any Specialized Training / Skills / Certifications			
References			
Name	Address / Phone #	Business	Years Known
I completed this application truthfully and completely. I authorize the South Oldham Fire Department to verify all of my answers to this application. I understand and agree to give permission to the South Oldham Fire Department to check driving records and police records, and to verify the information contained in this application with any other persons or entities listed in this application. I further understand that any misrepresentation of information on this application may result in automatic dismissal from the department.			
Applicant's Signature		Date:	
Chief's Signature		Date:	



AUTHORIZATION FOR ARREST RECORD CHECK

SOUTH OLDHAM FIRE DEPARTMENT

Please print the following information:

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

I, _____

Usual Signature

of, _____

Street, City, State, Zip Code

Do hereby authorize the Oldham County Police, the Administrative Office of the Courts of Kentucky or any other police agencies that may have arrest records or any other information regarding myself to release it without reservation, to the South Oldham Fire Department. I am applying as a Firefighter with the above named Department and this information is a Requirement for acceptance.

I, _____ request the above arrest record

Checks on this date _____, 20__.

Accountability Tag Information

Name _____

Address _____

City, State, Zip _____

Rank _____

Social Security _____

Date of Birth _____

Telephone Number _____

Religion _____

Blood Type _____

Emergency Contact _____

Emergency Telephone _____

Physician _____

Physician Telephone _____

Medications / Medical History _____

Allergies _____

Haz-Mat Cert. Level _____

Trench Team Cert _____

Confined Space Cert _____

Wildland Cert _____

Water Rescue _____

EMT Number _____

**** Italics information will sealed inside card out of public view.**