

## KINGSTON SPRINGS FIRE DEPARTMENT MEMBERSHIP APPLICATION

The Town of Kingston Springs is an equal opportunity employer and does not discriminate on the basis of race, sex, color, religion, national origin or persons with disabilities.

**Overview of application process:** This application is one part of the hiring and employment process. Once your application is received and the required criminal and drivers' license background checks have been performed, you will then be asked to attend an oral interview with the Kingston Springs Fire Department's Advisory Board.

As you complete this application please bear in mind the following:

- 1) We reserve the right to check all information for accuracy and completeness.
- 2) All applications for employment are a matter of public record.  
*(Your date of birth and social security number will not be released)*
- 3) If you need accommodation in order to complete this application, please notify us at (615) 952-2110.

### General Information

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

What days/hours are you available? \_\_\_\_\_

Have you applied with the Kingston Springs Fire Dept. before? (circle) YES NO

Have you ever been a member of the Kingston Springs FD before? (circle) YES NO

### Section I. Personal Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_ S.S. # \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ D.L.#: \_\_\_\_\_ State: \_\_\_\_\_

Sex: \_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Place of birth: County \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ # of dependants \_\_\_\_\_

**(If you have lived at your present address for less than two years, please give your previous address)**

Street: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a legal right to work in the United States? (circle) YES NO

Have you ever been convicted of a felony? (circle) YES NO

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor (other than minor traffic offenses) involving moral turpitude, i.e., dishonest crime, theft, etc., or a misdemeanor which would effect fulfilling your job? (circle) YES NO

If yes, please explain: \_\_\_\_\_

*(NOTE: This may be relevant if job related, but does not necessarily bar you from employment).*

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**Section II. Employment History**

Current or most recent Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer street address: \_\_\_\_\_  
Your occupation or Job Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long with this company? \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer street address: \_\_\_\_\_  
Your occupation or Job Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long with this company? \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employer street address: \_\_\_\_\_  
Your occupation or Job Title: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long with this company? \_\_\_\_\_

**Section III. Health Information**

**Warning:** Firefighters are subject to work in hazardous situations, under extreme conditions, at tasks demanding strenuous physical and mental effort. Poor health increases your risk of injury or death and jeopardizes other lives as well.

How would you rate your present health? \_\_\_\_\_  
List any allergies: \_\_\_\_\_ Date of last Tetanus shot? \_\_\_\_\_  
Name of your primary health care provider: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you aware of any physical or mental condition, which may limit or affect your ability to participate in firefighting activities? \_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need reasonable accommodations in order to perform the essential functions? \_\_\_\_\_  
If yes, please describe any accommodations you will need in order to adequately perform the essential functions of the position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Section IV. Education & Experience**

High School: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_ Year of graduation or GED: \_\_\_\_

If you did not graduate or receive a GED, what is the last grade level you completed? \_\_\_\_\_

List any post high school education such as College, University, Business or trade schools

| <u>Name of Facility</u> | <u>Course, Degree, Certification, Etc...</u> | <u>Hours/Years</u> |
|-------------------------|--|--------------------|
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Have you ever been an active member with a fire department before? (circle) YES NO

If so, please list the department(s) name- city and state, date and reason you left that department, as well as duties performed while a member of that organization.

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List any other training, qualifications or skills. (special courses, armed forces, licenses)

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**Section V. References**

Please provide four references, other than relatives or former employers who have knowledge of your character and/or abilities:

| Name | Mailing address | Years known | Phone |
|------|-----------------|-------------|-------|
|------|-----------------|-------------|-------|

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**IMPORTANT**

*Authorization for  
Criminal Background Check/ Drivers license check/ Social networking sites*

I, the below signed applicant, do hereby authorize the Town of Kingston Springs or it's designee to conduct a criminal and Ethical background search on me, as a part of the job application process. I hereby authorize any law enforcement agency to release information, records and documents concerning any criminal charges brought against me.

Applicant's full name: \_\_\_\_\_ Maiden name: \_\_\_\_\_  
Social security number: \_\_\_\_\_ Applicants date of birth: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

Social Networking sites and username(s) for each: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby affirm that the information provided above is correct and true to the best of my knowledge, and I consent to the release of any information required to verify the same. I agree to become familiar with, and abide by the Kingston Springs Fire Department's rules, regulations, and standard operating guidelines. I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department use only:**

Application received: \_\_\_\_\_ Advisory Board Interview: \_\_\_\_\_

Copy of driver's license: \_\_\_\_\_ Certified driving history: \_\_\_\_\_

NCIC Criminal history: \_\_\_\_\_ Copy of medical license: \_\_\_\_\_

Modules given: \_\_\_\_\_ Modules completed: \_\_\_\_\_