



Meade County Fire Protection District

PO Box 276, Brandenburg, KY 40108

Station 1 270-422-4292 Station 2 270-422-4608 Fax # 270-422-4535

Thank you for your interest in becoming a member of the Meade County Fire District. Although we are not typically a paid on-call service, we are very much a professional firefighting and rescue service. The job we perform is potentially very hazardous, strenuous and requires professional training and attitude.

The Chief or other Officers accept applications at any time. Acceptance of the application may be immediate or may be delayed until the monthly meeting. The monthly firefighter meeting is typically the first Thursday of each month. District officers and members may review your application. Junior firefighter applicants are encouraged to bring a parent or legal guardian when submitting an application so an explanation of duties may be given at this time. Applicants may be placed on active duty by the Chairman of the Board of trustees as a "Special Firefighter" with any duties assigned by the chairman until the next monthly meeting. This option is normally exercised if the applicant has previous experience or credible credentials.

The Meade County Fire District is a Fire Protection District as defined by KRS 75, and does not discriminate in selection of applicants based upon race, color, creed, sex or nation of origin. Upon approval applicants that are reviewed by the district membership are usually placed on probation. This probation can be anywhere between 90 and 180 days, depending on circumstances. The Trustees of the District have the final authority to accept, reject or otherwise manage the application process.

Application information will be kept in confidence. The Chief or the Chief's designee, at their discretion, may check references, employment status, educational credentials, prior firefighting credentials, medical information and criminal background and driving status. This is done to insure that our District Customers have available to them the highest quality of firefighters with the willingness to provide excellence. A copy of the Governing Documents for District operation shall be provided to you prior to the start of your probation period.

I would like to thank you for your interest in becoming a member of the Meade County Fire Protection District. The work we do is hard, dangerous, and for the most part unappreciated. If you seek a sense of belonging in a group dedicated to providing top-notch service to our customers, I welcome you. If you seek thrills, glory, red lights and hero status, please reconsider your application. If you have any questions, please contact the Districts administrative office at 270-422-4292.

Sincerely,

Larry Naser, Chief
Meade County Fire Protection District

MEADE COUNTY FIRE DISTRICT APPLICATION

Application Date: _____

Application Type: Check one please.

Regular Firefighter _____ Junior Firefighter: _____ Auxiliary _____ Other _____

Personal Information:Name: _____
Last First MiddleHome Address: _____
Address City State ZipTelephone #: _____
Home Work Cell

Date of Birth: _____ Social Security # _____ Drivers Lic # _____

Check all that Apply: Married: _____ Single: _____ Divorced: _____ Co-Habiting: _____ Student: _____

Name of Spouse/Significant Other: _____

Children: _____

Health Information:

Male _____ Female _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Medical History: (List all that apply-if necessary write on blank piece of paper and add to packet) _____

_____Family Physician: _____
Name Address Phone

Daily Medicines: _____

Allergies know or suspected: _____

Date last seen by Physician _____ Hospital of Choice. _____

Rate your physical condition:

Excellent _____ Good _____ Fair _____ Poor _____ Other _____

Please check any condition that applies to you:

Asthma ___ Bronchitis ___ Back Problems ___ Cardiac Disease ___ Cancer ___ Diabetes ___ Epilepsy ___

Emphazemia ___ Gastric Problems ___ Hernia ___ Hepatitis ___ Jaundice ___ Kidney Problems ___

Liver Problems ___ Mental Health Issues ___ Paralysis ___ STD ___ Stroke-CVA ___ Substance Abuse ___

Vision Impairment ___ Other _____
_____Private Medical Insurance Information _____
Carrier ID # Contact#

Last Tetanus Shot: _____ Have you had the Hepatitis B Series? _____

If provided by the district, you would like to receive:

Hepatitis B Series. _____ Flu shot _____.

Driving information:

Please Note: A Copy of your Drivers License should be submitted with this application.

Drivers License Number:_____ State of Issue:_____ Exp Date:_____

Vehicle Insurance Carrier:_____ Policy #_____ Phone #_____

Please Note: All District Applicants must have a valid Kentucky License within thirty days of application.

Do you have any of the following types of infractions: (Check all that Apply)

Speeding Tickets within last 5 years:___ DUI Conviction within last 5 years:___

Misdemeanor Convictions: ___ Felony Convictions___ Other___

If you checked any of the above, you must list the specifics, dates, and locations:_____

Please Note: *Applicants with Misdemeanor convictions shall be evaluated based on nature of incident and decision of Board of Trustees. Felony Convictions disqualify applicants for further consideration. Criminal Background Checks are part of the application process to become a member of the Meade County Fire District.*

Education:

Applicants for positions of regular firefighters shall have as a minimum of formal education either High School Diploma or GED. Applicants for junior firefighter positions shall either be enrolled in a recognized high school or be actively working towards a GED.

High School _____

Graduation Date	School	Location
_____	_____	_____
_____	_____	_____

Phone Number _____ Name of Principal _____

Please note: A Copy of your Diploma or GED Certification should be included with your application.

College Attended:_____

Graduation Date	School	Study
_____	_____	_____

Vocational Training:_____

Graduation Date	School	Study
_____	_____	_____

Other Training:_____

Graduation Date	School	Study
_____	_____	_____

First Responder, EMT or Paramedic Training:_____

Fire Service training from Kentucky or other states:_____

Areas of interest you would like to pursue as a Meade County Fire District Firefighter. (Check all that apply)

Firefighting___ Medical Response___ Haz Mat___ Extrication___ Rope Rescue___ Apparatus Operator___
Officers-leadership Training___ Other (Write In)_____

In the space provided below, please tell the Meade County Fire District in your own words, why you desire to become a member of our District. _____

By signing below, you are approving the Meade County Fire Protection District to conduct any and all background checks that may be applicable to verify the information that you have provided. Furthermore, you are stating that the above information that you have supplied is a true and accurate representation. Falsification of any information to obtain a position with the Meade County Fire Protection District can include and up to immediate termination from the District.

Signature Date

PARTICIPATION PERMISSION FOR A MINOR

I, _____ the parent or legal guardian of _____ give my child or ward permission to participate in activities with the Meade County Fire Protection District. I understand that every effort shall be made to provide a safe, family oriented environment for my child to participate in. I do understand that this is an adult work place with adult conversation and language. I also understand that training, responding to emergencies and other activities associated with the fire and emergency service poses a risk to my child or ward. If I have any questions concerning the hazards associated with being on this District, I may direct these concerns to the Assistant Chief-Safety Officer for resolution or information.

Parent or Guardian Signature Telephone Date

District Use Only

Applicant attended the _____ meeting of the Meade County Firefighter Committee Meeting and recommendation of the Committee is as follows:

- 1. Accept on 180- day probation. _____
- 2. Accept on 90-day Reorientation Probation. _____
- 3. Reject for consideration. _____
- 4. Other _____

Assigned Unit Number _____ Assigned Mentor _____
End of Probation Date: _____ Special Notes: _____

