

Central Campbell Fire District

4113 Alexandria Pike - Cold Spring, KY 41076

Ph. 859-441-7631, Fax 859-781-5115



APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

High School Attended: _____

High School (or GED) Graduation Date: _____

College or University Attending:

Current Semester: _____

Driver's License #: _____ Expires: ____/____/____

(A copy of your current driver's license must be submitted with this application)

Social Security #: _____ FFN: _____

Age: _____ Date of Birth: ____/____/____

E-mail Address: _____

Do you have any physical impairment(s) that would affect your ability to perform firefighting duties?

Have you ever been convicted of a felony? ____ Yes ____ No
If yes, please explain on a separate sheet of paper

RELATED FIRE/EMS BACKGROUND

If you have any related Fire/EMS experience and certification, please list below and make copies of other pertinent licenses/certifications you may currently hold and turn them in with your application.

REFERENCES:

Name	Phone Number	Relationship	Years Acquainted

Please answer the following questions:

1. How will your education, professional and/or personal goals benefit from your acceptance into this program?
2. How will you balance commitments at home, school, work and the fire department?

Answers must be type written (100 words or less) on a separate sheet

By completing and submitting This Application, I _____

Print Name

- Authorize the Fire District, or its agents to investigate my background, character and general reputation by contacting my references or any other individual the fire District or its agents consider necessary;
- Authorize my references and any other individuals contacted by the Fire District or its agents to release any information requested and absolve those parties who provided information requested from any and all liability related to their doing so;
- Certify that this application who completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: ____/____/____

Completed applications must be submitted in an 8.5" x 11" envelope marked FIRE INTERNSHIP PROGRAM and mailed or dropped off to:

Central Campbell County Fire District
4113 Alexandria Pike
Cold Spring, KY 41076

For additional information contact the department at:
Phone: 859/441-7631
Fax: 859/781-5115