



Campbell County Fire District 1

Application for Membership

Fill out each space completely. If an area does not apply to you, write N/A in the space.

Please Print Legibly



Last Name: _____ First Name: _____ Mi: _____

SSN#: _____ - _____ - _____ Phone Number: () _____ - _____

Current Address: _____ City: _____ St.: _____ Zip Code: _____

How long have lived at this address?: _____

Previous Address if applicable: _____ City: _____ St.: _____ Zip: _____

Length of time at previous address: _____

Length of Education: _____ High School: _____ College: _____ Other: _____

Occupation: _____ Employer: _____

Supervisor: _____ Length of Employment: _____

Address: _____ City: _____ Zip: _____

Phone Number: () _____ - _____ Hours and Days you work: _____

Previous Employer (if less than 2 years current employment): _____

Length of Employment: _____ Reason for leaving (optional): _____

Do you have any physical or medical impairment, which would prohibit you from doing your job?: D Yes D No

If yes, please indicate on the space provided:

How much time have you missed from work in the last year due to this injury or illness?: _____

TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE INFORMATION IS CORRECT:

Please Print Name: _____

Signature: _____ **Date:** ____/____/____

Station 51: Silver Grove 5011 Four mile Road Silver Grove, Kentucky 41085	Station 52: Eastern Campbell 3707 Smith Road Mentor, Kentucky 41007	Station 53: Camp Springs 6844 Four Mile Road Melbourne, Kentucky 41095
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“One Fire Department, Formed From Three, For the Protection of All”



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WAIVER FOR BACKGROUND CHECK

The undersigned does hereby and herein, freely and voluntarily; certify that there are no willful misrepresentations or falsifications of any and all statements and answers to questions in this application. I am aware that, should investigation disclose misrepresentations or falsifications, my application may be rejected and I may be disqualified from applying in the future for any position in the service of Campbell County Fire District 1. Furthermore, I authorize all persons, schools, companies, military branches, and law enforcement agencies to supply information concerning my background, and release them from any liability and responsibility arising from their doing so. I authorize Campbell County Fire District 1, or its agents to investigate any of this information.

Please Print Name: _____

Signature: _____ Date: ____/____/____

Station 51: Silver Grove
5011 Four mile Road
Silver Grove, Kentucky 41085

Station 52: Eastern Campbell
3707 Smith Road
Mentor, Kentucky 41007

Station 53: Camp Springs
6844 Four Mile Road
Melbourne, Kentucky 41095

“One Fire Department, Formed From Three, For the Protection of All”

EMERGENCY SERVICES REQUEST

Organization: Campbell County Fire District 1

Address: 6844 Four Mile Road, Melbourne Kentucky 41059

Contact Person: Assistant Chief Greg Buckler

Phone Number: (859) 635-9255

Tax Exempt Number: SD 019-109

Administrative Office of the Courts
Pretrial Services
100 Millcreek Park
Frankfort, Kentucky 40601
(800) 928-6381

The records requested will be returned to the mailing address on the postage paid self-addressed returned envelope.

A separate addressed envelope on each person requested is required.

If you have any questions, please contact Pretrial Services at (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

Social Security Number: _____

Date of Birth: _____

Full Name: _____

Maiden or Alias Names: _____

Street Address/P.O. Box: _____

City, State, Zip Code: _____