



Taylor Mill Fire & EMS Department

SERVING SINCE 1957

Dear Applicant:

The Taylor Mill Fire/EMS Department is currently accepting applications for:

Career Firefighter/Paramedic. In order to apply for the position, you will need to complete and provided the below listed documents. You should bring or mail all the required documents to the Taylor Mill Fire/EMS Department located at: [5231 Taylor Mill Road, Taylor Mill, Kentucky 41015.](#)

Failure to provide the required document(s) may eliminate you from the continued process. Questions may be directed to Chief John Stager, at 859-581-6565.

CHECKLIST: Clear Copies (NO FAXES) of Required Documentation

- TAYLOR MILL FIRE DEPARTMENT APPLICATION
- ANY ADDITION EMPLOYMENT HISTORY
- SIGNED APPLICATION STATEMENT
- SIGNED RELEASE AND AUTHORIZATION SHEET
- CURRENT RESUME
- COPY OF HIGH SCHOOL DIPLOMA/GED
- CLEAR COPY OF A VALID DRIVERS LICENSE
- COPY OF A FIRE FIGHTER I & II OR KENTUCKY 400 LEVEL CERTIFICATE(S)
- COPY OF ANY IFSAC/PRO BOARD CERTIFICATES
- COPY OF ALL NIMS/ICS CERTIFICATION (100, 200, 700 & 800)
- COPY OF ANY ADDITIONAL FIRE RELATED TRAINING
- COPY OF KENTUCKY PARAMEDIC or NATIONAL REGISTRY PARAMEDIC CARD
- COPY OF A VALID: ACLS, CPR, PALS or PEEP CERTIFICATION
- COPY OF A VALID CPAT CERTIFICATION* **NOT REQUIRED FOR PART-TIME EMPLOYMENT**

*(VALID KENTUCKY CAREER LATERAL APPLICANTS ARE EXEMPT FROM CPAT REQUIREMENT/LATERALS MUST NOT HAVE BEEN OUT OF FIRE SERVICE GREATER THAN ONE YEAR AS A CAREER EMPLOYEE)

Kentucky Fire Commission currently has a waiver in place on CPAT Certification. New hires have 90 days from the first schedule Kentucky CPAT Test to obtain certification. Failure to comply with CPAT certification will result in termination.

Chief John Stager

Taylor Mill Fire/EMS DEPARTMENT



City of Taylor Mill Fire and EMS Department Application for Employment: CAREER

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO POLITICAL AFFILIATION, DISABILITY, RACE, COLOR, AGE, NATIONAL ORIGIN, CITIZENSHIP, SEX, RELIGION, SEXUAL PREFERENCE, OR OTHER LEGALLY PROTECTED STATUS.

Please Print

Career: Firefighter/Paramedic

Position Applied for _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Address _____

City _____ State _____ Zip Code _____

() _____

Telephone Number Cell Home _____ Social Security Number _____ Email Address _____

Previous Address – If At Above Less Than Three Years

Address _____

City _____ State _____ Zip Code _____

Have you ever filed an application with us before? _____ Yes _____ No
If Yes, give date _____

Have you ever been employed with us before? _____ Yes _____ No
If Yes, give date _____

Are you currently employed? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available to work? _____

Are you able to work Full Time, performing 24 hour shift work (on 24hrs./off 48 hrs.) in a hazardous duty environment _____ Yes _____ No

Are you currently on **lay-off** status and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No
(Conviction will not necessarily disqualify an applicant for employment.)

If Yes, please explain _____

We Are An Equal Opportunity Employer

EDUCATION

HIGH SCHOOL

School Name and Location _____

Grade Completed _____ Diploma/Degree _____

UNDERGRADUATE COLLEGE/UNIVERSITY

School Name and Location _____

Diploma/Degree _____

Course of Study _____

School Name and Location _____

Diploma/Degree _____

Course of Study _____

GRADUATE/PROFESSIONAL

School Name and Location _____

Diploma/Degree _____

Course of Study _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities _____

Describe any honors you have received _____

State any additional information you may feel is helpful to us in considering your application _____

=====
List Professional, Trade, Business or Civic Activities and Offices held. (You may exclude memberships which would reveal political affiliation, disability, race color, age, national origin, citizenship, sex, religion, sexual preference, or other legally protected status.)

REFERENCES

List name, address and telephone number of three references who are not related to you and are not previous employers.

- 1. _____
- 2. _____
- 3. _____

=====

Have you ever had job-related training in the United States military? ____ Yes ____ No

If Yes, please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate political affiliation, disability, race, color, age, national origin, citizenship, sex, religion, sexually preference, or other legally protected status.

Employer	Address	Telephone number(s)
Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
Job Title	Supervisor	Reason for Leaving
Employer	Address	Telephone number(s)
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Job Title	Supervisor	Reason for Leaving
Employer	Address	Telephone number(s)
Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
Job Title	Supervisor	Reason for Leaving

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER



APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this **"at will"** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



RELEASE AND AUTHORIZATION

In conjunction with my application for employment, I understand that an Investigative Consumer Report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by the Taylor Mill City Commission and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references.

Medical and Worker's Compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or, any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

I hereby authorize, without reservation, any law enforcement agency, institute, information service bureau, school, employer, reference or Insurance Company contacted by any and all representatives of the City of Taylor Mill or its agents, to furnish the information described above.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print your full name

Please print other names you have used

Street Address

City State Zip Code

Social Security Number

Date of Birth

Sex Male Female

Signature DATE