



## **Taylor Mill Fire & EMS Department**

### **Dear Applicant:**

The Taylor Mill Fire/EMS Department is currently accepting applications for Part-Time Firefighter/Paramedic or Part-Time Firefighter/EMT or Career Firefighter/Paramedic or Career Firefighter/EMT-B (paramedic candidate).

To apply for the position, you will need to complete and provide the documents listed below. You should bring or mail all of the required documents to the Taylor Mill Fire/EMS Department located at: **5219 Taylor Mill Road, Taylor Mill, KY 41015.**

Failure to provide the required document(s) may eliminate you from the continued process. Questions may be directed to Chief Bryan Lynch, at 859-581-6565 or [blynch@taylormillky.gov](mailto:blynch@taylormillky.gov).

### **Checklist: Please provide clear copies of required documentation (no faxes)**

- Taylor Mill Fire Department Application
- Any Additional Employment History
- Signed Application Statement
- Signed Release and Authorization Form
- Current Resume
- Copy of High School Diploma/GED
- Copy of Valid Operator's Driving License
- Copy of Firefighter I & II or Kentucky 400 Level Certificate(s)
- Copy of any IFSAC/Pro Board Certificates
- Copy of all NIMS/ICS Certifications (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(s)
- Copy of a Valid CPAT Certification \* (Note: Not required for Part-time positions)

**\*Valid KENTUCKY CAREER LATERAL APPLICANTS are exempt from CPAT requirement  
LATERALS must not have been out of fire service for more than 1 year as a career employee**

**Applications will always be accepted.**

### **Chief Bryan Lynch**

Taylor Mill Fire/EMS Department  
5219 Taylor Mill Road, Taylor Mill, KY 41015  
[blynch@taylormillky.gov](mailto:blynch@taylormillky.gov)



# Taylor Mill Fire & EMS Department Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, political affiliation, or other legally protected classifications.

**Please Print**

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Social Security Number (SSN): \_\_\_\_\_

**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 If yes, give date: \_\_\_\_\_

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

Date would available to work: \_\_\_/\_\_\_/\_\_\_\_ Hours available to work: \_\_\_ Full-time \_\_\_ Part-time

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

Have you ever 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 that you may feel is helpful to us in considering your application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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. \_\_\_\_\_

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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 that indicate political affiliation, disability, race, color, age, national origin, citizenship, sex, religion, sexual preference, or other legally protected classifications.

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)
Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
Job Title	Supervisor	Reason for Leaving
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)
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 information provided herein is true and complete to the best of my knowledge.

I grant permission for the investigation of all statements included in this employment application as necessary for making an employment decision.

I acknowledge and understand that, unless specified otherwise by applicable law, any employment relationship with this organization is considered "at will." This means that the employee can resign at any time, and the employer can terminate the employee at any time, with or without cause. Furthermore, it is understood that this "at will" employment relationship cannot be altered by any written document or conduct unless such changes are specifically recognized in writing by an authorized executive of this organization.

If employed, I understand that providing false or misleading information on my application or interview(s) may lead to termination. I also recognize that I am required to adhere to all rules and regulations set forth by the employer.

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Signature of Applicant

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Date



## **RELEASE AND AUTHORIZATION**

In conjunction with my employment application, I understand that an Investigative Consumer Report may be requested, which will include information as to my character, work habits, performance, and experience, along with the reason for termination of past employment. I understand that, as directed by the Taylor Mill City Commission and consistent with the job description, you may be requesting information from public and private sources about my workers' 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 that 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 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 identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
Please print your FULL NAME

\_\_\_\_\_  
Date of Birth (DOB)

\_\_\_\_\_  
Please print any alias name(s) that you have used

\_\_\_\_\_  
Social Security Number (SSN)

\_\_\_\_\_  
Street Address

Sex: \_\_\_ Male \_\_\_ Female

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date