

SOUTHEAST BULLITT FIRE DEPARTMENT

1515 Clermont Rd

P.O. BOX 69

SHEPHERDSVILLE KY, 40165

Application for Membership

Please Check The Box You Are Applying For:

Volunteer: _____ Rapid Response: _____ Part Time: _____ Full Time: _____

Erik Butler

Wayne Bowles

Chief

Assistant Chief

Applicant Name _____

Date of Birth ___/___/___

Address _____ Phone # _____

E-mail: _____

Place of Employment: _____ Work # _____

Address _____

City: _____ State: _____ ZIP: _____

Sex _____

FFN: _____ Driver's License # _____ State _____

Emergency Contact Name _____

Phone # _____

Relationship to Member _____

Availability Times _____

Please specify any special qualifications, special skills, etc.

Any known medical conditions? Yes/ No (if yes please explain)

References:

Name: _____

Occupation: _____

Phone: _____

Name: _____

Occupation: _____

Phone: _____

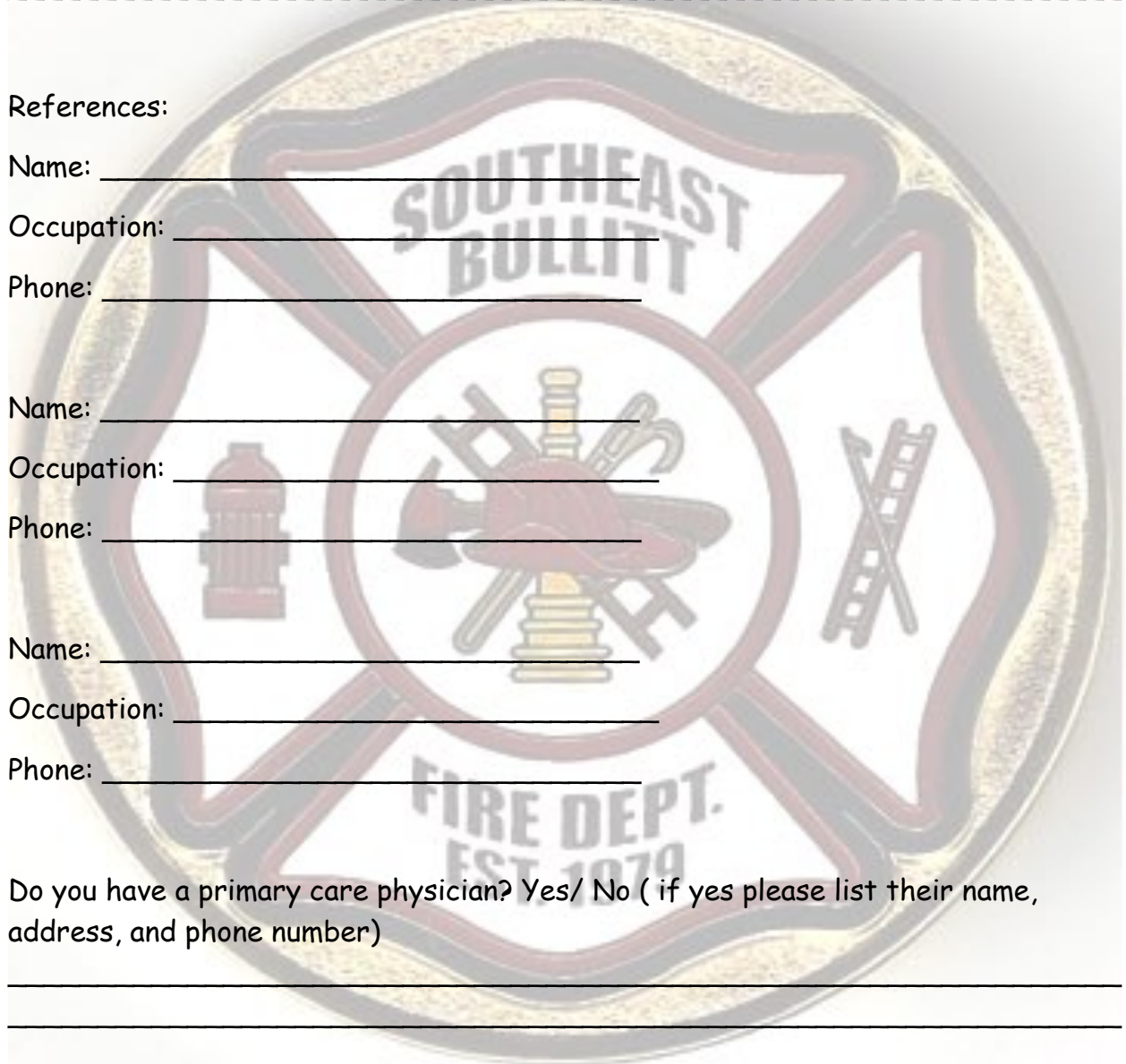
Name: _____

Occupation: _____

Phone: _____

Do you have a primary care physician? Yes/ No (if yes please list their name, address, and phone number)

Additional Notes:



I HEREBY AFFIRM THAT ALL STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT THEY ARE SUBJECT TO VERIFICATION. I ALSO AFFIRM THAT I HAVE NOT BEEN CONVICTED OF A FELONY, ANY FALSE STATEMENT ON THIS APPLICATION WILL BE CONSIDERED A BASIS FOR REJECTION OR TERMINATION.

SIGNED: _____

DATE OF APPLICATION: _____

Received By: _____

Date: _____

*Any questions regarding your application, please contact the station and ask for Chief Butler at (502) 543-3794

