

Submit Application the following ways:

- Email to joinbfd@gmail.com
- Dropping off at Brodhead City Hall
- Messaging BFD Facebook page to arrange pickup
- Attend a regular meeting of BFD on the 2nd Thursday or 4th Monday of each month 7pm at Brodhead Fire Department

Brodhead Fire Department Application

Application Information

READ BEFORE FILLING OUT APPLICATION

All Members of Brodhead Fire Department are unpaid volunteers.

All Applications must be submitted at Brodhead City Hall 606-758-8635 or at Brodhead Fire Department 1 week prior our next business meeting to be considered.

If Application is approved applicant will be contacted by phone number provided

Please complete application and background check form

Brodhead Fire Department is a volunteer organization. However BFD is also a highly skilled professional life saving organization so there are requirements to maintaining membership with BFD.

-Members must maintain a minimum of 30 hours of training yearly 15 of which must be in house training at Brodhead Fire Department. It is highly encouraged to attend additional training through out the year.

-Fundraisers are what keeps BFD doors open and responding to calls so while members are not required to attend all members are expected to attend fundraisers as the money raised from them is used to purchase equipment and pay for operating expenses.

Brodhead Fire Department

P.O. Box 46 Brodhead Ky. 40409

Non-emergency: 606-758-8113

Fax:606-758-8113

Cityhall:606-758-8635

Emergency:911

BRODHEAD FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

1. Please type, or print legibly using black ink 2. Be sure to sign and date. 3. Return application to Cityhall or Brodhead Fire Department	Name: Last	First	Middle
	Home Phone	Cell Phone	Work Phone

SECTION ONE: PERSONAL DATA	DOB:	Drivers License #:
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Address: _____ City: _____ State: _____ Zip: _____ Apt.: _____

Emergency Contact	Name: _____	Relation: _____
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Address: _____

Home # _____ Cell # _____ Work # _____

SECTION TWO: EMPLOYMENT

1	Current or most recent employer	Month/year employment started	Month/year employment ended
	Complete Address	Reason for leaving (enter N/A if not applicable)	
	Your Title/Position/Job	Phone Number	

2	Current or most recent employer	Month/year employment started	Month/year employment ended
	Complete Address	Reason for leaving (enter N/A if not applicable)	
	Your Title/Position/Job	Phone Number	

SECTION THREE: REFERENCES DO NOT LIST RELATIVES

1	Person who has known you for two or more years	Occupation	# of years known
	Complete Address	Home Phone	Work Phone
2	Person who has known you for two or more years	Occupation	# of years known
	Complete Address	Home Phone	Work Phone

SECTION FOUR: EDUCATION & TRAINING

Name of high school attended	Year of Graduation/GED	Business or Vocational Schools Attended
Name of College/University attended	Degree/Number of Credits	

SECTION FIVE: FIRE/RESCUE/EMS EXPERIENCE

Current/Previous Fire-Rescue-EMS Department Affiliation	Membership Dates	Phone Number
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Complete Address of Fire-Rescue-EMS Department (Enter N/A if not applicable)

List Ranks Held By You, As Well As Relevant Training (ie: Firefighter Certification, EMT, etc.) Attach Copies of Certificates

Your Current Status With The Department or Reason For Leaving

SECTION SIX: MISCELLANEOUS INFORMATION

Yes	No	Place and "X" in the appropriate box. (if you answer "yes" to any of the questions please explain below.)
		Do you have any convictions for misdemeanors?
		Do you have any convictions for felonies?
		A background check is to be made of all applicants. Do you have any objections?

Briefly describe why you are interested in Membership [and] any other comments

SECTION SEVEN: CERTIFICATION AND AUTHORIZATION

I certify that I have read and that I fully understand this application. I also certify that all of the information is true and complete to the best of my knowledge.

By signing this application, I am authorizing the Brodhead Fire Department, through its duly authorized representatives, to conduct a thorough and comprehensive background investigation of my personal life and work history, in order to determine my suitability for membership. By signing this application I am granting the B.F.D. access to all records and I authorize the release of all information held by any individual or organization. By signing this application, I am acknowledging that I understand that should any information given on, or as a result of this application, be false, misleading or erroneous, it may result in the the rejection of my application for membership, or in my discharge from the B.F.D..

I agree to abide by all Bylaws, SOG, Policies and Procedures, Regulations and other directives of the Brodhead Fire Department. I agree to assist, to the best of my ability, in the voluntary work necessary for the operation and maintenance of the Brodhead Fire Department.

X		X
Signature of Applicant	Date	Signature of Witness

DEPARTMENT USE

Probation Date	Probation Terms

Firefighter Number	BFD Unit Number
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REQUEST FOR CONVICTION RECORDS
FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to KRS 17.167, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Organization Name and Address

ACKNOWLEDGEMENT BY APPLICANT

I have applied for employment or a volunteer position with one of the following organizations: a paid or volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Emergency Management). I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

I have applied for a position with the above stated organization.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date

Witness Date

INSTRUCTIONS:

The Requesting agency must confirm that all application information is completed accurately and legibly.

Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal History Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>