



**UNION EMERGENCY SERVICES**  
**9611 U.S. HWY. 42**  
**UNION, KENTUCKY 41091**

(Phone) 859-384-3342 (Fax) 859-384-5281

# Welcome!

**Dear Applicant:**

**Thank you for your interest in Union Emergency Services Alliance. We are a group of highly dedicated, trained personnel providing emergency services to the residents and visitors of the Union area. Our “Commitment to Excellence” is the driving force of our customer service.**

**If you are willing to commit to teamwork, training and community service, please complete this application. We are a quality organization with many opportunities to serve.**

**Thank you!**

**Michael Morgan**  
**Director of Emergency Services**

Last Name, First Name \_\_\_\_\_

Date \_\_\_\_\_



# Membership Application

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**Member's Name** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

## **Physician's Statement of Ability**

In my professional opinion, \_\_\_\_\_ is physically capable of performing the duties of a Kentucky Certified Firefighter and Responder for the Union Emergency Services Alliance. This job will involve walking, standing and/or kneeling on various levels of terrain, or for various distances, the wearing of self contained breathing apparatus/respirators, the ability to endure various outdoor elements, and exposure to smoke and heat.

**This patient has the following limitations:**

**This patient has no limitations:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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# Membership Application

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## **PERSONAL INFORMATION**

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Application Date

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Position Desired

You are applying for: Volunteer  Part-time  Full-time  Explorer

College Program  Residency Program

Division you are applying for: Fire & EMS  Fire Only  EMS Only

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Last Name

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First Name

---

Middle Name

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Street Address

---

City

---

State

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Zip Code

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone, Cellular Telephone & Pager Numbers

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Home

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Work

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Cellular

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Pager



# Membership Application

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## **GENERAL INFORMATION**

Are you a U.S. citizen? Yes  No  If not, what is your immigration status?

\_\_\_\_\_

Are you over the age of 18? Yes  No

Do you have any relatives, by blood or marriage currently a member of the Union

Emergency Services Alliance (UESA)? Yes  No

If the answer is affirmative, please state:

Name of relative currently a member: \_\_\_\_\_

What relation to you: \_\_\_\_\_

Position of relative with UESA \_\_\_\_\_

Have you ever been dismissed or forced to resign by an employer or volunteer organization? Yes  No  If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, please explain. This may be relevant if job related, but does not bar you from employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Membership Application

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Have you ever been involved in any civil action in or out of court, as a plaintiff or defendant as a result of a criminal traffic or other incident for any reason? If so, please explain:

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Do you hold a valid driver's license? Yes  No  If so:

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State of Issue

Date of Issue

License Number

List any and all motor vehicle accidents you have been involved in:

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List all traffic citations received, including date, agency, location, violation and disposition.

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# Membership Application

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## Fire & Emergency Medical Service Experience

Do you have experience in the fire and EMS services? Yes  No

Are you in the Kentucky Fire Commission Training Database System? Yes  No

If so, how many hours? \_\_\_\_\_

Are you Kentucky Volunteer Certified? Yes  No

Are you Kentucky Career Certified? Yes  No

Are you certified in CPR  First Aid  First Responder

Are you a Kentucky or Nationally Certified EMT ? Yes  No

If Yes, your certification number? \_\_\_\_\_

Are you a Kentucky or Nationally Certified Paramedic? Yes  No

If Yes, your certification number? \_\_\_\_\_

Please list Fire and Emergency Organizations where you have served if applicable:

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Organization Name

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City & State

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Dates Served

---

Telephone Number

---

Organization Name

---

City & State

---

Dates Served

---

Telephone Number



# Membership Application

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## Education & Training

High School Attended: \_\_\_\_\_

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

Do you have a high school diploma? Yes  No

Please list other education you have received:

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Degree Earned? Type of Degree

\_\_\_\_\_  
Major Area Of Study

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Degree Earned? Type of Degree

\_\_\_\_\_  
Major Area Of Study

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Degree Earned? Type of Degree

\_\_\_\_\_  
Major Area Of Study



# Membership Application

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List other training received (Special Courses, Work Training Programs, Armed Forces Training, etc.):

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List special qualifications and skills (Licenses, Skills With Machines, Patents Or Inventions, Publications, etc.):

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## **References**

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Years Known</u></b>	<b><u>Telephone</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional references on the back of the form.



# Membership Application

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## Employment Record

List below all present and past employment information.

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Employed By

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Dates/Salary

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Address

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Reason For Leaving

Duties Performed

---

---

---

Employed By

---

Dates/Salary

---

Address

---

Reason For Leaving

Duties Performed

---

---

---

Employed By

---

Dates/Salary

---

Address

---

Reason For Leaving

Duties Performed

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# Membership Application

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## **IMPORTANT**

### Verification

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

### Waiver

I wave any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

### Release

I hereby release any and all individuals, companies and organizations to provide requested data to the Union Emergency Services Alliance, its agents and employees, so that it may verify the contents of this application and my suitability for employment.

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Applicant's Signature

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Date



# Membership Application

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THIS EMPLOYMENT APPLICATION IS DESIGNED TO BE CONTINUING IN NATURE AS TO ALL INFORMATION CONTAINED HEREIN.

Between the date of completing this employment application and the date of notification of my possible appointment to Union Emergency Services Alliance position, I hereby agree to inform the Director of the Union Emergency Services Alliance of any change in:

- A. My physical well-being or injury that occurred. This includes any medical procedure, which a physician diagnoses as necessary or may be necessary.
- B. Update my arrest record, including felonies, D.U.I.'s, reckless driving, traffic violations, license suspensions or automobile accidents.
- C. All other information or data contained in the application.

Failure to inform the director could be cause for disciplinary action up to dismissal and/or might seriously impact my medical benefits.

In addition if any physical, mental or emotional condition exists which could impair my ability to perform my job in an unrestricted manner I agree to provide a doctors statement so indicating and indicating what type of accommodations I might require to perform the requirements of the position to which I may be appointed.

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Applicant's Signature

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Date



# Membership Application

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## WAIVER OF RESPONSIBILITY RELATED TO TESTING FOR PHYSICAL CAPABILITIES

I fully understand that the duties of the Fire Division personnel are physically demanding. Further I am required to participate in and pass a most rigorous physical capabilities testing process. This series of tests, conducted during one day and/or evening, may include but not limited to a fire service combat test and/or exercises such as sit ups, running one and one half miles, push ups, pull ups, ladder climbing, lifting and carrying weights (up to 125 pounds), walking beams and other similar exercises.

Knowing of these demands of comparative testing, I proclaim that I am physically and psychologically fit to participate in such testing; and further, that I absolve the Union Emergency Services Alliance, or their representatives of any and all responsibility relating to such testing directly related to any past or pre-existing, or current conditions, known or unknown, that might result in injury, in any form, as a result of such testing.

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Applicant's Signature

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Date



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## **Application Check List**

- Application completed.
- All appropriate signatures completed.
- Copy of Birth Certificate attached.
- Copy of High School Diploma or GED attached.
- Copy of Military Discharge (If Applicable)
- Copy of Driver's License
- Copy of Auto Insurance Card
- Copy of Firefighter Certifications
- Copy of EMT or Paramedic Certification Card (If Applicable)
- Physician's Statement of Ability completed.