



Marion County EMS
436 West Walnut St.
Lebanon Ky. 40033
Phone (270) 692-6666 Fax (270) 692-2941

WAIVER

NAME: _____

DATES: _____ THROUGH _____

I do hereby agree that during the time I am

- Voluntarily working at Marion County EMS
- Voluntarily attending EMS training programs
- Voluntarily riding in or responding to emergency runs in EMS vehicles.

I assume all risk involved thereto and do hereby waive any and all claims Against Marion County EMS, its officers, agents and employees for bodily injury, property damage or any other loss that I may sustain in connection therewith.

Since my presence at the above named activity is at my own risk. I agree to indemnify Marion County EMS, it's officers, agents, and employees and hold harmless the said parties from liabilities or damages arising out of or resulting from my negligence while on said premises or in county owned or leased vehicles or out of my participation in above all mentioned programs. This is not caused by any neglect act or omission or willful misconduct of Marion County EMS or its employees acting within the scope of their employment.

I HAVE READ AND UNDERSTOOD THIS WAIVER PRIOR TO SIGNING.

SIGNED: _____ DATE: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

REPRESENTING: _____ DATE: _____

WITNESS: _____ DATE: _____

EMPLOYMENT APPLICATION

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of Marion County EMS to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, and any other legally protected status under state and federal law. It is also the policy of Marion County EMS to have the option of conduct pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon a successful completion of a medical examination which may include providing body substance samples.

PERSONAL INFORMATION

Name	Last	First	Middle	Social Security#
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Home Phone	Work Phone
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Please list below your current address and your two other most recent addresses:

Current Street	City	State	Zip	Since (Mo/Yr)
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Street	City	State	Zip	Since (Mo/Yr)
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Street	City	State	Zip	Since (Mo/Yr)
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EDUCATION

High School Attended	City, County & State	Diploma Earned?
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Under graduate College Attended	City, County & State	Areas of Study	Degree/Certificate/Diploma
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Graduate School Attended	City, County & State	Areas of Study	Degree/Certificate/Diploma
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Trade, Business or Other School	City, County & State	Areas of Study	Degree/Certificate/Diploma
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EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Salary:
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Do You Prefer: Full-Time	Part-Time	Can You Work: Weekends	Evenings
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Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:

1. Are you at least 18 years of age and legally eligible for work in the United States?	YES	NO
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2. Will you work overtime when necessary?	YES	NO
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3. Have you received a description of the job or been made aware of the essential functions of the job you are applying for.	YES	NO
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4. Do you understand the job requirements?	YES	NO (If no, please explain)
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5. Are you on layoff and subject to recall?	YES	NO
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6. Are you currently bound by a noncompetition or trade secret agreement? (If yes, please explain)	YES	NO
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7. Have you ever been discharged or asked to resign from a job? (If yes, please explain)	YES	NO
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8. Have you ever been involuntary terminated from a job? (If yes, please explain)	YES	NO
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EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO

Please list below your last four employers beginning with the most recent:

Most recent Employer City State Zip Code Phone:

Position Held Dates From/To Pay Rate Upon Leaving Supervisor

Duties Reason for Leaving

Next Most recent Employer City State Zip Code Phone:

Position Held Dates From/To Pay Rate Upon Leaving Supervisor

Duties Reason for Leaving

Next Most recent Employer City State Zip Code Phone:

Position Held Dates From/To Pay Rate Upon Leaving Supervisor

Duties Reason for Leaving

JOB-RELATED SKILLS

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

1. Do you have a valid driver's license? YES _____ NO _____

(If YES Driver's License Number _____ State of Issue: _____)

2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years?

3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?

4. Please list all states from which you hold or have held a driver's license:

Please use this space to list any special skills you have that may relate to the position applied for:

Please list and professional licenses, designations, certificates, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

1.

2.

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the Company from all liability which might result from making the investigation.
 2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any required documents) may result in denial of employment immediate termination of employment, regardless of when or how discovered.
 3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.
 4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
 5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.
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X _____
Signature

Date: _____



EMERGENCY SERVICES REQUEST

MAIL REQUESTS TO:
ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502- 573-1682 or 800-928-6381

The process to obtain the information contained in CourtNet is as follows:

Individuals for employment in Emergency Services

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

* ALL INFORMATION BELOW IS REQUIRED.

Robbie Turner

Requestor/Contact Person	Date
Marion County EMS	(270) 692-6666
Agency	Phone Number
436 West Walnut Street	
Address	E-mail Address
Lebanon Ky. 40033	
City, State, Zip	



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:

Marion County EMS 436 West Walnut Street Lebanon Ky. 40033
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>

Revised 10/03