



WORKFORCE TRAINING/FIREFIGHTER APPLICATION

PLEASE PRINT OR TYPE

Emp I.D.	_____
App #	_____

Kentucky Community & Technical College System

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____ (Must be 18 years of age) Circle one: Male/Female
Month Day Year

Citizenship Status USA Naturalized Alien (Temporary) Alien (Permanent)
If not a US citizen, what is your Visa Type? _____

E-Mail Address [to receive grades and other college information] _____

Home Phone No. _____ Work Phone No. _____

Address _____
City County State Zip Code

High School Attended _____
City State (If you earned a GED enter GED for High School.)

High School Graduation or GED Completion Date _____

Residency Status Kentucky How long have you been living in Kentucky? _____
 Non-Kentucky

Employer _____

Date _____ Signature _____

Add New Firefighter Change Data on Firefighter Firefighter Deceased (Attach copy of death certificate)

County Name _____ County Number _____

Fire Department # _____ Firefighter# _____

Fire Department Name _____

Employment Date in this Department (mm/dd/yy) _____ / _____ / _____

Status (Circle One): Active / Inactive

Status Date _____ / _____ / _____

Classification (Check One)
 Paid Part-time Paid Volunteer IFB Other _____

Department Title _____

Authorizing Signature _____ Date _____

Optional information will not be used for discriminatory purposes.			
If not a US citizen: What is your country of origin? _____			
Predominant Ethnic Background	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	

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