



JEFFERSON COUNTY SUBURBAN FIRE SERVICE  
APPLICATION FOR  
EMPLOYMENT ELIGIBILITY LIST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

- |  |           |          |
|--|-----------|----------|
| 1. Are you at least 18 years old?                      | YES _____ | NO _____ |
| 2. Do you have the legal right to work in the U.S.?    | YES _____ | NO _____ |
| 3. Are you a high school graduate or equivalent?       | YES _____ | NO _____ |
| 4. Do you have a valid driver's license?               | YES _____ | NO _____ |
| 5. Can you read, write and speak the English language? | YES _____ | NO _____ |
| 6. Are you a KY 150 hr. Certified Firefighter:         | YES _____ | NO _____ |
| a. If NO, are you equivalent (IFSAC 1)?                | YES _____ | NO _____ |
| 7. Are you IFSAC II or Pro Board II Certified?         | YES _____ | NO _____ |
| 8. Are you an EMT?                                     | YES _____ | NO _____ |
| 9. Do you have a current CPAT Card?                    | YES _____ | NO _____ |

IFSAC or Pro Board II Candidate will Receive an Assumed Test Score of 80% and may Bypass the Written Test.

**VERIFICATION MUST BE PROVIDED.**

**Applicants MUST Attach the Following Items and NO Other Documents:**

1. Copy of KY Firefighter Certification or Equivalent
2. Copy of IFSAC or Pro Board II Certification if Applicable

All of the above information and statements are true. Providing false information may be cause for disqualification or termination from the hiring list or employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBMIT TO: *Terri Livers, Jefferson County Suburban Fire Service*  
*410 S. Fifth Street # 3*  
*Louisville KY 40202*  
*Office # 502-572-3455 Fax # 502-572-3597*  
*Email: Terri.Livers@louisvilleky.gov*



