



KARN'S FIRE DEPARTMENT

P.O. BOX 7184 – KNOXVILLE, TN – 37921

BUSINESS # (865) 691-1333 – BUSINESS FAX (865) 691-1039

BALL CAMP – SOLWAY – HARDIN VALLEY – KARN'S



APPLICATION FOR RESERVE MEMBERSHIP

RESERVE APPLICANT INFORMATION (please print clearly)

First Name _____ MI _____ Last Name _____ Cell # (____) _____ - _____
 Address _____ City _____ State _____ Zip _____
 Email _____
 Driver's License Number _____ State _____

EMERGENCY NOTIFICATION

In Case of Emergency, Notify _____ Relationship _____ Telephone # (____) _____ - _____
 If above cannot be reached, Notify _____ Relationship _____ Telephone # (____) _____ - _____

EMERGENCY SERVICE EXPERIENCE – ATTACH COPIES OF ALL CERTIFICATIONS & LICENSES

Are you a certified firefighter in Tennessee? _____ Another State? _____ Level of Certification _____

Do you hold licenses or certifications in any of the following?

CPR ___ MED RESPONDER ___ EMT ___ EMT-IV ___ PARAMEDIC ___ VEHICLE EXTRICATION ___ HAZMAT ___

PAST / CURRENT EMERGENCY SERVICE AGENCY AFFILIATIONS

Agency _____ Telephone # (____) _____ - _____
 Address _____ City _____ State _____ Zip _____
 Dates Served _____ to _____ CHECK ALL THAT APPLY: Fire ___ EMS ___ Rescue ___ Law Enforcement ___

May we contact? Circle One: YES NO

Agency _____ Telephone # (____) _____ - _____
 Address _____ City _____ State _____ Zip _____
 Dates Served _____ to _____ CHECK ALL THAT APPLY: Fire ___ EMS ___ Rescue ___ Law Enforcement ___

May we contact? Circle One: YES NO

MOTOR VEHICLE HISTORY

Have you ever received a traffic citation, other than a parking citation? YES NO If yes, give offense, disposition, date, & location.

CRIMINAL HISTORY

Have you ever been charged / convicted of a felony or misdemeanor? YES NO If yes, list crime(s) for which charged / convicted, date, and location.

CURRENT EMPLOYER

Current Employer _____ Supervisor _____
 Employment Dates _____ to _____
 Address _____ City _____ State _____ Zip _____
 Telephone # (____) _____ - _____ **May we contact this employer?** Circle One: YES NO

EDUCATION – (SCHOOL MOST RECENTLY ATTENDED)

Name _____
Address _____ City _____ State _____ Zip _____
Telephone # (____) _____ - _____ Last Grade Completed _____ G.P.A. _____ Graduated? YES NO
High School Diploma _____ GED _____

REFERENCE INFORMATION

Please provide the names of individuals, other than relatives, that can vouch for your character. **ONE OF THESE MUST BE PROFESSIONAL.**

1. Name _____ Address _____ City _____
State _____ Zip _____ Telephone # (____) _____ - _____ Years Known _____
 2. Name _____ Address _____ City _____
State _____ Zip _____ Telephone # (____) _____ - _____ Years Known _____
 3. Name _____ Address _____ City _____
State _____ Zip _____ Telephone # (____) _____ - _____ Years Known _____
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The Karns Fire Department is an Equal Opportunity Employer and does not discriminate due to race, sex, orientation, national origin, age, disability, or religion in regards to hiring, promoting, or duty assignment practices.

By signing reserve membership application, you are affirming that the information provided is true and correct to the best of your knowledge. The omission or falsification of any information in this application is grounds for immediate disqualification for reserve membership.

Applicant Signature _____ Date Signed _____