



**Louisville Metro Department of Housing and Family Services  
Community Action Partnership Division**

Presents

# *Emergency Medical Technician (E.M.T.) Training*

## **Helping People, Changing Lives**

### **What will I learn?**

- Learn CPR and basic life support skills
- Learn patient assessment skills for medical and trauma patients
- Learn fundamental skills on how to administer care in an emergency situation
- Learn how to use basic equipment found in an ambulance

### **Am I eligible to participate?**

- Must complete the application process by December 7, 2009 and be selected by CAP committee
- Must be a Jefferson County resident in good physical and mental health
- Must be income eligible (income verification required)
- Must be at least 18 years of age with a GED certificate, high school diploma or high school transcript with graduation date and class rank
- Must agree to attend all EMT classes plus a self-development course sponsored by CAP
- Must be willing to submit an FBI background check with the application and cover the \$38 fee
- Must be willing to submit a request for a Metro Government background check

### **How will this benefit me?**

- Course fees, supplies and testing fees are covered by CAP; (FBI background check covered by applicant)
- Receive lecture, hands-on and clinical observation experience
- Earn eligibility to test for state certification
- Receive employment counseling and help with job search upon completion

### **Who, when, where?**

- Attend an EMT Informational Session on November 16<sup>th</sup> from 5:30 – 7:30 pm, November 18<sup>th</sup> from 1-3 pm or November 30<sup>th</sup> from 3-5 pm at 810 Barret, Room 261 (RSVP to 574-6200)
- EMT classes meet three times a week for 14 weeks (Mondays, Wednesdays, and Fridays from 6 – 10 pm beginning January 20, 2010 at Louisville Metro EMS Headquarters at 437 South 3<sup>rd</sup> Street
- CAP self-development classes offered once a week for six weeks for 1 ½ hours
- Must be willing to follow-up with a case manager for up to three months after the course ends to determine progress
- Contact Ciceley Bishop at 502-574-7303 or [ciceley.bishop@louisvilleky.gov](mailto:ciceley.bishop@louisvilleky.gov) for more information

**Applications due by close of business day on December 7, 2009  
FBI background request must be submitted no later than November 30, 2009**

Return application and supporting documentation by close of business day on December 7, 2009 to Community Action Partnership; Attn: Ciceley Bishop; 810 Barret Avenue, Room 235; Louisville, KY 40204; (502) 574-7303; Follow instructions on enclosed Frequently Asked Questions to submit FBI background check by November 30, 2009. (Revised 11/23/09)



**Louisville Metro Department of Housing & Family Services  
Community Action Partnership  
EMERGENCY MEDICAL TECHNICIAN (E.M.T.) SCHOLARSHIP APPLICATION**

APPLICANT INFORMATION			
Applicant Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		Zip Code	
Phone	Alternate Phone	Date of Birth        /        /	
HIGH/SECONDARY SCHOOL INFORMATION			
Highest Level of School Completed		Diploma/GED Date	
CURRENT EMPLOYER INFORMATION			
Job Title	Employer	Work Days	Work Hours
CHECK LIST			
<b>PLEASE CHECK THE FOLLOWING AND ATTACH APPROPRIATE DOCUMENTS:</b>			
<input type="checkbox"/> Attended an EMT informational session either on November 16 <sup>th</sup> , November 18 <sup>th</sup> , or November 30 <sup>th</sup> , 2009 <input type="checkbox"/> Fully completed this EMT application <input type="checkbox"/> Read and agree to terms outlined in the enclosed FAQ <input type="checkbox"/> Proof of household's gross income <input type="checkbox"/> Proof of household size (copies of Social Security cards for all household members) <input type="checkbox"/> One page typed personal statement on long-term career goals <input type="checkbox"/> One (1) letter of recommendation from teacher, counselor, clergy and/or employer		<input type="checkbox"/> GED certificate, high school diploma <u>or</u> high school transcripts with graduation date and class rank <input type="checkbox"/> Copy of valid drivers' license <input type="checkbox"/> Completed and mailed Federal Bureau of Investigation (FBI) background check (\$38 fee covered by applicant)* <input type="checkbox"/> Completed and enclosed Authorization for Metro Government background check (no fee) <input type="checkbox"/> Reviewed proposed schedule and can attend all of the EMT classes and the CAP Self-Development classes	
SIGNATURE			
I confirm the information on this application is accurate and complete to the best of my knowledge. I understand that incomplete documentation or failure to submit all required forms listed in the instructions will disqualify the applicant.			
Applicant Signature			Date
INCOME/HOUSEHOLD VERIFICATION			
Household Size	Household Annual Income \$	Income Verification Used	
Staff Signature			Date

Return application and supporting documentation by close of business day on December 7, 2009 to Community Action Partnership; Attn: Ciceley Bishop; 810 Barret Avenue, Room 235; Louisville, KY 40204; (502) 574-7303. *\*(For the FBI background check, please follow instructions on the Frequently Asked Questions to submit by November 30, 2009.) (Application revised 11/23/09)*

## Frequently Asked Questions (FAQ)

### Emergency Medical Technician (EMT) Job Training Program Application Process

#### **Question 1: What information must be included in the application packet in order to be considered for the program?**

Answer 1: The following items must be included along with a completed application:

- Proof of household's gross income for month of October (must meet income requirement of 200% of the federal poverty guidelines)
- Copies of social security cards for all household members
- GED, high school diploma or high school transcripts with graduation date and class rank
- Copy of valid driver's license
- One page typed personal statement on long-term career goals
- One letter of recommendation from teacher, counselor, clergy or employer
- Signed Authorization for State background check (conducted by Louisville/Jefferson County Metro Government)

#### **Question 2: When is the application and supporting documentation due in order to be considered for the EMT program?**

Answer 2: The application and supporting documentation must be received by close of business on December 7, 2009. Submit to Community Action Partnership; Attn: Ciceley Bishop; 810 Barret Avenue, Room 235, Louisville, KY 40204.

#### **Question 3: When is the Federal Bureau of Investigations (FBI) background check due? How do I obtain a copy of an FBI background check?**

Answer 3: The FBI background check must be completed and turned in to Louisville Metro Community Action Partnership before the start of the EMT course, should you be selected. Enrollment in this program is contingent on the results of the FBI check. **Please note that it takes several weeks and possibly up to a couple of months to process, so it is highly recommended that you submit your request no later than November 30, 2009.** You must provide the results to LMCAP, if selected for the program, before the class start date on January 20, 2009.

One option to submit this request is to go to Louisville Metro Corrections located at 400 S. Sixth Street Louisville, KY 40202, Monday through Friday between the hours of 8:00am and 2:30pm in order to be fingerprinted. The cost of fingerprinting is \$10.00 per hand or \$20.00 total. The contact person at Louisville Metro Corrections is Toyia Hubbard and she may be reached at (502) 574-2197.

The fingerprint cards must be included with a completed FBI cover letter (included in application packet) and mailed with a money order or certified check make payable to the Treasury of the United States in the amount of \$18.00. No cash, personal checks or business checks will be accepted. **See enclosed FBI packet for the address and mail by November 30, 2009 in order for the results to be submitted to Community Action Partnership by the start of the EMT program.**

Another option is to bring your current driver's license or other State issued I.D. with your correct name along with \$20.00 in cash and an \$18.00 money order (not addressed yet) to one of the informational sessions described in Question 4.

#### **Question 4: When and where is the mandatory information session? (Answer is continued on next page)**

Answer 4: There are three (3) information sessions that will be offered, all located at 810 Barret Avenue, Room 261. The first one will be on Monday, November 16, 2009 at 5:30pm; the second session will be offered on Wednesday, November 18, 2009; and the third one will be offered on November 30, 2009 at 3:00 pm.

**Attendance is mandatory at one (1) of the information sessions in order to be considered for the program.**

The information session will last approximately two (2) hours. Please RSVP if you plan to attend to Debbie Belt at (502) 574-6200.

**Question 5: What if I have a felony or a misdemeanor on my background check?**

Answer 5: Felony convictions are not allowed for acceptance into the EMT Job Training Program, as determined by Kentucky Board of Emergency Medical Services (KBEMS). Misdemeanors will be considered on a case-by-case basis. Applicants with misdemeanor convictions must submit a letter to KBEMS in explanation of the conviction. Applicants with misdemeanors that include drug-related offenses and sexual crimes will not be considered for acceptance into the program.

**Question 6: What fees will be provided by Louisville Metro Community Action Partnership as a part of acceptance into the program?**

Answer 6: Louisville Metro Community Action Partnership will provide all fees related to the course including: books, CPR certification card, testing fees, licensing fees and instructor fees.

Funding for the program is provided by Community Services Block Grant (CSBG) funds as a part of the American Recovery and Reinvestment Act (ARRA).

As a participant in the job training program, you may also be eligible for assistance with uniforms, childcare and transportation as a part of your enrollment in the program.

**Question 7: When will I be notified if I am accepted into the Louisville Metro Community Action Partnership EMT job training program?**

Answer 7: Applicants will be notified by telephone of their acceptance into the program no later than Wednesday, December 30, 2009. An official acceptance letter will be sent in the mail. Final acceptance into the program is contingent on results of the FBI background check.

**Question 8: Who do I contact if I have any questions about the application process or the EMT class?**

Answer 8: You may contact Ciceley Bishop at (502) 574-7303 with any questions about the class.

**Question 9: How does the selection process work?**

Answer 9: A selection committee will review and rate the applications based on accuracy, completeness, and quality of response. All applicants must also be Louisville Metro residents and have a gross household income at or below 200% of the federal poverty level. Eighteen (18) applicants will be selected to participate in this program.

**Question 10: What is required of me if I am accepted into the EMT job training program?**

Answer 10: As a participant in the program you must agree to attend all classes beginning January 20, 2010 until April 23, 2010. Classes meet Monday, Wednesday and Friday between 6pm and 10pm. In addition, you are required to attend a total of six (6) self-development courses provided by Louisville Metro Community Action Partnership. Dates are to be determined.

In addition, upon completion of the course and initial employment, verification of employment and income documentation must be provided to Louisville Metro Community Action Partnership for a minimum of 3 months.

*(Revised 11/23/09)*



**Louisville/Jefferson County Metro Government**  
**517 Court Place**  
**Louisville, KY 40202-3305**  
**( 502) 574-8100**

**AUTHORIZATION FOR RECORD CHECK**

**Position(s) Desired:** \_\_\_\_\_

**PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)**

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Previous Address** (If less than three years at current address) \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(REQUIRED)**  
Month Day Year

**Maiden/Previous Names:** \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize Louisville/Jefferson County Metro Government to search any and all police record(s) regarding me and to make this information available to the Appointing Authority in Louisville Metro government processing my application for employment.

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

## COVER LETTER

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

Requestor Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Attention Record Request:

I, \_\_\_\_\_, am requesting a criminal history background check for personal review pursuant to 28CFR§16.30-16.34. Please mail the results of the check to the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have a reason/date that requires expeditious handling (optional):  
**(PLEASE PLACE DATE/REASON ON OUTSIDE OF MAILING ENVELOPE)**

Date Required: \_\_\_\_\_ Reason: \_\_\_\_\_

If you have any further questions, please contact me at:

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(Signature)

# **FBI Identification Record Request**

## **Introduction**

An FBI Identification Record, often referred to as a Criminal History Record or Rap Sheet, is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, federal employment, naturalization, or military service. If the fingerprints are related to an arrest, the Identification Record includes name of the agency that submitted the fingerprints to the FBI, the date of arrest, the arrest charge, and the disposition of the arrest, if known to the FBI. All arrest data included in an Identification Record is obtained from fingerprint submissions, disposition reports and other reports submitted by agencies having criminal justice responsibilities.

The United States Department of Justice Order 556-73 establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own Record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

## **Reasons for Request**

An individual may request a copy of his or her own FBI Identification Record for personal review or to challenge information on the Record. Other reasons an individual may request a copy of his or her own Identification Record may include international adoption or to satisfy a requirement to live or work in a foreign country (i.e., police certificate, letter of good conduct, criminal history background, etc.)

## **Can I request my own record for an employment background check?**

If you are requesting a background check for employment or licensing within the United States, you may be required by state statute or federal law to submit your request through your state identification bureau, requesting federal agency or other authorized channeling agency. You should contact the agency requiring the background check or the appropriate state identification bureau (or state police) for the correct procedures to follow for obtaining an FBI fingerprint background check for employment or licensing purposes.

## **Who May Request a Copy of Record (or Proof that a Record Does Not Exist)**

Only the subject of the identification record can request a copy of his own FBI Identification Record.

## How to Request a Copy of Record

### 1. Complete cover letter.

- If for a couple, family, etc., all persons must sign cover letter
- Include your complete mailing address. Please provide telephone number and/or email address, if available.
- If you have a deadline (e.g., an immigration deadline), please include the deadline in your cover letter and on the outside of the envelope.

### 2. Fingerprint Card

- Obtain a set of your fingerprints (original card, no copies). Your name and date of birth **must be** provided on the fingerprint card. Fingerprints should be placed on a standard fingerprint form (FD-258) commonly used for applicant or law enforcement purposes.
- Include rolled impressions of all ten fingerprints and impressions of all ten fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions.)
- If possible have your fingerprints taken by a fingerprinting technician (this service may be available at a Law Enforcement Agency.)
- Previously processed fingerprint cards will not be accepted.

### 3. Payment

- Include \$ 18 - U.S. dollars in the form of a money order, certified check made payable to the Treasury of the United States (please be sure to sign where required), or you may pay by credit card. **Note: No cash, personal checks, or business checks will be accepted.**
- Must be exact amount
- If for a couple, family, etc., include \$18 for each person
- If paying by credit card you must include the completed credit card payment form
- Credit cards will not be used for expedited mail services

**Note: Personal or business checks are not an acceptable form of payment for Departmental Order (DO) Requests. Effective 7/2/2009, all personal and business checks submitted with a DO Request will not be returned. CJIS Division will provide the customer a letter denoting the reason the monetary instrument could not be used.**

4. Mail the required items #1, #2, and #3 (listed above) to the following address:

**FBI CJIS Division – Record Request  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306**



**Please Note:** If any of the above items are missing or incomplete, the request will be returned. Additional items sent not required for

*processing will not be returned.*

*Allow approximately 3-4 weeks for processing, upon receipt to the FBI.*

### **What You Will Receive**

1. **No Record Response. As of 8/17/09, fingerprint cards are no longer being returned.** Due to concerns related to the protection of Personally Identifiable Information, the process has been changed to return a letter which states "no FBI arrest was found". Any question regarding this matter should be directed to the Customer Service Group at 304-625-5590.
2. **FBI Identification Record. As of 7/7/09, fingerprint cards are no longer being returned with the FBI Identification Record.**

### **How to Challenge Your Record**

Since the FBI's CJIS Division is not the source of the data appearing on Identification Records, and obtains all data thereon from fingerprint submissions or related identification forms submitted to the FBI by local, state and federal agencies, the responsibility for authentication and correction of such data rests upon the contributing agencies. Therefore, the rules set forth for changing, correcting or updating such data requires that the subject of an Identification Record make application to the original contributing agency (e.g., police department, county court, etc.).

An individual may challenge the information contained in the FBI Identification Record by contacting the original agency that submitted the information to the FBI or the state central repository in the state in which the arrest occurred. These agencies will be able to furnish the guidelines for correction of the Record. The FBI is not authorized to modify the Record without written notification from the appropriate criminal justice agency.

### **Frequently Asked Questions (FAQ's)**

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