

ST. TAMMANY FIRE PROTECTION DISTRICT NO. 1

Training Academy

34780 South Range Rd. Slidell La. 70460

Phone: (985) 646-4861

Fax: (985) 646-4883



Employment Application

Dear Applicant,

St. Tammany Fire Protection District No. 1 is pleased that you have considered our fire department for employment. To be considered for employment, you must first take and pass a Civil Service examination. Competitive applications, examination dates, locations and study guides can be obtained through the State Examiner's Office at: (225) 925-4567 or through their website: www.ose.state.la.us.

Applying for a competitive examination

When applying for a competitive examination through this department, you **must** complete a Civil Service application and bring or mail the application to:

St. Tammany Fire Protection District No. 1
Civil Service Board
Attn: Carolyn Gilmore
34780 South Range Road
Slidell, Louisiana 70460

The application **must** include:

1. A valid driver's license.
2. Proof of being a citizen of the United States and of legal age, birth certificate.
3. Provide proof that shows the applicant is eligible to take the competitive examination they are applying for.
4. One of the following: High school diploma, general educational development (G.E.D.) certificate, high school transcript, affidavit from the issuing high school, associate's or bachelor's degree, or college transcript, any one of which must indicate that graduation has occurred or a degree awarded. A certificate of completion shall not be sufficient to substitute for a diploma or G.E.D. certificate.

After examinations are taken and applicants have received a certified passing score, the applicant will need to complete and submit a department application, along with any training certificates, class certificates, reference letters or additional paperwork they would like the interview committee to review. The department application can be found on the following web site: www.slidellfire.org under employment.

Transferring examination scores

The Fire Communications and Firefighter examination scores are the only scores that can be transferred to other departments. When transferring your examination score to this department, you must complete a department application and bring or mail your application to:

St. Tammany Fire Protection District No. 1
Civil Service Board
34780 South Range Road
Slidell, Louisiana 70460

The department application can be found on our web site: www.slidellfire.org, under employment.

As the interview committee will receive a copy of your application and employment background check, you should, at this time, supply any additional paperwork, training certificates, reference letters, etc. to your application for their review.

Applying for Fire Communications or Firefighter examinations through another jurisdiction/district

If you are applying for an examination through another jurisdiction/district, the application must be submitted to the jurisdiction/district giving the examination. Applications will not be forwarded.

For additional information please contact Carolyn Gilmore at (985) 646-4861 or e-mail: cgilmore@slidellfire.org

St. Tammany Fire Protection District No.1 Policy on Interviewing and Hiring New Employees

1. All persons seeking employment with St. Tammany Fire Protection District No.1 must submit a completed application for employment. Applicants must meet the following basic requirements in order to complete and file an application with St. Tammany Fire Protection District No.1:

- Must be at least eighteen (18) years old and no more than thirty-six (36) years of age.
(Firefighter only)
- Must not be less than twenty one (21) years of age **(Fire Chief only)**
- Have a current valid driver's license.
- Have a high school diploma or GED, issued by a State Department of Education.

In addition to these basic requirements, other requirements may be imposed upon an applicant by the class descriptions for the specific position he/she seeks. Applicants are encouraged to familiarize themselves with those class descriptions. Class plans may be found on the Office of State Examiner website; www.ose.state.la.us Once on the website, the applicant will need to go to Municipalities and Fire Protection District's. The class plan is located under Fire Protection District's, St. Tammany Fire Protection District No.1.

All applicants must submit the following documentation with their completed application:

- Copy of valid driver's license.
- Copy of high school diploma or GED, issued by a State Department of Education.
- Copy of Birth Certificate

When submitting an application, the application must be delivered or mailed to:

St. Tammany Fire Protection District No.1
Civil Service Board
34780 South Range Road
Slidell, Louisiana 70460
(985)646-4861.

Louisiana Civil Service Law requires that applicants for promotional or competitive examinations (other than entry-level) must be United States citizens. Employees that falsify information and/or documents relating to their residency or to improperly gain admittance to civil service examinations shall be terminated.

2. After passing the Civil Service Examination or having a valid Civil Service Examination test score transferred, a copy of the application with the test score visibly marked on the front will be forwarded to the designated person conducting the background checks. All applicants will be subject to a thorough background check including criminal, driving, and employment history. As a matter of practice, District 1 will check employment references for any applicant that District 1 is considering employing. Misrepresenting or falsifying information may exclude a candidate from further consideration for employment. If false or misrepresented information is discovered after an individual has begun their employment, his/her employment may be terminated.

3. The application, along with the test score and the employment background check information, will be forwarded to the Interview Committee in order to determine which applicants will be selected for an interview.

4. All applicants for competitive, classified civil service positions shall be required to pass the appropriate civil service examination and obtain a minimum score of seventy-five percent (75%).

5. When interviews are scheduled by District No.1, the applicant shall be required to take the TABE (Test of Adult Basic Education), survey exam, Level 7-A or 8-A, prior to being offered an interview. Only those applicants receiving a battery score of 11.0 or better will be scheduled for an interview.

6. Interviews are scheduled and conducted by the Interview Committee. Applicants will be evaluated on job specific objective criteria during the interview and are graded or scored during the interview and the findings discussed among the committee members to determine possible new hires.

7. The applicants selected will receive notification by phone/mail that they have been selected pending completion of the following:

- Criminal Background Check, Driving History, Education and Employment history, as applicable.
- All applicants that receive a conditional offer of employment from District 1 are required to pass a medical examination/physical administered by the fire department physician in accordance with NFPA 1582 prior to beginning work or any training program. The medical examination administered by the fire department physician shall include an alcohol and drug screen.
- Prospective full-time employees are required to complete a psychological evaluation as well as a physical agility evaluation such as the Candidate Physical Ability Test (CPAT) or equivalent.
- Applicants that were not selected will be notified by mail that they were not selected for this interview process; however, their application will remain on file until the applicants examination expires.

8. All new employees are hired on a probationary or “working test” basis pursuant to Civil Service Law. This allows the employee time to: become familiar with his/her work, understand District 1's operations, and generally learn more about District 1. It also allows District 1 to evaluate how well new employees are able to perform their jobs.

New employees hired for the class of Firefighter that do not possess the Firefighter I Certification in accordance with N.F.P.A. Standard 1001 must be classified as a “Recruit” until such time as the “Recruit” earns the Firefighter I Certification in accordance with N.F.P.A. Standard 1001. The Recruit period cannot extend beyond six months from the date on which the recruit period began.

The working test begins immediately upon receiving Firefighter I certification. The duration of the probationary or “working test” period shall be one year. After this probationary or working test period, District 1 may confirm the employee in his/her position pursuant to Civil Service Law.

New employees hired for the class of Firefighter who possess the Firefighter I certification shall begin the working test period immediately.

During the first three months of the working test period, new employees are only eligible for those benefits that are required by law, such as workers' compensation insurance. After satisfactory completion of the first three months of the working test period, full time employees are eligible to participate in St. Tammany Fire Protection District No.1 sponsored employee benefits. Employees should refer to the specific benefits program for the details on eligibility requirements.

District 1 will always endeavor to hire the most qualified applicants. The selection will be based on qualifications, skill, training, personality, temperament, etc. As an Equal Opportunity Employer, District 1 will not discriminate on the basis of sex, religion, disability, race, color, creed, age, veteran status, or national origin. District 1 is required to employ only United States citizens and aliens who are authorized to work in the United States. District 1 does not unlawfully discriminate on the basis of citizenship or national origin but follows all local, state and federal regulations regarding eligibility for employment. The Immigration Reform and Control Act of 1986 requires each new employee to complete the Employment Eligibility Verification Form I-9 and provide documentation (such as a social security card, driver's license or "green card") establishing identity and employment eligibility. Former employees who are rehired must also complete an I-9 if they have not completed one within the past three years, or if their previous I-9 is no longer retained or valid.

The same actions apply to the hiring of any handicapped person unless the handicap (bona-fide occupational qualification) would directly affect job performance. Pursuant to the American with Disabilities Act ("ADA") and state law, District 1 will provide reasonable accommodations to qualified individuals with a known disability as required by law.

St. Tammany Fire Protection District No.1 Employee Application

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL THE QUESTIONS IN THIS APPLICATION AND FAILURE TO ATTACH ALL REQUIRED DOCUMENTATION TO THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE REJECTED.

First Name: Middle Name: Last Name:

Street Address/P.O. Box No. City/Town:

State: Zip Code:

Home Phone Number With Area Code: Office Phone Number With Area Code:

Cell Phone Number With Area Code: E-Mail Address:

Social Security Number: Date Of Birth: Month/Day/Year:

Are You A Citizen Of The United States?
 Yes No

Driver's License No: State: Expiration Date:

Examination For Which You Are Applying (File A Separate Application For Each Examination):

RACE/SEX INFORMATION

The Federal government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your application will not be rejected if you choose not to provide this information.

Male White Black Hispanic Am. Indian Asian
 Female Other:

SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH

In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the local municipal fire and police civil service board in each jurisdiction has adopted its own qualification requirements for each of its competitive classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board to which you are applying. You must attach a copy of the following documents:
Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certification of Naturalization)
Proof that you meet the age requirement of the civil service board (Birth Certificate)
Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam
Proof that you have a valid driver's license (if this is a requirement of the civil service board to be admitted to the exam)
Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam

AUTHORITY FOR RELEASE OF INFORMATION

I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.

I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

Date:

Signature of Applicant: _____

BACKGROUND INFORMATION

1. Within the past 5 years, have you been terminated, or resigned in lieu of termination, from any position for reasons other than a reduction in force?

YES NO

2. Have you ever been convicted of a felony?

YES NO

3. Have you been convicted of a misdemeanor during the last 3 years?

YES NO

NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

EXPLANATION. PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

TRAINING/EDUCATION

A. HIGH SCHOOL

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:

DIPLOMA OR EQUIVALENCY CERTIFICATE

DATE RECEIVED:

B. COLLEGE

YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR

C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS):
 (ATTACH ADDITIONAL PAGES IF NECESSARY)

TITLE OF INSTRUCTION OR CLASS	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS OR LICENSES

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.
 (ATTACH ADDITIONAL PAGES IF NECESSARY)

	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			

LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS:

IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY COMPUTER PROGRAMS (SOFTWARE) WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

TYPING ABILITY (WORDS PER MINUTE):

VETERAN'S PREFERENCE

Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. Note: If you DD-214 does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal.

Should you wish to receive the veteran's preference points, check the space provided and attach a copy of your DD-214 which verifies your qualification to receive preference.

I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES.

REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

I am requesting testing accommodations under the Americans With Disabilities Act for the following disability:

REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION: in order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of you functional limitations.

What accommodations are you requesting?

Extra Time Reader Private Room Scribe Other:

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Beginning on the following page, start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

Name of Employer:

Complete Address of Employer:

Telephone Number with Area Code:

Type of Business:

Title of Your Position:

Dates of Employment (From: month/day/year, To: month/day/year):

Was this Full-Time Employment? YES NO Average Number of Hours Worked Per Week:

Beginning Salary: Ending Salary:

Name and Title of Immediate Supervisor:

Number/Title of Employees You Supervised:

Describe Your Duties in Detail (Use separate sheet, if necessary):

Name of Employer:

Complete Address of Employer:

Telephone Number with Area Code:

Type of Business:

Title of Your Position:

Dates of Employment (From: month/day/year, To: month/day/year):

Was this Full-Time Employment? YES NO Average Number of Hours Worked Per Week:

Beginning Salary: Ending Salary:

Name and Title of Immediate Supervisor:

Number/Title of Employees You Supervised:

Describe Your Duties in Detail (Use separate sheet, if necessary):

Name of Employer:

Complete Address of Employer:

Telephone Number with Area Code:

Type of Business:

Title of Your Position:

Dates of Employment (From: month/day/year, To: month/day/year):

Was this Full-Time Employment? YES NO Average Number of Hours Worked Per Week:

Beginning Salary: Ending Salary:

Name and Title of Immediate Supervisor:

Number/Title of Employees You Supervised:

Describe Your Duties in Detail (Use separate sheet, if necessary):

Name of Employer:

Complete Address of Employer:

Telephone Number with Area Code:

Type of Business:

Title of Your Position:

Dates of Employment (From: month/day/year, To: month/day/year):

Was this Full-Time Employment? YES NO Average Number of Hours Worked Per Week:

Beginning Salary: Ending Salary:

Name and Title of Immediate Supervisor:

Number/Title of Employees You Supervised:

Describe Your Duties in Detail (Use separate sheet, if necessary):

Name of Employer:

Complete Address of Employer:

Telephone Number with Area Code:

Type of Business:

Title of Your Position:

Dates of Employment (From: month/day/year, To: month/day/year):

Was this Full-Time Employment? YES NO Average Number of Hours Worked Per Week:

Beginning Salary: Ending Salary:

Name and Title of Immediate Supervisor:

Number/Title of Employees You Supervised:

Describe Your Duties in Detail (Use separate sheet, if necessary):

Name of Employer:

Complete Address of Employer:

Telephone Number with Area Code:

Type of Business:

Title of Your Position:

Dates of Employment (From: month/day/year, To: month/day/year):

Was this Full-Time Employment? YES NO Average Number of Hours Worked Per Week:

Beginning Salary: Ending Salary:

Name and Title of Immediate Supervisor:

Number/Title of Employees You Supervised:

Describe Your Duties in Detail (Use separate sheet, if necessary):

ST. TAMMANY FIRE PROTECTION DISTRICT NO. 1

Training Academy

34780 South Range Rd. Slidell La. 70460

Phone: (985) 646-4861

Fax: (985) 646-4883



Application Check Waiver

To: St. Tammany Fire Protection District No.1

From: Applicant

I understand that this waiver will allow St. Tammany Fire Protection District No.1, or its designated representatives, to check any and all information I have supplied on the attached application.

WAIVER:

I, , do hereby consent to allow St. Tammany Fire Protection District No. 1, or its designated representatives, to check any and all information regarding the personal, job or educational information I have supplied on this application. I also authorize any and all of the persons, organizations, businesses and educational institutions listed on this job application to release requested information to St. Tammany Fire Protection District No. 1.

I also authorize St. Tammany Fire Protection District No.1, or its designated representatives, to conduct a background check on myself through a law enforcement agency.

Applicant (Print name)

Signature

Date:

ST. TAMMANY FIRE PROTECTION DISTRICT NO. 1

Training Academy

34780 South Range Rd. Slidell La. 70460

Phone: (985) 646-4861

Fax: (985) 646-4883



Physical Examination, Blood and Urine Test Statement

I, , voluntarily agree to take a physical examination to include blood and urine analysis by a doctor, medical center, hospital or medically qualified personnel.

Furthermore, I authorize the release of these tests and examinations to St. Tammany Fire Protection District No.1, or its designated representative. By this authorization, I do hereby release any doctor, medical center, hospital, or medically qualified personnel, etc., and St. Tammany Fire Protection District No.1, or its designated representative from any and all liabilities arising from the release or use of the information derived from or contained in my physical examination or other test results.

Applicant (Print name)

Signature

Date:

ST. TAMMANY FIRE PROTECTION DISTRICT NO. 1

Training Academy

34780 South Range Rd. Slidell La. 70460

Phone: (985) 646-4861

Fax: (985) 646-4883



Recruit/Probational Period

To: St. Tammany Fire Protection District No.1

From: Job Applicant

I, , understand that if I am employed and do not hold the certification for Firefighter I, I will have six months to obtain my certification. Once this certification is received, I will be placed in probational appointment and will begin a working test period for an additional twelve (12) months.

I understand that if I do hold a certification for Firefighter I, I will be placed in a probational appointment and begin my working test period for twelve (12) months.

I also understand that I may be discharged if I fail my working test period or for some other reason(s) may be considered not suitable for continued employment.

Applicant (Print name)

Signature

Date:

ST. TAMMANY FIRE PROTECTION DISTRICT NO. 1

Training Academy

34780 South Range Rd. Slidell La. 70460

Phone: (985) 646-4861

Fax: (985) 646-4883



Attachment #1

Dear Applicant,

Please complete the following information regarding your former residences for the past five (5) years.

Address:

From (month/year); To (month/year):

Address:

From (month/year); To (month/year):

Address:

From (month/year); To (month/year):

Address:

From (month/year); To (month/year):

Address:

From (month/year); To (month/year):

Comments:

ST. TAMMANY FIRE PROTECTION DISTRICT NO. 1

Training Academy

34780 South Range Rd. Slidell La. 70460

Phone: (985) 646-4861

Fax: (985) 646-4883



Attachment # 2

References

List below three persons, not employers or relatives, who have knowledge of your character and ability.

Name:

Address:

Occupation:

Number of Years Known:

Phone Number:

Name:

Address:

Occupation:

Number of Years Known:

Phone Number:

Name:

Address:

Occupation:

Number of Years Known:

Phone Number: