

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:

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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:

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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:

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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:

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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: