



St. Tammany Fire Protection District No. 1

Chris Kaufmann, Fire Chief

34780 South Range Rd
Slidell, LA 70460

Phone: (985) 646-4861

Fax: (985) 646-4883



Do you have any hand or facial tattoos?

Yes

No

Any applicant with a hand or facial tattoo is disqualified from employment with Fire District #1 by department policy (Policy 1-8 Uniform and Grooming).

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APPLICATION FOR FIREFIGHTER STFPD#1

FIRE AND POLICE CIVIL SERVICE BOARD

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.

NAME: FIRST: _____ MIDDLE: _____ LAST: _____	
STREET ADDRESS/P.O. BOX NO. _____ CITY/TOWN: _____ STATE/ZIP: _____	
HOME TELEPHONE NUMBER (WITH AREA CODE) () _____ OFFICE TELEPHONE NUMBER (WITH AREA CODE) () _____ CELLPHONE NUMBER (WITH AREA CODE) () _____	EMAIL ADDRESS: _____
SOCIAL SECURITY NUMBER: _____	DATE OF BIRTH (MONTH/DATE/YEAR): _____
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO: _____ EXPIRATION DATE: _____

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.	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> 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 Certificate 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

NOTE: IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK PROVIDED BELOW.

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 <input type="checkbox"/> DIPLOMA OR EQUIVALENCY CERTIFICATE DATE RECEIVED: _____ <input type="checkbox"/> I DID NOT GRADUATE, BUT COMPLETED GRADE: _____		NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:			
B. COLLEGE NAME OF COLLEGE OR UNIVERSITY/LOCATION	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR

C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS) TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

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 OF 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: _____ WPM			

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

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. Attach additional pages, if necessary.

NAME AND COMPLETE ADDRESS OF EMPLOYER				TYPE BUSINESS		
TELEPHONE NUMBER (WITH AREA CODE)				TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM: TO: MO. DAY YR. MO. DAY YR.						
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED			

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

NAME AND COMPLETE ADDRESS OF EMPLOYER				TYPE BUSINESS		
TELEPHONE NUMBER (WITH AREA CODE)				TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
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TELEPHONE NUMBER (WITH AREA CODE)															
DATES OF EMPLOYMENT FROM: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>MO.</td> <td>DAY</td> <td>YR.</td> </tr> </table> TO: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>MO.</td> <td>DAY</td> <td>YR.</td> </tr> </table>				MO.	DAY	YR.	MO.	DAY	YR.	WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
MO.	DAY	YR.													
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