

St. John Parish Office of Fire Services: APPLICATION FOR EMPLOYMENT

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.

Department Address: 418 Historic West Street, Garyville LA 70051

Office Number: (985) 359-0440

APPLICANT INFORMATION		
FULL NAME:	First	Middle Last
STREET ADDRESS:	CITY:	STATE/ZIP:
PRIMARY PHONE NUMBER (<i>with area code</i>):	PRIMARY EMAIL:	
DATE OF BIRTH:	DRIVER'S LICENSE NUMBER:	EXPIRATION DATE:
POSITION APPLYING FOR:	FULLTIME OR PARTIME EMPLOYMENT:	
RACE / SEX INFORMATION		
Completion of this section is voluntary, and your application will not be rejected if you choose not to provide this information.		
SEX:	RACE:	
SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH		
<p>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 has adopted its own qualification requirements for each of its classes.</p> <p>You must attach a copy of the following documents:</p> <ul style="list-style-type: none"> -Proof that you are a US Citizen (<i>Original Birth Certificate, Voter's Registration Card, US Passport, or Certificate of Naturalization</i>) -Proof that you meet the age requirement (<i>Birth Certificate, Driver's License, Selective Service Card</i>) -Proof that you meet the education requirement. -Proof that you have a valid driver's license. -Proof that you have a valid civil service test score for the position. 		
AUTHORITY FOR RELEASE OF INFORMATION		
<p>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, education institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, civil service board members and other authorized employees of the Office of Fire Services for that purpose.</p> <p>I certify that the answers I have given to all questions in these applications 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 hiring list and/or may subject me to dismissal from employment.</p>		
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 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

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

TRAINING AND EDUCATION

HIGH SCHOOL: Diploma or Equivalency Date Received:	Name and address of high school issuing diploma or of state department issuing GED or equivalency certification.		
COLLEGE DEGREE:	Years Attended	Hours / Date of Degree	Degree Received
OTHER FORMAL TRAINING:	Please list any training or certifications that you feel apply to the position in which you are applying for. Please attach copies.		
Training / Certification	Training Completion Date	Location of Training	

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. 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 particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

NAME AND COMPLETE ADDRESS OF EMPLOYER:		TYPE OF BUSINESS:	
		TITLE OF YOUR POSITION:	
DATE STARTED WORK:	DATE WORK ENDED:	WAS THIS FULL-TIME:	AVERAGE HOURS WORKED:
NAME OF IMMEDIATE SUPERVISOR:		BEGINNING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES IN DETAIL:			
NAME AND COMPLETE ADDRESS OF EMPLOYER:		TYPE OF BUSINESS:	
		TITLE OF YOUR POSITION:	
DATE STARTED WORK:	DATE WORK ENDED:	WAS THIS FULL-TIME:	AVERAGE HOURS WORKED:
NAME OF IMMEDIATE SUPERVISOR:		BEGINNING SALARY:	ENDING SALARY:
DESCRIBE YOUR DUTIES IN DETAIL:			

WORK EXPERIENCE

NAME AND COMPLETE ADDRESS OF EMPLOYER:		TYPE OF BUSINESS:	
		TITLE OF YOUR POSITION:	
DATE STARTED WORK:	DATE WORK ENDED:	WAS THIS FULL-TIME:	AVERAGE HOURS WORKED:
NAME OF IMMEDIATE SUPERVISOR:		BEGINNING SALARY:	ENDING SALARY:
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DESCRIBE YOUR DUTIES IN DETAIL:			
NAME AND COMPLETE ADDRESS OF EMPLOYER:		TYPE OF BUSINESS:	
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