



Randy Hess
Fire Chief

ST. TAMMANY FIRE PROTECTION DISTRICT NO. 2



Myron Bourg
Board Chairman

“Excellence In The Face Of Adversity”

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 No. With Area Code: _____ Office Phone No. With Area Code: _____

Cell Phone No. With Area Code: _____ E-Mail Address: _____

Social Security Number: _____ Date of Birth: Month/Day/Year: _____

Driver's License No. _____ State: _____ Expiration Date: _____

Are You A Citizen Of The United States? _____

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 the information.

_____ Male _____ White _____ Black _____ Am. Indian
_____ Female _____ Asian _____ Hispanic _____ Other



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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 of 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 NECESSAIRLY DISQUALIFY YOU FROM THE NJOB 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.



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TRAINING/EDUCATION

A. HIGH SCHOOL: _____

_____ DIPLOMA _____ EQUIVALENCY CERTIFICATE

DATE RECEIVED: _____

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

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	Graduate?	NO. of Hours Per Week



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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 & Complete Address of Agency or Institution Issuing License or Cert.			
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:



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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 No. 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 No. 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):



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Name of Employer: _____

Complete Address of Employer: _____

Telephone No. 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 No. 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):



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APPLICATION CHECK WAIVER

WAIVER:

I, _____, do hereby consent to allow St. Tammany Parish Fire Protection District No. 2, 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 parish Fire Protection District No. 2.

I also authorize St. Tammany Parish Fire Protection District No. 2, or its designated representatives, to conduct a background check on myself through a law enforcement agency.

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.

APPLICANT: _____
(Print Name) (Signature)

DATE: _____

SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH

You must attach the necessary documentation to verify that you meet all requirements of the civil service board to which you are applying. You must attach a copy of the following documents.

- Proof of current civil service score. (Documentation of where you tested with score)
- Proof that you are a citizen of the United States. (Birth Certificate, US Passport, or Certificate of Naturalization)
- Proof that you meet the education requirement. (High School Diploma or Equivalency Certificate.)
- Proof that you have a valid driver’s license. (Driver’s License)