

ST. TAMMANY FIRE PROTECTION DISTRICT #4

CIVIL SERVICE BOARD

EXAM APPLICATION CHECKLISTS

for Exams with August 26, 2022 4:01 P.M. Application Deadline

The following checklists are provided to assist you in gathering the necessary documents and preparing your application. They are used by the Civil Service Board to document if an applicant has submitted a complete application and meets the requirements for the respective exam. Applicants are asked to submit the checklist with their application.

NAME: (Last, First, MI)			
CURRENT JOB CLASS:	<input type="checkbox"/> FF <input type="checkbox"/> FEO	<input type="checkbox"/> CPT <input type="checkbox"/> DFC	<input type="checkbox"/> AFC <input type="checkbox"/> FPO
DATE APPOINTED TO CURRENT CLASS:		SHIFT OR DIVISION:	

INSTRUCTIONS

1. Check or mark the bubble by the class title of the exam to which you are applying.
2. In the order listed, attach copies of the required documents listed in the center column for that exam.
3. Check or mark the box in the left column next to each requirement indicating that you have attached a copy of the document or as directed to document your qualification.

*** Please do not mark in the right column, it is for use by the Civil Service Board. ***

○ ASSISTANT CHIEF OF EMERGENCY MEDICAL SERVICES		
<input type="checkbox"/>	Birth Certificate verifying United States Citizenship (or citizenship documentation).	
<input type="checkbox"/>	Check the box if you were born on or before August 26, 2001, and enter your date of birth on the line: _____	
<input type="checkbox"/>	Valid driver's license.	
<input type="checkbox"/>	High school diploma, high school equivalency 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 certification of completion shall not be sufficient to substitute for a diploma or equivalency certificate.	
<input type="checkbox"/>	Associate of Emergency Medicine, Associate of Business, or any other related degree.	
<input type="checkbox"/>	National Registered EMT - Paramedic Certification.	
<input type="checkbox"/>	Check the box if you have maintained certification as an Emergency Medical Technician - Paramedic since August 26, 2019.	
<input type="checkbox"/>	Check the box if you have been continuously employed full time as an Emergency Medical Technician - Paramedic since August 26, 2019. If you have not been employed full time as an Emergency Medical Technician – Paramedic since August 26, 2019, do not check the box but instead enter on the line provided the dates you have been employed full-time as an Emergency Medical Technician - Paramedic: _____	

○ FIRE TRAINING & SAFETY OFFICER		
<input type="checkbox"/>	Completed and signed Application for Examination.	
<input type="checkbox"/>	Birth Certificate verifying United States Citizenship (or citizenship documentation).	
<input type="checkbox"/>	Valid driver's license.	
<input type="checkbox"/>	High school diploma, high school equivalency 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 certification of completion shall not be sufficient to substitute for a diploma or equivalency certificate.	
<input type="checkbox"/>	Firefighter II Certification.	
<input type="checkbox"/>	Fire Service Instructor II Certification.	
<input type="checkbox"/>	National Registered EMT - Paramedic Certification.	
<input type="checkbox"/>	<p>Check the box if you have been continuously employed full time in fire suppression with a paid fire department in fire suppression with a paid department since August 26, 2019.</p> <p>If you have not been continuously employed full time in fire suppression with a paid fire department since August 26, 2019, enter on the line provided the dates you have been employed full time in fire suppression with a paid fire department:</p> <p>_____</p>	

○ CHIEF OF EMERGENCY MEDICAL SERVICES		
<input type="checkbox"/>	Completed and signed Application for Examination.	
<input type="checkbox"/>	Birth Certificate verifying United States Citizenship (or citizenship documentation).	
<input type="checkbox"/>	<p>Check the box if you were born on or before August 26, 2001, and enter your date of birth on the line:</p> <p>_____</p>	
<input type="checkbox"/>	Valid driver's license.	
<input type="checkbox"/>	Associate of Emergency Medicine, Associate of Business, or any other related degree.	
<input type="checkbox"/>	National Registered EMT - Paramedic Certification.	
<input type="checkbox"/>	Check the box if you have maintained certification as an Emergency Medical Technician - Paramedic since August 26, 2019.	
<input type="checkbox"/>	Check the box if you are currently a regular and permanent employee in the class of Assistant Chief of Emergency Medical Services.	

Applications may be submitted by the deadline to the Board Secretary by:

- Email to vkinchen@mandevillefire.com. It is recommended that you confirm it has been received before the application deadline.
- Hand deliver to Victoria Kinchen, STFD4 Administration Building, 709 Girod Street, Mandeville, 70448.