



# MANDEVILLE FIRE/EMS

## ST. TAMMANY FIRE PROTECTION DISTRICT #4

### RECRUIT FIREFIGHTER APPLICATION PROCESS & INFORMATION

Thank you for your interest in employment with Mandeville Fire/EMS (MFD/EMS), St. Tammany Fire Protection District #4 (STFPD4). MFD/EMS is currently accepting applications for Recruit Firefighters.

Applicants for Recruit Firefighter must complete the three-component application process detailed in the attached document by the application deadline below to be eligible and considered for employment as part of the next recruit class. The Fire Chief and selection committee will review applications submitted by the deadline. Those applicants selected for further consideration will be contacted by phone to schedule an in-person interview(s). The Fire Chief will extend written conditional job offers with pre-hire requirements to those chosen for employment. The application and selection process may take three months to complete. Applications are valid for one year and may be considered if MFD/EMS conducts another recruit firefighter academy within that period.

Applicants selected by the Fire Chief for employment as a Recruit Firefighter must complete the 14-week MFD/EMS Recruit Academy, including requirements for physical fitness and a passing score on the Firefighter I certification exam. Upon completion of the Academy, probational firefighters will receive an Emergency Medical Technician (EMT) course. All probational firefighters must attain National EMT Certification within their working test period and maintain the certification throughout their employment with MFD/EMS.

Any offer of employment as a Recruit Firefighter with MFD/EMS will be contingent upon the applicant's satisfactory completion of pre-employment screenings including background and motor vehicle record check, Louisiana State Police fingerprint background check, as well as physical and psychological evaluation provided by the District's occupational health physicians.

**APPLICATION DEADLINE  
FOR THE SPRING 2025 RECRUIT  
CLASS IS JULY 11, 2025, 3:00 PM**



# MANDENVILLE FIRE/EMS

## ST. TAMMANY FIRE PROTECTION DISTRICT #4

### RECRUIT FIREFIGHTER APPLICATION PROCESS

Applicants must complete **all three components of the application process**, including submission of the Application for Employment and supporting documents to the Director of Administration, **by the application deadline** to be eligible and considered for employment. Questions regarding the application process may be directed to the Director of Administration.

#### **PASS THE LOUISIANA OSE ENTRANCE FIREFIGHTER EXAM**

- Applicants must have a valid passing score on the Louisiana Office of State Examiner's Entrance Firefighter Exam to be considered for employment. The exam score is valid for 18 months and must be valid on the first day of employment.
- Information about the exam including in-person and online testing options, a study guide, and the exam application process can be found at <https://ose.louisiana.gov/testing-employment/competitive-applicants/>. Contact the OSE directly at (225)925-4400 for more information.
- Applicants are encouraged to submit a copy of their Entrance Firefighter Exam Score with their Application Form

#### **PASS THE CANDIDATE PHYSICAL ABILITY TEST (CPAT)**

- Applicants must pass the Candidate Physical Ability Test (CPAT) offered by Mandeville Fire/EMS, or receive approval from the Chief of Training & Safety to transfer current CPAT results from another CPAT provider.
- Mandeville Fire/EMS will offer the CPAT including orientation, practice, and testing-only sessions before the application deadline. The schedule of these sessions may be found at [www.mandevillefire.com/employment-opportunities/](http://www.mandevillefire.com/employment-opportunities/). Applicants should register for their preferred orientation session by emailing their name and phone number to [FD4Training@mandevillefire.com](mailto:FD4Training@mandevillefire.com). Contact the Training Division at (985) 624-6549 or [FD4Training@mandevillefire.com](mailto:FD4Training@mandevillefire.com) if unable to attend or missed the scheduled orientation sessions.
- The MFD/EMS Training Division will notify the Director of Administration of which CPAT candidates have passed.
- A brief video introduction to the CPAT is available at [www.youtube.com/watch?v=pQTWlyEqGqU](http://www.youtube.com/watch?v=pQTWlyEqGqU). The CPAT Manual ([www.iaff.org/wp-content/uploads/2019/04/CPAT-2nd-Edition.pdf](http://www.iaff.org/wp-content/uploads/2019/04/CPAT-2nd-Edition.pdf)) also includes a Preparation Guide for candidates.

#### **SUBMIT THE APPLICATION FORM & ELIGIBILITY DOCUMENTS TO THE DIRECTOR OF ADMINISTRATION**

- The MFD/EMS Application Form is available for download at [www.mandevillefire.com/employment-opportunities/](http://www.mandevillefire.com/employment-opportunities/).
- Copies of documents that prove the applicant meets the following four eligibility requirements must be attached to the Application Form. Acceptable document options are listed on the application form.
  1. Proof you are a citizen of the United States, and
  2. Proof you meet the age requirement of the civil service board, which is 18 years old, and
  3. Proof you have a high school diploma or a valid certificate of equivalency issued by a state department of education, and
  4. Proof you have a valid driver's license (copy of driver's license).
- Applicants eligible for Veteran's Preference points should attach a copy of their DD-214 or other documentation for verification.
- Application forms and documents may be submitted by:
  - Email to [jfrosch@mandevillefire.com](mailto:jfrosch@mandevillefire.com). It is the applicant's responsibility to confirm the application was received by calling (985)624-6522 or sending a separate email to [jfrosch@mandevillefire.com](mailto:jfrosch@mandevillefire.com).
  - Deliver or mail to: St. Tammany Fire Protection District #4, Director of Administration, 709 Girod Street, Mandeville, LA 70448.
  - Mailed applications must be received by the application deadline.

**FALL 2025 RECRUIT CLASS APPLICATION DEADLINE: JULY 11, 2025, 3:00 PM**



# **Mandeville Fire/EMS**

St. Tammany Fire Protection District No. 4

**Regional Training Institute**  
1800 North Lane, Mandeville, LA 70471  
[FD4Training@mandevillefire.com](mailto:FD4Training@mandevillefire.com)

## **Important CPAT Information for Applicants**

- Register for each practice session in advance by emailing your name, phone number, and requested session date(s) to [FD4Training@mandevillefire.com](mailto:FD4Training@mandevillefire.com).
- Be on time for practice sessions.
- Only candidates with the proper equipment will be allowed access to the course for practice sessions and to test. Proper equipment includes:
  - o closed toe shoes such as running or cross trainers,
  - o long pants such as lightweight exercise or sweatpants, and
  - o a shirt.
- Candidates may only train on the CPAT course during designated practice sessions.
- Only current MFD/EMS Training Division employees serving as Physical Fitness Trainers (PFTs) are authorized to grant access to the CPAT course and only during the designated sessions. Other employees of MFD/EMS and neighboring departments may not access the course.
- During CPAT testing no one is allowed to be on the course other than the course proctors and the candidate being tested. Spectators and visitors are not allowed.
- Listen to the Physical Fitness Trainers' (PFTs) instructions.
- Ask for help.
- Train consistently. Train hard.



## What is the Candidate Physical Ability Test (CPAT)?



One of the important steps of becoming a firefighter is to pass the CPAT.

During the entire test, the candidate must wear a 50 lb. weighted vest (simulating the weight of a firefighter's protective clothing and equipment).

**The eight events are:**

**Stair Climb** (climbing stairs while carrying an additional 25 lb. simulated hose pack)

**Ladder Raise and Extension** (placing a ground ladder at the fire scene and extending the ladder to the roof or a window)

**Hose Drag** (stretching uncharged hose lines, advancing lines)

**Equipment Carry** (removing and carrying equipment from fire apparatus to fire ground)

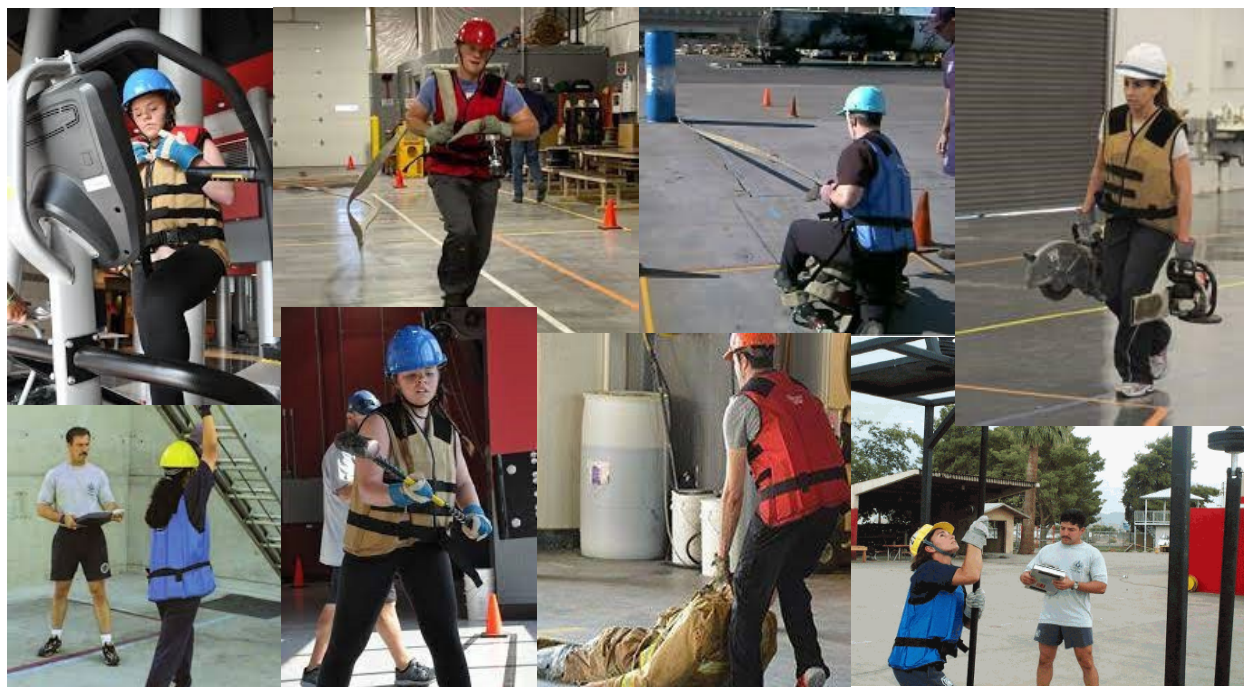
**Forcible Entry** (penetrating a locked door, breaching a wall)

**Search** (crawling through dark unpredictable areas to search for victims)

**Rescue Drag** (removing victim or partner from a fire building)

**Ceiling Pull** (locating fire and checking for fire extension)

To **view a video about the CPAT** use this link: <https://www.youtube.com/watch?v=F330qzb62J4>





## St. Tammany Fire District No. 4

Mandeville Fire/EMS

### Candidate Physical Ability Test (CPAT)

Site Address: 1800 North Lane Mandeville, 70471

Email: [fd4training@mandevillefire.com](mailto:fd4training@mandevillefire.com)



Date	Day	Time
Orientation Days		
11/11/2024	Monday	5-7 PM
11/13/2024	Wednesday	5-7 PM
CPAT Practice and Scheduled Tests		
11/18/2024	Monday	5-7 PM
11/20/2024	Wednesday	5-7 PM
11/25/2024	Monday	5-7 PM
11/27/2024	Wednesday	5-7 PM
12/2/2024	Monday	5-7 PM
12/4/2024	Wednesday	5-7 PM
12/9/2024	Monday	5-7 PM
12/11/2024	Wednesday	5-7 PM
12/16/2024	Monday	5-7 PM
12/18/2024	Wednesday	5-7 PM
12/23/2024	Monday	By Request Only
12/30/2024	Monday	By Request Only
Testing Only		
1/6/2024	Monday	By Request Only
1/7/2024	Tuesday	By Request Only
1/8/2024	Wednesday	By Request Only
1/9/2024	Thursday	By Request Only

Candidates may request to test on any dates listed above between 11/18/2024 and 1/9/2024

Request should be sent to [fd4training@mandevillefire.com](mailto:fd4training@mandevillefire.com)

# MANDEVILLE FIRE/EMS EMPLOYMENT 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.

NAME: FIRST		MIDDLE	LAST
STREET ADDRESS/P.O. BOX NO.		CITY/TOWN	STATE/ZIP
TELEPHONE 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: State:
JOB/CLASS TITLE FOR WHICH YOU ARE APPLYING: <input type="checkbox"/> Recruit Firefighter <input type="checkbox"/> Other _____			

## 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"/> Other: _____	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Am. Indian	<input type="checkbox"/> Asian
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## 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 (Original Birth Certificate, Voter's Registration Card, US Passport, or Certificate of Naturalization)
- Proof that you meet the age requirement of the civil service board (Birth Certificate, Driver's License, Selective Service Card )
- 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

## 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

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ 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					
<b>A. HIGH SCHOOL</b>  <input type="checkbox"/> DIPLOMA OR EQUIVALENCY CERTIFICATE		NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:			
<b>B. COLLEGE</b>	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR
<b>C. OTHER FORMAL TRAINING</b> (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 THAT 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:					

### VETERAN'S PREFERENCE

Veteran's preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces or who were discharged or are currently serving in the U.S. Armed Forces in a reserve component or the National Guard.

☐ I QUALIFY FOR THE VETERAN'S PREFERENCE AS IDENTIFIED ABOVE AND HAVE ATTACHED A COPY OF MY DD-214 OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES

### REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability that limits a major life activity, you must complete this section in order for your request to be considered.

☐ I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): \_\_\_\_\_

### WORK & VOLUNTEER EXPERIENCE

#### INSTRUCTIONS FOR COMPLETING THE 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 the 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 BUSINESS

TITLE OF YOUR POSITION

DATES OF EMPLOYMENT  
FROM:

WAS THIS FULL-TIME  
EMPLOYMENT?

AVERAGE NUMBER OF  
HOURS WORKED PER

BEGINNING  
SALARY

ENDING  
SALARY

TO:

☐ YES ☐ NO

WEEK:

NAME AND TITLE OF SUPERVISOR:

NUMBER OF EMPLOYEES YOU SUPERVISED:

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



NAME AND COMPLETE ADDRESS OF EMPLOYER		TYPE BUSINESS		
		TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER	BEGINNING SALARY	ENDING SALARY
TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEEK:		
NAME AND TITLE OF SUPERVISOR:		NUMBER OF EMPLOYEES YOU SUPERVISED:		
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)				

NAME AND COMPLETE ADDRESS OF EMPLOYER		TYPE BUSINESS		
		TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER	BEGINNING SALARY	ENDING SALARY
TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEEK:		
NAME AND TITLE OF SUPERVISOR:		NUMBER OF EMPLOYEES YOU SUPERVISED:		
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)				

NAME AND COMPLETE ADDRESS OF EMPLOYER		TYPE BUSINESS		
		TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER	BEGINNING SALARY	ENDING SALARY
TO:	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEEK:		
NAME AND TITLE OF SUPERVISOR:		NUMBER OF EMPLOYEES YOU SUPERVISED:		
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)				

**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

**FOR USE BY MANDEVILLE FIRE/EMS**☐ **U.S. Citizen**☐ **Age**☐ **Education**☐ **Driver's License**  
(if a requirement)☐ **Veteran Pref.****St. Tammany Fire Protection District No. 4 is an equal opportunity employer.**