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? ☐ YES ☐ NO	DRIVER'S LICENSE NO:	EXPIRATION DATE:	State:

JOB/CLASS TITLE FOR WHICH YOU ARE APPLYING: ☐ *Recruit Firefighter* ☐ *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.

☐ Male ☐ Female	☐ White ☐ Black ☐ Hispanic ☐ Am. Indian ☐ Asian ☐ 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 (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

A. HIGH SCHOOL	NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:
☐ DIPLOMA 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) TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ 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: TO:	WAS THIS FULL-TIME EMPLOYMENT? ☐ YES ☐ NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
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: TO:	WAS THIS FULL-TIME EMPLOYMENT? ☐ YES ☐ NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
NAME AND TITLE OF SUPERVISOR:		NUMBER OF EMPLOYEES YOU SUPERVISED:		
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)				

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		TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT FROM: TO:	WAS THIS FULL-TIME EMPLOYMENT? ☐ YES ☐ NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
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: TO:	WAS THIS FULL-TIME EMPLOYMENT? ☐ YES ☐ NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
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.