

### ST. TAMMANY FIRE PROTECTION DISTRICT NO. 11

# PAID EMPLOYEE & VOLUNTEER APPLICATION

#### PERSONAL INFORMATION

| Name       |                            |          |               |                         |         |
|------------|----------------------------|----------|---------------|-------------------------|---------|
|            | Last Name                  | Fi       | rst Name      | Middle No               | ame     |
| Address    |                            |          |               | Date of Birth           |         |
|            | Address                    |          |               |                         |         |
|            |                            |          |               |                         |         |
|            | City                       | State    | Zip Code      | <b>Position Applied</b> | For     |
|            |                            |          |               | Full-Time Vo            | lunteei |
|            | Social Security Number     |          |               | Part-Time Au            | xillary |
| Contact    |                            |          |               |                         |         |
|            | Home Phone                 |          | Mobile Phone  |                         |         |
|            |                            |          |               |                         |         |
|            | E-Mail Address             |          |               |                         |         |
| Have you   | been issued a traffic vi   | iolation | or DUI/DWI2   | Explain if yes          |         |
| Yes        | No                         | olution  | 0. 50.,511.   | Explain ii yesi         |         |
|            |                            |          |               |                         |         |
|            |                            |          |               |                         |         |
|            |                            |          |               |                         |         |
| Have you   | been arrested and/or c     | onvicte  | d of a misden | neanor? Explain if v    | /es     |
| Yes        | No                         | Onviote  |               | icanor: Explain ir y    | 03.     |
|            |                            |          |               |                         |         |
|            |                            |          |               |                         |         |
|            |                            |          |               |                         |         |
| Are you le | egally entitled to work i  | n the Ui | nited States? | Yes No                  |         |
| -          | ave a valid driver's licer | _        | Yes No        |                         |         |
| Do you no  | ave a valid driver 5 licei | 130:     |               |                         |         |
|            |                            |          |               |                         |         |
| State D    | river's License Number     |          | Expiration Da | ate Class               |         |

| EDUCATION  |  |              |  |  |  |
|--|--|--------------|--|--|--|
| High School Attended High                          | est Grade Completed Yea                          | ar Graduated |  |  |  |
| College Attened Num                                | ber of Years                                     |              |  |  |  |
| Degrees Obtained                                   |  |              |  |  |  |
| Other Educational Training / Courses               |  |              |  |  |  |
|  |  |              |  |  |  |
|  |  |              |  |  |  |
| Fire Service Related Training / Certifications & v | where it was obtained Institution where it was o |              |  |  |  |
| Certification                                      | institution where it was o                       | bitaineu     |  |  |  |
|  |  |              |  |  |  |
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|  |  |              |  |  |  |

### EMPLOYMENT HISTORY (LIST PRESENT / MOST RECENT FIRST)

| Employer 1            |           |      |          | 7  | Address |    |              |
|-----------------------|-----------|------|----------|----|---------|----|--------------|
|                       |           |      |          |    |         |    |              |
| Type of Business      |           |      | Departi  | m  | ent     |    | Position     |
|                       |           |      |          |    |         |    |              |
| Duties & Responsibili | ties      |      |          |    |         |    |              |
|                       |           |      |          |    |         |    |              |
| Date Employed         | Date Left | Star | ting Sal | la | ry      | Eı | nding Salary |
|                       |           |      |          |    |         |    |              |
| Reason for Leaving    |           |      |          |    |         |    |              |
|                       |           |      |          | Г  |         |    |              |
|                       |           |      |          |    |         |    |              |
| Employer 2            |           |      |          | 7  | Address |    |              |
|                       |           |      |          |    |         |    |              |
| Type of Business      |           |      | Departi  | m  | ent     |    | Position     |
|                       |           |      |          |    |         |    |              |
| Duties & Responsibili | ties      |      |          |    |         |    |              |
|                       |           |      |          |    |         |    |              |
| Date Employed         | Date Left | Star | ting Sal | la | ry      | Eı | nding Salary |
|                       |           |      |          |    |         |    |              |
| Reason for Leaving    |           |      |          |    |         |    |              |
|                       |           |      |          | _  |         |    |              |
|                       |           |      |          |    |         |    |              |
| Employer 3            |           |      |          | 7  | Address |    |              |
|                       |           |      |          |    |         |    |              |
| Type of Business      |           |      | Departi  | m  | ent     |    | Position     |
|                       |           |      |          |    |         |    |              |
| Duties & Responsibili | ties      |      |          |    |         |    |              |
|                       |           |      |          |    |         |    |              |
| Date Employed         | Date Left | Star | ting Sal | la | ry      | Eı | nding Salary |
|                       |           |      |          |    |         |    |              |
| Decree from Leavine   |           |      |          |    |         |    |              |

Reason for Leaving

| Employer 4                |               | Address          |               |
|---------------------------|---------------|------------------|---------------|
|                           |               |                  |               |
| Type of Business          | Departn       | nent             | Position      |
|                           |               |                  |               |
| Duties & Responsibilities |               |                  |               |
|                           |               |                  |               |
| Date Employed Date Left   | Starting Sala | ary              | Ending Salary |
|                           |               |                  |               |
| Reason for Leaving        |               |                  |               |
|                           |               |                  |               |
|                           |               |                  |               |
| Employer 5                |               | Address          |               |
|                           |               | Address          |               |
|                           | J             |                  |               |
| Type of Business          | Departn       | nent<br>         | Position      |
|                           |               |                  |               |
| Duties & Responsibilities |               |                  |               |
|                           |               |                  |               |
| Date Employed Date Left   | Starting Sala | ary              | Ending Salary |
|                           |               |                  |               |
| Reason for Leaving        |               |                  |               |
|                           |               |                  |               |
|                           |               |                  |               |
| Employer 6                |               | Address          |               |
|                           |               |                  |               |
| Type of Business          | <br>Departn   | nent             | Position      |
|                           | •             |                  |               |
| Duties & Responsibilities |               |                  |               |
| Duties & Responsibilities |               |                  |               |
|                           |               |                  |               |
| Date Employed Date Left   | Starting Sala | ary              | Ending Salary |
|                           |               |                  |               |
| Reason for Leaving        |               |                  |               |
| May we ask presen         | t employe     | er for a referei | nce? Yes No   |

## **REFERENCES** (PLEASE DO NOT LIST RELATIVES OR FORMER EMPLOYERS) Name Relation to you **Phone Number E-Mail Address** Name Relation to you **Phone Number E-Mail Address** Name Relation to you **Phone Number E-Mail Address OTHER** Activities or Interests (Student, Professional, Community, etc.) Languages (Spoken, Read) Note Fluency **Hobbies / Special Talents** We appreciate your interest in working / volunteering at St. Tammany Fire Protection District No. 11. Please feel free to make additional remarks in the space provided below. Please attach resume' to this application.

#### PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and belief the answers to the questions given by me and all statements made by me in this application are correct. I herby apply for employment or as a volunteer upon the basis and understanding that such employment and/or volunteer status may be terminated at any time upon notice given to me personally or sent to my last known address.

| I,                            | give my consent for St.   |
|-------------------------------|---|
| performed by any means necess | et No. 11 to have a background check<br>sary, including through law enforcement<br>current or previous employers or above |
|                               |   |
| Signature                     | Date  |

You may print application to sign if a digital signature is not an option.

| ADMINISTRATIVE USE ONLY        |           |      |  |  |  |
|--------------------------------|-----------|------|--|--|--|
| Application Received By (Name) |           | Date |  |  |  |
| Rank                           | Signature |      |  |  |  |