James T. Wascom
Fire Chief
Phone (225) 664-7123
Fax (225) 664-6660

29758 South Palmetto Street
Walker, Louisiana 70785

http://www.lpfpd4.com

Application for Membership

Applications will be considered incomplete if any documents are missing, or information is not complete and correct to the best of your knowledge.

Applicant,

Please furnish copies of the following documents:

Volunteer

- Valid Louisiana Driver's License
- Copy of Driving Record (this can be obtained at Denspri located at 112 Hummell Street Denham Springs, LA 225-791-9990 for a fee)
- Criminal Background Check (this can be obtained at Denspri located at 112 Hummell Street Denham Springs, LA 225-791-9990 for a fee)
    - *** Have Denspri E-mail to James@LPFPD4.com ***
- Vehicle Registration
- Vehicle Insurance

Part-time

- Valid Louisiana Driver's License
- Copy of Driving Record (this can be obtained at Denspri located at 112 Hummell Street Denham Springs, LA 225-791-9990 for a fee)
- Criminal Background Check (this can be obtained at Denspri located at 112 Hummell Street Denham Springs, LA 225-791-9990 for a fee)
    - *** Have Denspri E-mail to James@LPFPD4.com ***
- Copy of Firefighter I certification
- Copy of EMS/CPR certification
- Copy of NIMS ICS-100, ICS-200, ICS-700, ICS-800
- Louisiana Ethics certification

Volunteer and part time application review can take several weeks. Please be patient during this process. If you would like check the status of your application please call the above listed number.

Note: Applicants may be rejected for any reason without explanation.

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❑ Part – Time Firefighter ❑ Volunteer Firefighter ❑ Auxiliary

Firefighter Application

Full Name: _____ Phone:_____
Last *First* *Middle/Maiden*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip Code*

Email: _____ Date of Birth: ____/____/_____ Are you 21 years or older: ❑ Yes ❑ No

Social Security Number: _____ Driver's License Number:_____ State:_____ Class:___

Are you a citizen of the United States? ❑ Yes ❑ No If no, are you authorized to work in the U. S. A.? ❑ Yes ❑ No

Have you ever worked for this department? ❑ Yes ❑ No If yes, when? _____

Have you previously applied at this department? ❑ Yes ❑ No If yes, when did you apply? _____

Do you have any relatives on the Fire Department? ❑ Yes ❑ No If yes, who? _____

Do you have any physical, mental, or health limitations that could interfere with your performance as a member of LPFPD4? ❑ Yes ❑ No If yes, explain? _____

_____

Do you have any commitments or responsibilities that might prevent you from meeting the job requirements?

❑ Yes ❑ No If yes, explain? _____

_____

Volunteers: Can you be available to attend weekly or monthly training (Usually Monday, Tuesday, or Thursday / 1900 hours to 2200 hours)? ❑ Yes ❑ No

Volunteers: Can you be available to attend LPFPD4's introduction/training program (this will be one week long Monday through Friday 1800 hours to 2200 hours and on Saturday 0800 hours to 1300 hours)? ❑ Yes ❑ No

List any skills or training that could be beneficial to LPFPD4: _____

_____

_____

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Do you have any traffic citations in the last 5 years? ❑ Yes ❑ No Please list: _____

_____

Have you ever been convicted of a misdemeanor? ❑ Yes ❑ No Please list:_____

_____

Have you ever been convicted of a felony? ❑ Yes ❑ No Please list:_____

_____

Education / Training

High School: _____ ❑ Diploma ❑ GED Year: _____ Highest Grade Completed:___

College/Other: _____ Years: _____ Degree:_____

Do you have Firefighter I? ❑ Yes ❑ No Issuing Agency? _____ Year obtained? _____

Do you have Firefighter II? ❑ Yes ❑ No Issuing Agency? _____ Year obtained? _____

Do you have CPR certification? ❑ Yes ❑ No Issuing Agency? _____ Expiration date? _____

What level of E.M.S training to do you currently have? ❑ EMR ❑ EMT ❑ Paramedic ❑ None

Issuing Agency? _____ Expiration date? _____

If no/none to any/some of the certifications above, would you be willing to attend EMR, CPR, or Firefighter I class?

❑ Yes ❑ No If no, explain why? _____

References

Please list three references not related to you.

1) Full Name: _____ Relationship: _____ Phone: _____

Address: _____ Employer: _____

2) Full Name: _____ Relationship: _____ Phone: _____

Address: _____ Employer: _____

3) Full Name: _____ Relationship: _____ Phone: _____

Address: _____ Employer: _____

Emergency Contact / Beneficiary Information

In case of an emergency, LPFPD4 can contact:

Full Name: _____ Relationship: _____ Phone: _____

Address: _____ Employer: _____

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Please provide beneficiary information for LPFPD4 policies:

Full Name: _____ Relationship: _____ Phone: _____

Address: _____ Employer: _____

Current Employment

Present Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Job Title: _____ Date Employed: _____ Total Years Employed: _____

Working Hours: _____ Does your job take you out of town? ❑ Yes ❑ No If yes, please explain how often?_____

Military Service

Branch: _____ From: _____ To: _____ Reserve Status: _____

If attendance, is required please explain: _____

If discharge is other than honorable please explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment or volunteer status, I understand that false or misleading information in my application or interview may result in my release.

Signature:_____ Date:_____

For Office Use Only

Date of Interview: _____

Date Placed on department: _____

Station to be assigned: _____

ID Number to be assigned: _____

Fire Chief's Approval: _____

Received / Date / Initial

- ❑ Application _____
- ❑ Background Check _____
- ❑ Driving Record _____
- ❑ Part-time Requirements _____
- ❑ Volunteer Requirements _____

Date of Contact _____
Comments _____