

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



9760 Florida Blvd
Walker, Louisiana 70785

<http://www.lfpd4.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 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: _____
Starting Pay Rate: _____

Received / Date / Initial

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

Date of Contact _____
Comments _____