

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



9760 Florida Blvd  
Walker, Louisiana 70785

<http://www.lfpd4.com>

## Application Checklist for Full Time Firefighter/Operator:

- Attach proof of citizenship (Either birth certificate, US passport, voter registration, or Certificate of Naturalization)
- Attach proof of age (birth certificate or driver's license)
- Attach copy of valid driver's license
- Attach copy of high school diploma or equivalency (or higher degree)
- Must attach copies of the following certifications:
  - Firefighter I
  - Emergency Medical Responder (or higher) Exp. Date: \_\_\_/\_\_\_/\_\_\_\_\_
- Completely and clearly answer every question on application
- Attach letter of validation for test score from the Office of the State Examiner:
  - Score: \_\_\_\_\_%
  - Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

### *Department Requirements:*

- Copy of CPR certification – Exp. Date: \_\_\_/\_\_\_/\_\_\_\_\_
- Copy of NIMS ICS-100, ICS-200, ICS-700, ICS-800
- Louisiana Ethics Certification for current year

\*A background check and driving record is required prior to interview, clerk will notify you.\*

***\*\*\*Failure to complete application in full and attach all required documents will result in REJECTION of the application.\*\*\****

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



9760 Florida Blvd  
Walker, Louisiana 70785

<http://www.lfpfd4.com>

## Application Checklist for Part Time / Volunteer Firefighter:

### Volunteer/Auxiliary

- Attach a copy of your valid Louisiana Driver's License
- Attach a copy of your Personal Vehicle Registration (must be registered in Louisiana)
- Attach a copy of your Personal Vehicle Insurance
- Obtain a copy of your Driving Record (this should be obtained at Denspri located at 710 N. Range Avenue Denham Springs, LA 225-791-9990 for a fee)
- Obtain a copy of your Criminal Background Check (this should be obtained at Denspri located at 710 N. Range Avenue, Denham Springs, LA 225-791-9990 for a fee)
  - \*\*\* Have Denspri E-mail to [James@LPFPD4.com](mailto:James@LPFPD4.com) \*\*\*

### Part-time

- Attach a copy of your valid Louisiana Driver's License
- Attach a copy of your Firefighter I certification
- Attach a copy of your EMR/EMT certification
- Attach a copy of your CPR certification
- Attach a copy of your NIMS ICS-100, ICS-200, ICS-700, ICS-800
- Attach a copy of your current year Louisiana Ethics Certification
- Obtain a copy of your Driving Record (this should be obtained at Denspri located at 710 N. Range Avenue Denham Springs, LA 225-791-9990 for a fee)
- Obtain a copy of your Criminal Background Check (this should be obtained at Denspri located at 710 N. Range Avenue, Denham Springs, LA 225-791-9990 for a fee)
  - \*\*\* Have Denspri E-mail to [James@LPFPD4.com](mailto:James@LPFPD4.com) \*\*\*

### Notes:

- Applicants may be rejected for any reason without explanation.
- Applications will be considered incomplete if any documents are missing or information is not complete and correct to the best of your knowledge.
- 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.

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



9760 Florida Blvd  
Walker, Louisiana 70785

<http://www.lppfd4.com>

Full Time Firefighter    Part Time Firefighter    Volunteer Firefighter    Auxiliary

**Firefighter Application**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last First Middle/Maiden*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip Code*

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you 18 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 LPPFD4?  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 LPPFD4'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 LPPFD4: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



9760 Florida Blvd  
Walker, Louisiana 70785

<http://www.lppfd4.com>

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: \_\_\_\_\_

I understand LPFPD4 has the right to obtain or request my background check and driving record at anytime.  Yes  No

### 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: \_\_\_\_\_

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



9760 Florida Blvd  
Walker, Louisiana 70785

<http://www.lfpd4.com>

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 \_\_\_\_\_
- Full-time Requirements \_\_\_\_\_
- Part-time Requirements \_\_\_\_\_
- Volunteer Requirements \_\_\_\_\_

Date of Contact \_\_\_\_\_  
Comments \_\_\_\_\_