

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



9760 Florida Blvd  
Walker, Louisiana 70785

<http://www.lppfd4.com>

## Application Checklist for Full Time Firefighter/Operator:

- Attach proof of citizenship (Either birth certificate, US passport, voter registration, or Certificate of Naturalization)
- Attach copy of Social Security Card or US Passport
- 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
- 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.

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## 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 Social Security Card or U.S. Passport
- 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.

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Applying for:  Full Time  Part Time  Volunteer Firefighter  Auxiliary

**Basic Application Information**

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

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? \_\_\_\_\_

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 Please explain: \_\_\_\_\_

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 any time before or during my employment.  Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact / Beneficiary Information**

In case of an emergency, LPFPD4 can contact:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Please provide beneficiary information for LPFPD4 policies:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employer: \_\_\_\_\_

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### Fire Service History

Do you have fire service Experience?  Yes  No If yes, when and where? \_\_\_\_\_

Have you ever been on 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 this Fire Department?  Yes  No If yes, who? \_\_\_\_\_

Do you have any commitments or responsibilities that might prevent you from meeting the job/volunteer requirements?  
 Yes  No If yes, explain? \_\_\_\_\_

**Volunteers:** Can you be available to attend weekly or monthly training?  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

### Education / Training

High School: \_\_\_\_\_  Diploma  GED Year: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

College/Other: \_\_\_\_\_ Years: \_\_\_\_\_ Degree: \_\_\_\_\_

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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 EMS training to do you currently have?  EMR  EMT  Paramedic  None Expiration date? \_\_\_\_\_

**Check any certifications you have:**

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Instructor II          | <input type="checkbox"/> _____                   |                                |
| <input type="checkbox"/> Driver/Operator Aerial | <input type="checkbox"/> Instructor III          | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Driver/Operator Pumper | <input type="checkbox"/> Officer I               | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Inspector I            | <input type="checkbox"/> Officer II              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Inspector II           | <input type="checkbox"/> Officer III             | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Instructor I           | <input type="checkbox"/> Incident Safety Officer | <input type="checkbox"/> _____ |

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

### Employment History (starting with most recent)

Present Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Total Years Employed: \_\_\_\_\_ Work Schedule: \_\_\_\_\_  
Do you need to give 2-week notice?  Yes  No  Longer \_\_\_\_\_ Does your job take you out of town?  Yes  No  
May we contact this employer prior to interview?  Yes  No

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
May we contact this employer prior to interview?  Yes  No

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
May we contact this employer prior to interview?  Yes  No

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
May we contact this employer prior to interview?  Yes  No

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Reserve Status: \_\_\_\_\_  
If attendance is required, please explain: \_\_\_\_\_  
If discharge is other than honorable, please explain: \_\_\_\_\_

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### Additional Information

List any additional information or skills that could be beneficial to LPFPD4: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 any false or misleading information in my application or interview may result in my immediate release.*

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

## For Office Use Only

Received / Date / Initial	
<input type="checkbox"/> Application _____	<input type="checkbox"/> Full-time Requirements Received _____ by _____
<input type="checkbox"/> Background Check _____	<input type="checkbox"/> Part-time Requirements Received _____ by _____
<input type="checkbox"/> Driving Record _____	<input type="checkbox"/> Volunteer Requirements Received _____ by _____
Comments _____ _____ _____	

Date of Interview: \_\_\_\_\_

Date Placed on department: \_\_\_\_\_ Approved For: Auxiliary Vol PT FT

Station to be assigned: \_\_\_\_\_ ID Number to be assigned: \_\_\_\_\_

Fire Chief's Approval: \_\_\_\_\_