

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



9760 Florida Blvd  
Walker, Louisiana 70785

<http://www.lpfpd4.com>

### Full Time & Part Time Firefighter Applicants:

- ☐ Copy of your valid Louisiana Driver's License
- ☐ Social Security Card
- ☐ Firefighter I
- ☐ CPR certification – Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Emergency Medical Responder (or higher) Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ NIMS ICS-100, ICS-200, ICS-700, ICS-800
- ☐ Louisiana Ethics Certification for current year
- ☐ Visit Denspri: Ph:225-791-9990 (located at 710 N. Range Avenue, Denham Springs, LA) \*for a fee
  - Obtain a copy of your Driving Record
  - Obtain a copy of your Criminal Background Check (E-mail to [James@LPFPD4.com](mailto:James@LPFPD4.com))

#### If Applying for Full Time, must also attach:

- ☐ Proof of citizenship (Either birth certificate or US passport.)
- ☐ Letter of validation for test score from the Office of the State Examiner:  
Score: \_\_\_\_\_%    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Recruit Academy Applicants:

- ☐ Copy of your valid Driver's License
- ☐ Social Security Card
- ☐ Proof of citizenship (Either birth certificate or US passport.)
- ☐ Letter of validation for test score from the Office of the State Examiner:  
Score: \_\_\_\_\_%    Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Visit Denspri: Ph:225-791-9990 (located at 710 N. Range Avenue, Denham Springs, LA) \*for a fee
  - Obtain a copy of your Driving Record
  - Obtain a copy of your Criminal Background Check (E-mail to [James@LPFPD4.com](mailto:James@LPFPD4.com))

### Volunteer Applicants:

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

#### Notes:

- Applicants may be rejected for any reason without explanation.
- Incomplete applications will not be considered.
- Review of applications may take several weeks. Please be patient.

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Applying for: ☐ Full Time ☐ Recruit Academy ☐ Part Time ☐ Volunteer ☐ 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: \_\_\_\_\_

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

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

#### Check any certifications you have:

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Driver/Operator Aerial | <input type="checkbox"/> Instructor II           | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Driver/Operator Pumper | <input type="checkbox"/> Instructor III          | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Inspector I            | <input type="checkbox"/> Officer I               | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Inspector II           | <input type="checkbox"/> Officer II              | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Instructor I           | <input type="checkbox"/> Officer III             | <input type="checkbox"/> _____ |
|   | <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: Auxi Vol PT FT Recruit

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

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