

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: \_\_\_\_\_

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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:**

Driver/Operator Aerial

Instructor II

\_\_\_\_\_

Driver/Operator Pumper

Instructor III

\_\_\_\_\_

Inspector I

Officer I

\_\_\_\_\_

Inspector II

Officer II

\_\_\_\_\_

Instructor I

Officer III

\_\_\_\_\_

Incident Safety Officer

\_\_\_\_\_

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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

Application \_\_\_\_\_  
 Background Check \_\_\_\_\_  
 Driving Record \_\_\_\_\_

Full-time Requirements Received \_\_\_\_\_ by \_\_\_\_\_  
 Part-time Requirements Received \_\_\_\_\_ by \_\_\_\_\_  
 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: \_\_\_\_\_