



# ST. TAMMANY FIRE PROTECTION DISTRICT NO. 2



Michael P. Stein  
Fire Chief

*"Excellence In The Face Of Adversity"*

Myron Bourg  
Board Chairman

## CIVIL SERVICE SCORE SUBMITTAL APPLICATION

### FIRE AND POLICE CIVIL SERVICE BOARD

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL THE QUESTIONS ON THIS DOCUMENT AND FAILURE TO ATTACH ALL REQUIRED DOCUMENTATION MAY CAUSE YOUR SCORE TO BE REJECTED.

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NAME:	FIRST	MIDDLE	LAST
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STREET ADDRESS/P.O. BOX NO.	CITY	STATE/ZIP
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HOME TELEPHONE NUMBER (    )	SECONDARY TELEPHONE NUMBER (    )
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SOCIAL SECURITY NUMBER	DATE OF BIRTH: MONTH/DATE/YEAR
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ARE YOU A CITIZEN OF THE UNITED STATES?  YES                      NO	DRIVERS LICENSE NO: _____  EXPIRATION DATE: _____
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**St Tammany Parish Fire Protection District No. 2**  
Administration Office  
Office Number (985) 845-3330 Fax Number (985) 845-3971  
Web Address: [www.firedistrict2.com](http://www.firedistrict2.com)



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Board Chairman

## RACE/SEX INFORMATION

The Federal Government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your score will not be rejected if you choose not to provide this information.

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MALE                      WHITE                      BLACK                      HISPANIC                      AM. INDIAN                      ASIAN

FEMALE                      OTHER: \_\_\_\_\_

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## SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH

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You must attach the necessary documentation to verify that you meet all requirements of the civil service board to which you are applying. You must attach a copy of the following documents.

- Proof of current civil service score. (Documentation of where you tested with score)
- Proof that you are a citizen of the United States. (Birth Certificate, US Passport, or Certificate of Naturalization)
- Proof that you meet the age requirement of the civil service board. (Birth Certificate)
- Proof that you meet the education requirement. (High School Diploma or G.E.D.)
- Proof that you have a valid driver’s license. (Driver’s License)

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## AUTHORITY FOR RELEASE OF INFORMATION

I have completed the documents with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law, and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies, to duly accredited investigators, civil service board members and other authorized employees of the Government for that purpose.

I certify that the answers I have given to all questions in this document are true to the best of my knowledge. I know that any misrepresentation herein may cause my score to be rejected.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

## FOR USE OF CIVIL SERVICE BOARD ONLY VERIFICATION THAT APPLICANT MEETS THE BOARD'S REQUIREMENTS

\_\_\_ U.S. Citizen                      \_\_\_ Age                      \_\_\_ Education  
\_\_\_ Driver's License                      \_\_\_ Proof of Civil Service Score

CHAIRMAN: \_\_\_\_\_ VICE CHAIRMAN: \_\_\_\_\_

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## EMPLOYEE APPLICATION

Part Time

Full Time

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address/P.O. Box No. \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No. With Area Code: \_\_\_\_\_ Office Phone No. With Area Code: \_\_\_\_\_

Cell Phone No. With Area Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: Month/Day/Year: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are You A Citizen Of The United States? \_\_\_\_\_

### RACE/SEX INFORMATION

The Federal Government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your application will not be rejected of you choose not to provide the information.

\_\_\_\_\_ Male      \_\_\_\_\_ White      \_\_\_\_\_ Black      \_\_\_\_\_ Am. Indian  
\_\_\_\_\_ Female      \_\_\_\_\_ Asian      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Other

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## AUTHORITY FOR RELEASE OF INFORMATION

I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE. I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

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

Signature of Applicant: \_\_\_\_\_

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## BACKGROUND INFORMATION

1. Within the past 5 years, have you been terminated, or resigned in lieu of termination, from any position for reasons other than a reduction of force?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Have you ever been convicted of a felony?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

3. Have you been convicted of a misdemeanor during the last 3 years?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

NOTE: IF YOU ANSWERED “YES” TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSAIRLY DISQUALIFY YOU FROM THE NJOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

**EXPLANATION.** PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY “YES” ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

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## TRAINING/EDUCATION

A. HIGH SCHOOL: \_\_\_\_\_

\_\_\_\_\_ DIPLOMA                      \_\_\_\_\_ EQUIVALENCY CERTIFICATE

DATE RECEIVED: \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE.

\_\_\_\_\_  
\_\_\_\_\_

B. COLLEGE

	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR



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C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS):  
(ATTACH ADDITIONAL PAGES IF NECESSARY)

TITLE OF INSTRUCTION OR CLASS	LOCATION	DATES ATTENDE	GRADUATE?	NO. OF HOURS PER WEEK





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## SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS OR LICENSES

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING. (ATTACH ADDITIONAL PAGES IF NECESSARY)

	NO.1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			

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LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS.

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IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY COMPUTER PROGRAMS (SOFTWARE) WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

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TYPING ABILITY (WORDS PER MINUTE) \_\_\_\_\_



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## WORK EXPERIENCE

### INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Beginning on the following page, start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

Name of Employer: \_\_\_\_\_

Complete Address of Employer: \_\_\_\_\_

Telephone No. with Area Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title of Your Position: \_\_\_\_\_

Dates of Employment (From: month/day/year, To: month/day/year): \_\_\_\_\_

Was this Full-Time Employment?  YES  NO Average No. of Hours Worked Per Week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Number/Title of Employees You Supervised: \_\_\_\_\_

Describe Your Duties in Detail (Use Separate Sheet if Necessary):

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\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Complete Address of Employer: \_\_\_\_\_

Telephone No. with Area Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title of Your Position: \_\_\_\_\_

Dates of Employment (From: month/day/year, To: month/day/year): \_\_\_\_\_

Was this Full-Time Employment?  YES  NO Average No. of Hours Worked Per Week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Number/Title of Employees You Supervised: \_\_\_\_\_

Describe Your Duties in Detail (Use Separate Sheet if Necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Name of Employer: \_\_\_\_\_

Complete Address of Employer: \_\_\_\_\_

Telephone No. with Area Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title of Your Position: \_\_\_\_\_

Dates of Employment (From: month/day/year, To: month/day/year): \_\_\_\_\_

Was this Full-Time Employment? \_\_\_\_\_ YES \_\_\_\_\_ NO Average No. of Hours Worked Per Week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Number/Title of Employees You Supervised: \_\_\_\_\_

Describe Your Duties in Detail (Use Separate Sheet if Necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Name of Employer: \_\_\_\_\_

Complete Address of Employer: \_\_\_\_\_

Telephone No. with Area Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Title of Your Position: \_\_\_\_\_

Dates of Employment (From: month/day/year, To: month/day/year): \_\_\_\_\_

Was this Full-Time Employment? \_\_\_\_\_ YES \_\_\_\_\_ NO Average No. of Hours Worked Per Week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Number/Title of Employees You Supervised: \_\_\_\_\_

Describe Your Duties in Detail (Use Separate Sheet if Necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## APPLICATION CHECK WAIVER

### WAIVER:

I, \_\_\_\_\_, do hereby consent to allow St. Tammany Parish Fire Protection District No. 2, or its designated representatives, to check any and all information regarding the personal, job or educational information I have supplied on this application. I also authorize any and all of the persons, organizations, businesses and educational institutions listed on this job application to release requested information to St. Tammany parish Fire Protection District No. 2.

I also authorize St. Tammany Parish Fire Protection District No. 2, or its designated representatives, to conduct a background check on myself through a law enforcement agency.

APPLICANT: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

DATE: \_\_\_\_\_

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## PHYSICAL EXAMINATION, BLOOD AND URINE TEST STATEMENT

I, \_\_\_\_\_, voluntarily agree to take a physical examination to include blood and urine analysis by a doctor, medical center, hospital or medically qualified personnel. Furthermore, I authorize the release of these tests and examinations to St. Tammany parish Fire Protection District No. 2, or its designated representative. By this authorization, I do hereby release any doctor, medical center, hospital, or medically qualified personnel, etc., and St. Tammany Parish Fire Protection District No. 2, or its designated representative from any and all liabilities arising from the release or use of the information derived from or contained in my physical examination or other test results.

APPLICANT: \_\_\_\_\_  
(Print Name) (Signature)

DATE: \_\_\_\_\_

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## REFERENCES

List below three persons, not employers or relatives, who have knowledge of your character and ability.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Known: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Known: \_\_\_\_\_

Phone Number with Area Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Known: \_\_\_\_\_

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Phone Number with Area Code: \_\_\_\_\_

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