## ST. TAMMANY FIRE PROTECTION DISTRICT 3 EMPLOYMENT APPLICATION



Thank you for your interest in employment with St. Tammany Fire Protection District 3. Please complete the following information in full. Copies of documents and certifications may be emailed to admin@stfd3.com, faxed to 985-882-6664, or hand delivered to our Administration Building located at 27690 Main Street, Lacombe, LA 70445.

PERSONAL INFO	101TAMS	٧					
Full Name			Date of Bir	rth		SSN (L	ast 4)
Address (Street, City, State, Zip Co	ode)						
Primary Phone	Mobile Pho	ne	Emai	l Address			
Driver's License Number	Expiration I	Date					
The Federal government requires that we reque purposes. completion of this section is voluntary				to			
provide this information.  What postition are you applying for?				Sex Full-tim		lace	Reserve
The position are yet appropriate.							Reserve
BACKGROUND IN	FORMAT	ΠΟΝ					
Within the last 5 years, have you be other than a reduction in force?	en terminated,	, or resigned in li	eu of termina	tion, from any բ	oosition for rea	sons Yes	s No
Have you ever been convicted of a f	elony?		you been conv years?	victed of a misd	emeanor durin		
If you selected "yes" for any of the above qu which you are applying. A conviction will be						ou from the jo	b for
TRAINING & EDU	CATION						
Do you have a High School Diploma, (	GED, or Equivale	ency Certificate?					
Please list your work-related certification EMS, and certifications pertinent to this			the certification	ns were obtained		ar Receive	
Do you have a current Civil Service	Score? Yes	If yes, w	hat is the scor	<b>C</b> .	If no, a score ca		ned at:

## WORK EXPERIENCE

Start with your present or most recent position and work backwards.  Include any military experience
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Name & Address of Employer	Name & Address of Employer	Name & Address of Employer	
Title	Title	Title	
Dates of Employment	Dates of Employment	Dates of Employment	
Beginning & Ending Salary	Beginning & Ending Salary	Beginning & Ending Salary	
Name of Immediate Supervisor	Name of Immediate Supervisor	Name of Immediate Supervisor	
Describe Your Job Duties	Describe Your Job Duties	Describe Your Job Duties	

## REFERENCES

Reference 1		Reference 2	Reference 3		
	Name		Name	Name	
	Relationship or Position		Relationship or Position	Relationship or Position	
	Phone Number		Phone Number	Phone Number	
	Email		Email	Email	

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 my 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.

Applicant's Name :	Signature :	Date :