



# ST. TAMMANY FIRE PROTECTION DISTRICT NO. 11

## PAID EMPLOYEE & VOLUNTEER APPLICATION

FILL OUT TO THE BEST OF YOUR ABILITY  
RED ITEMS ARE REQUIRED

### PERSONAL INFORMATION

Name

Last Name

First Name

Middle Name

Address

Address

DOB

Month Day Year

City

State

Zip Code

Position Applied For

☐

Full-Time

☐

Volunteer

☐

Part-Time

Social Security Number

Contact

Primary Phone Number

Other Phone Number

E-Mail Address

Do you have a valid driver's license? ☐ Yes ☐ No

State

Driver's License Number

Expiration Date

Class

Have you been issued a traffic violation or DUI/DWI? Explain if yes.

☐

Yes

☐

No

Have you been arrested and/or have any convictions? Explain if yes.

☐

Yes

☐

No

Are you legally entitled to work in the United States? ☐ Yes ☐ No

# EDUCATION HISTORY

High School Attended

Highest Grade Completed

Year Graduated

College Attended

Number of Years

Degrees Obtained

## Other Educational Training / Courses

## Fire and/or EMS Service Related Training / Certifications

Certification

Institution where it was obtained

## EMPLOYMENT HISTORY ( LIST PRESENT / MOST RECENT FIRST )

Employer 1

Address

Type of Business

Department

Position

Duties & Responsibilities

Date Employed

Date Left

Starting Salary

Ending Salary

Reason for Leaving

Employer 2

Address

Type of Business

Department

Position

Duties & Responsibilities

Date Employed

Date Left

Starting Salary

Ending Salary

Reason for Leaving

Employer 3

Address

Type of Business

Department

Position

Duties & Responsibilities

Date Employed

Date Left

Starting Salary

Ending Salary

Reason for Leaving

<input type="text"/>		<input type="text"/>	
Employer 4		Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Business	Department		Position
<input type="text"/>			
Duties & Responsibilities			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Employed	Date Left	Starting Salary	Ending Salary
<input type="text"/>			
Reason for Leaving			

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<input type="text"/>		<input type="text"/>	
Employer 5		Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Business	Department		Position
<input type="text"/>			
Duties & Responsibilities			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Employed	Date Left	Starting Salary	Ending Salary
<input type="text"/>			
Reason for Leaving			

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<input type="text"/>		<input type="text"/>	
Employer 6		Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Business	Department		Position
<input type="text"/>			
Duties & Responsibilities			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Employed	Date Left	Starting Salary	Ending Salary
<input type="text"/>			
Reason for Leaving			

May we ask present employer for a reference? ☐ Yes ☐ No

## REFERENCES ( PLEASE DO NOT LIST RELATIVES OR FORMER EMPLOYERS )

Name

Relation to you

Phone Number

E-Mail Address

Name

Relation to you

Phone Number

E-Mail Address

Name

Relation to you

Phone Number

E-Mail Address

## OTHER INFORMATION

**Activities or Interests (Personal, Professional, Community, etc.)**

**Languages (Spoken, Read) Note Fluency**

**Hobbies / Special Talents**

**We appreciate your interest in working / volunteering at St. Tammany Fire Protection District No. 11. Please feel free to make additional remarks in the space provided below. Please attach resume' to this application.**

## MILITARY SERVICE

Branch

Rank

Dates of  
Service

From

To

Rank at discharge

Type of discharge

## ATTACHMENTS

ATTACH FILES BELOW. IF ATTACHING CERTIFICATIONS, SCAN AND SAVE TO ONE FILE TO ATTACH.

## PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and belief the answers to the questions given by me and all statements made by me in this application are correct. I hereby apply for employment or as a volunteer upon the basis and understanding that such employment and/or volunteer status may be terminated at any time upon notice given to me personally or sent to my last known address.

I,  give my consent for St. Tammany Fire Protection District No. 11 to have a background check performed by any means necessary, including through law enforcement data base or contact any of my current or previous employers or above mentioned references.

Signature

Date

## ADMINISTRATIVE USE ONLY

Application Received By (Name)

Date

Rank

Signature