

CADDO PARISH FIRE DISTRICT #5

1675 Leonard Road
 Shreveport, LA 71115
 (318) 797-4111
www.cfd5.com

APPLICATION FOR EMPLOYMENT

Please select type: FULL-TIME PART-TIME VOLUNTEER

APPLICANT INFORMATION

Last Name:	First Name:	Middle Name:
Address:		
City:	State:	Zip Code:
Social Security Number: - -	Is Applicant 18 Years Old or Above? Y / N	
Home Phone: () -	Cell Phone: () -	Work Phone: () -
Email Address:		

EMPLOYMENT INFORMATION

Current Employer (if applicable):	Length of Employment:	
Address of Employer:	Employer Phone Number: () -	
Position:	Shift:	Supervisor's Name:

DRIVING RECORD

Driver's License Number:	State:	Class:	Expiration:
Driving Restrictions:			
List <u>all</u> driving offenses you have been ticketed for within the past 36 months: <hr/> <hr/> <hr/>			
Have you had a defensive driving course within the past 24 months? Y / N If so, list the date and location of the course:			
YOU MUST ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS APPLICATION			

TRAINING RECORD

Circle all certifications you currently hold:	
FIREFIGHTER 1	FIRST RESPONDER
FIREFIGHTER 2	EMT-BASIC
DRIVER/OPERATOR-PUMPER	EMT-PARAMEDIC
List additional job-related certifications below: <hr/> <hr/>	
YOU MUST ATTACH COPIES OF <u>ALL</u> CERTIFICATION CARDS OR CERTIFICATES TO THIS APPLICATION	

NREMT #:	NREMT EXPIRATION: / /	CPR EXPIRATION: / /
<p>HAVE YOU BEEN DISCIPLINED FOR ANY ACTION AS AN EMT WITHIN THE PAST 36 MONTHS? IF YES, PLEASE EXPLAIN. Y / N</p> <hr/> <hr/>		

PERSONAL RECORD & INFORMATION

<p>Have you ever been convicted of a misdemeanor? If yes, please explain. Y / N</p> <hr/> <hr/> <hr/>
<p>Have you ever been convicted of a felony? If yes, please explain. Y / N</p> <hr/> <hr/> <hr/>
<p>Do you have any restrictions that would prevent you from performing the job of a Firefighter/EMT? If yes, please explain. Y / N</p> <hr/> <hr/> <hr/>

I am applying for employment with Caddo Parish Fire District #5. I hereby certify that the information included in this application is accurate and true to the best of my knowledge.

As an applicant for employment, I understand that I am subject to a background check and medical exam, if needed. I understand that in order to drive an emergency vehicle for Caddo Parish Fire District #5, I must have completed a defensive driving class within the past 24 months.

I acknowledge that by signing and submitting this application, my employment with Caddo Parish Fire District #5 is not automatically granted. I understand that if my application is approved, I am subject to all departmental rules and regulations, applicable state laws, and national standards of care.

I understand that my failure to complete the attached background check form in full or my failure to attach copies of my driver's license, EMT/Paramedic cards (if applicable), CPR card (if applicable), and any other certifications I hold will result in my application being rejected.

Signature of Applicant

Date

Witness

Date

FOR OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____

APPROVED? Y / N BY: _____

DATE: _____

DISCLOSURE/AUTHORIZATION (Employment Purposes)

021874 - Caddo Fire District #5

In connection with my application for employment, I understand that a consumer report and/or an investigative consumer report may be requested and obtained for employment purposes on behalf of **the Company named above**. I also understand that, if I am hired, a consumer report and/or an investigative consumer report may be requested and obtained during the course of my employment.

The report may include information regarding my character, general reputation, personal characteristics, mode of living, and credit standing which may confirm or deny my eligibility for employment with **the Company named above**. The information contained in the report will be obtained from private and public record sources, including, as may be appropriate, personal interviews with sources such as neighbors, friends and associates.

By providing the information requested below and signing this Disclosure Authorization, I authorize the Company named above to request and obtain a consumer report and/or investigate consumer report regarding me. I also acknowledge that a facsimile or photographic copy of this signed Disclosure Authorization will be as valid as the original.

Applicant's Full Name (Please Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YY): _____ SSN: _____

Driver's License: State: _____ Number: _____

☞ Applicant's Signature: _____ Date: ___/___/___



SOUTHERN RESEARCH COMPANY INC.

I understand that by giving the following information and by signing, I agree to release my driving information to Caddo Parish Fire District #5 and its insurance company for insurance purposes only. I understand that my driving record will be obtained and said permission is granted for the Office of Driver Services to release such.

Driver's Full Name: _____

Date of Birth: _____

License # and State: _____

Signature

Date