



CITY OF DENHAM SPRINGS FIRE AND POLICE APPLICATION

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL THE QUESTIONS IN THIS APPLICATION AND FAILURE TO ATTACH ALL REQUIRED DOCUMENTATION TO THIS APPLICATION MAY CAUSE YOUR APPLICATION NOT TO BE REVIEWED.

Department you are applying for (check one): Fire Police

Name: _____
 First Middle Last

Street Address/P.O. Box: _____

City/Town _____ State _____ ZIP _____

Phone number (include area code) (____) _____

Email: _____

Social Security Number: _____

Date of Birth (Month/Date/Year): _____

Are you a citizen of the United States? Yes No

Driver's License State & No.: _____ Expiration Date: _____

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 if you choose not to provide this information.

Male Female

White Black Hispanic Am. Indian Asian Other: _____

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 in 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 any of the above questions, please provide an explanation.

A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances and seriousness.

Explanation.

Attach additional pages if necessary.

TRAINING/EDUCATION

HIGH SCHOOL

Diploma or Equivalency Certificate

Date Received: _____

Name of School and address issuing diploma or of state department of education issuing GED or equivalency certificate

I did not graduate, but completed grade: _____

COLLEGE

Name of College or University/Location _____

Years Attended _____

Credit Hours Earned _____

Degree(s) Received _____

Date of degree _____

Major _____

OTHER FORMAL TRAINING
 (Business, Trade, Military, Etc., Classes or Seminars)
 (ATTACH ADDITIONAL PAGES IF NECESSARY)

Title of Instruction or Class	Location	Dates Attended	Did you Graduate?	No. of Hours
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES
 (ATTACH ADDITIONAL PAGES IF NECESSARY)

Please list below any professional licenses or certifications that are relevant to the job for which you are applying.

Name of License/ Type of Certification	Location	Date Acquired	Expiration Date	Restrictions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any special course work, training, or experience which may be beneficial in the job.

WORK EXPERIENCE

Instructions for Completing Section on work experience

Start with your present or most recent position and work back, including any military experience. List each position separate if you were promoted or your duties changed materially while working for the same employer. For volunteer experience disregard the reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

Name and complete address of employer

Type Business: _____

Title of your position: _____ Date of Employment: _____

Was this full-time employment: Yes No Avg. No. of hours worked per week: _____

Beginning Salary: _____ Ending Salary: _____

Name and title of immediate supervisor: _____

Number/Title(s) of employees you supervised: _____

Describe your duties in detail (use separate sheet, if necessary)

Name and complete address of employer

Type Business: _____

Title of your position: _____ Date of Employment: _____

Was this full-time employment: Yes No Avg. No. of hours worked per week: _____

Beginning Salary: _____ Ending Salary: _____

Name and title of immediate supervisor: _____

Number/Title(s) of employees you supervised: _____

Describe your duties in detail (use separate sheet, if necessary)

Name and complete address of employer

Type Business: _____

Title of your position: _____ Date of Employment: _____

Was this full-time employment: Yes No Avg. No. of hours worked per week: _____

Beginning Salary: _____ Ending Salary: _____

Name and title of immediate supervisor: _____

Number/Title(s) of employees you supervised: _____

Describe your duties in detail (use separate sheet, if necessary)

SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH

In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the Denham Springs Municipal Fire and Police Civil Service Board has adopted its own qualification requirements for each of its competitive classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board. You must attach a copy of the following documents:

- **Proof that you are a citizen of the United States (Original Birth Certificate, Voter's Registration Card, US Passport, or Certificate of Naturalization)**
- **Proof that you meet the age requirement of the civil service board (Birth Certificate, Driver's License, Selective Service Card)**
- **Proof of high school diploma or equivalent.**
- **Proof that you have a valid driver's license**
- **Copy of Social Security Card**
- **Copy of Civil Service score letter**

AUTHORITY TO 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 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: _____