

**FIRE PROTECTION DISTRICT 2 OF LIVINGSTON PARISH**  
**PO BOX 427**  
**SPRINGFIELD, LA 70462**  
**(225) 294-5651**  
**FAX: (225) 294-5745**  
**E-MAIL: [springfieldfire@bellsouth.net](mailto:springfieldfire@bellsouth.net)**

**Fire Department Application**

Position applying for:

Part-Time/Paid                       Volunteer Firefighter                       Volunteer Medical

Date \_\_\_\_\_

**PERSONAL INFORMATION:**

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

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

Home # ( ) \_\_\_\_\_ - \_\_\_\_\_                      Cell # ( ) \_\_\_\_\_ - \_\_\_\_\_

SS #: \_\_\_\_\_                      DOB: \_\_\_\_\_                      Race \_\_\_\_\_                      Sex \_\_\_\_\_

**EDUCATION:**

Name of High School \_\_\_\_\_                      Did you graduate? (Y/N)

Name of College \_\_\_\_\_                      Major: \_\_\_\_\_

**EMPLOYMENT:**

Name of Employer \_\_\_\_\_                      Phone# \_\_\_\_\_

Address \_\_\_\_\_                      Length of employment \_\_\_\_\_

**EXPERIENCE:**

Please list any First Aid or Emergency Medical Experience \_\_\_\_\_

\_\_\_\_\_

Please list any Firefighting Experience \_\_\_\_\_

\_\_\_\_\_

Have you ever been a member of another fire dept?(Y/N)\_\_\_\_\_ Where?\_\_\_\_\_

Please provide a contact name and number\_\_\_\_\_

Do you possess a valid driver's license? (Y?N)\_\_\_\_\_ License#\_\_\_\_\_

Has your license ever been suspended or revoked?\_\_\_\_\_ (If yes explain in detail on back)

Have you ever been convicted of a motor vehicle offense?(Y/N)\_\_\_\_\_ (If yes explain in detail on back)

Are you presently under a Doctor's care? (Y/N)\_\_\_\_\_ (If yes, for what)?\_\_\_\_\_

Do you have any Heart or Respiratory Aliments? (Y/N)\_\_\_\_\_

Do you use Drugs or Narcotics? (Y/N)\_\_\_\_\_

Do you have any physical, mental or any other type illness that may prevent you from fulfilling your duties as a member of the FPD#2? (Y/N)\_\_\_\_\_

REFERENCE:

Name:\_\_\_\_\_ Phone\_\_\_\_\_ Relation\_\_\_\_\_

Name:\_\_\_\_\_ Phone\_\_\_\_\_ Relation\_\_\_\_\_

Name:\_\_\_\_\_ Phone\_\_\_\_\_ Relation\_\_\_\_\_

In case of Emergency Please Contact: Name:\_\_\_\_\_

Home #\_\_\_\_\_ Cell #\_\_\_\_\_ Relation:\_\_\_\_\_

I hereby certify that all statements and information contained in this application are true and made to the best of my knowledge and belief. I understand that Fire Protection District 2 is relying on the accuracy of the information contained herein and that any false and misleading statements may be grounds for denial of application or discharge at the discretion of the Fire Chief of Fire Protection District 2. I understand that there will be an investigation of all information supplied by me herein by personnel of the Fire Protection District 2.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Proposed by:\_\_\_\_\_

Note: This application must be signed by a member prior to being accepted for review  
Note: No application will processed by the Fire Department until the application is completely filled out.

Approved            Yes            No

Accepted            \_\_\_\_\_  
                          Date

Investigation Committee:

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Brian A Drury, Fire Chief

**CRIMINAL BACKGROUND AFFIDAVIT**

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

Applicant Full Legal Name: \_\_\_\_\_

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

SS# \_\_\_\_\_

DOB \_\_\_\_\_

DL# \_\_\_\_\_

(Please check a response for each question)

YES\_\_\_ NO\_\_\_ Have you ever been arrested, charged with, and convicted of, pled guilty or no contest to, or been sentenced for any criminal offense, including all misdemeanors or felonies in any state? (Note: Even though an arrest or conviction has been pardoned, expunged, dismissed or deferred, you must answer "Yes" and attach a certified copy of criminal record(s).

YES\_\_\_ NO\_\_\_ Have you received a DUI/DWI violation?

YES\_\_\_ NO\_\_\_ Are there any criminal charges currently pending against you? Please explain.

YES\_\_\_ NO\_\_\_ Are you currently on probation or parole?

YES\_\_\_ NO\_\_\_ Have you had other than an honorable discharged from any military branch?

YES\_\_\_ NO\_\_\_ Have you had or have a physical, mental or emotional condition that might affect your ability to perform as a firefighter and/or First Responder

**I UNDERSTAND THAT IF I AM CHARGED OR CONVICTED OF A FELONY OR RECEIVE A DUI/DWI AT ANYTIME ONCE BECOMING A MEMBER OF FIRE PROTECTION DISTRICT 2, I MUST NOTIFY THE FIRE CHIEF WITHIN 72 HOURS OF ANY OCCURRENCE.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name