

BOSSIER CITY FIRE DEPARTMENT FIREFIGHTER APPLICATION CHECKLIST

This Application must be completed to the following guidelines in order to be accepted. There can be NO exceptions to the list of items needed. This checklist does not need to be returned as it has been provided for your benefit only.

____ Personal Inquiry Waiver (Signed and Dated)

____ Application (Signed and Dated)

____ Three Letters of Recommendation addressed to:

Bossier City Fire Department
Samuel J. Halphen
Fire Chief

Copies of the Following:
(already attached)

____ Birth Certificate

____ Driver's License

____ High School Diploma or Equivalent

____ Form DD-214 (if prior military service)

INSTRUCTION SHEET

CITY OF BOSSIER CITY MUNICIPAL FIRE AND POLICE CIVIL SERVICE BOARD

Your interest in the Bossier City Fire Department is greatly appreciated. In an effort to secure employees with high levels of honesty, integrity and moral character, we provide you with this set of instructions for completing an application for employment. Read and follow these instructions carefully and precisely.

FAILURE TO COMPLY WITH SAME WILL RESULT IN REJECTION OF YOUR APPLICATION

REQUIREMENTS FOR SUBMITTING APPLICATIONS FOR COMPETITIVE EXAMINATION

1. Fill out the application in ink and in your own best handwriting.
2. Answer fully every question that applies to you. When you are asked for an address, be sure to supply full mailing address, including zip code. Sign and date the application.
3. You must attach the following documents to your application for it to be considered. The Bossier City Fire Department will not make copies for you.
 - A. **BIRTH CERTIFICATE (copy)**
 - B. **CURRENT DRIVERS LICENSE (copy)**
 - C. **HIGH SCHOOL DIPLOMA OR EQUIVALENT (copy)**
 - D. **FORM DD-214, IF PRIOR MILITARY SERVICE (copy)**
 - E. **THREE LETTERS OF RECOMMENDATION ADDRESSED TO SAMUEL J. HALPHEN, FIRE CHIEF**
4. If you answer yes to the questions on the application (concerning prior conviction), attach a signed statement to your application giving complete details, including the date, place, charge, outcome and a full explanation of the circumstances for each and every instance. In reference to this matter, you should be advised that the Bossier City Fire Department routinely checks out applicants.
5. In order to avoid imposing on your time, please note the following:
 - A. If you have been discharged from military service and received a dishonorable discharge, the Board's general policy is not to accept such applicants.
 - B. It is the policy of this Department not to hire individuals who have recently used illegal drugs or narcotics.
6. You must sign a Personal Inquiry Waiver for release of personal information and return it with completed application.
7. If you have a current application of file, it shall be the responsibility of the applicant to notify the Bossier City Fire Department of any changes in address or telephone.

REQUIREMENTS TO TAKE FIREFIGHTER CIVIL SERVICE EXAM

- Must be not less than eighteen (18) years of age.
- Must have completed Standard High School Education or possess a valid Certificate of Equivalency by a State Department of Education.



PERSONAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

TO _____

I respectfully request and authorize you to furnish the Bossier City Fire Department any and all information that you may have concerning me, my work record, school record, my reputation, my financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and Photostats of same if requested. This information is to be used to assist the Department in determining my qualifications and fitness for the position I am seeking with the Bossier City Fire Department.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE AS VALID AS AN ORIGINAL THEROF, EVEN THOUGH THE SAID PHOTOCOPY DOES NO CONTAIN MY ORIGINAL SIGNATURE.

Applicant's Signature

Date

Print Name

APPLICATION FOR COMPETITIVE EXAMINATION

FIRE AND POLICE CIVIL SERVICE BOARD

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 TO BE REJECTED.

NAME:	FIRST	MIDDLE	LAST
STREET ADDRESS/P.O. BOX NO.		CITY/TOWN	STATE/ZIP
HOME TELEPHONE NUMBER (WITH AREA CODE) ()		OFFICE TELEPHONE NUMBER (WITH AREA CODE) ()	
SOCIAL SECURITY NUMBER		DATE OF BIRTH: MONTH/DATE/YEAR:	
ARE YOU A CITIZEN OF THE UNITED STATES? G YES G NO		DRIVER'S LICENSE NO: _____ EXPIRATION DATE: _____	

EXAMINATION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH EXAMINATION)

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.					
G Male	G White	G Black	G Hispanic	G Am. Indian	G Asian
G Female	G Other: _____				

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 local municipal fire and police civil service board in each jurisdiction 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 to which you are applying. You must attach a copy of the following documents:
<ul style="list-style-type: none"> Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization) Proof that you meet the age requirement of the civil service board (Birth Certificate) Proof that you meet the education requirement as posted by the civil service board to be admitted to the exam Proof that you have a valid driver's license (if this is a requirement of the civil service board to be admitted to the exam) Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam

AUTHORITY FOR 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 THE 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

FOR USE OF CIVIL SERVICE BOARD ONLY				
VERIFICATION THAT APPLICANT MEETS THE BOARD'S REQUIREMENTS				
G U.S. Citizen	G Age	G Education	G Driver's License (if a requirement)	G Veteran Pref.
1. Chairman	2. Vice chairman	3.	4.	5.

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

NOTE: IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK PROVIDED BELOW.

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 EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. 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. PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

TRAINING/EDUCATION

A. HIGH SCHOOL

DIPLOMA OR EQUIVALENCY CERTIFICATE

DATE RECEIVED: _____

I DID NOT GRADUATE, BUT COMPLETED GRADE: _____

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:

B. COLLEGE

NAME OF COLLEGE OR UNIVERSITY/LOCATION

YEARS
ATTENDED

CREDIT
HOURS
EARNED

DEGREE(S)
RECEIVED

DATE OF
DEGREE

MAJOR

NAME OF COLLEGE OR UNIVERSITY/LOCATION	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR

C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK
TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)				
			G YES G NO	
			G YES G NO	
			G YES G NO	
			G YES G NO	

SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING. (ATTACH ADDITIONAL PAGES IF NECESSARY)			
	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			

LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS.

IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY COMPUTER PROGRAMS (SOFTWARE) WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

TYPING ABILITY: _____ WPM

VETERAN'S PREFERENCE

Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or in a peacetime campaign or expedition for which a campaign badge has been authorized, including the following wartime periods: 06/27/50 - 01/31/55 (Korean Conflict); during the period of more than 180 consecutive days, any part of which occurred between 01/31/55 and 10/15/76 (including the Vietnam era), not including active duty for training in Reserves or National Guard; and from 08/02/90 - 01/02/92 (Gulf War). If your service began after October 15, 1976, you must have received a Campaign Badge, or Expeditionary Medal. Campaigns or expeditions for which such medals have been authorized include El Salvador, Lebanon, Granada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia and Herzegovina. Medal holders and Gulf War veterans who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and have not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. Note: If your DD-214 does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal.

Should you wish to receive the veteran's preference points, check the space provided and attach a copy of your DD-214 which verifies your qualification to receive preference.

I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES

REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): _____

REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION: in order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations.

What accommodations are you requesting?

Extra Time Reader Private Room Scribe Other: _____

WORK EXPERIENCE

INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard 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		
DATES OF EMPLOYMENT FROM: TO: MO. DAY YR. MO. DAY YR.			WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVERAGE NUMBER 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	
DATES OF EMPLOYMENT FROM: MO. DAY YR. TO: MO. DAY YR.			WAS THIS FULL-TIME EMPLOYMENT? G YES G NO	AVERAGE NUMBER 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)							

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						TITLE OF YOUR POSITION	
DATES OF EMPLOYMENT FROM: MO. DAY YR. TO: MO. DAY YR.			WAS THIS FULL-TIME EMPLOYMENT? G YES G NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
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						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT				WAS THIS FULL-TIME EMPLOYMENT? G YES G NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
FROM:		TO:						
MO.	DAY	YR.	MO.	DAY	YR.			
NAME AND TITLE OF IMMEDIATE SUPERVISOR				NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

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						TITLE OF YOUR POSITION		
DATES OF EMPLOYMENT				WAS THIS FULL-TIME EMPLOYMENT? G YES G NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
FROM:		TO:						
MO.	DAY	YR.	MO.	DAY	YR.			
NAME AND TITLE OF IMMEDIATE SUPERVISOR				NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				

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DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
FROM: MO. DAY YR. TO: MO. DAY YR.			G YES G NO				
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				
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						TITLE OF YOUR POSITION	
DATES OF EMPLOYMENT			WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY	
FROM: MO. DAY YR. TO: MO. DAY YR.			G YES G NO				
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED				
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)							