

Shreveport Municipal Fire and Police Civil Service Board

505 Travis Street, Suite, 530

Shreveport, Louisiana 71101

APPLICATION FOR COMPETITIVE EXAMINATION (Class of Firefighter & Fire Communications Officer)

1. FIRST, READ these instructions before beginning to fill out the application. Follow ALL instructions.
2. Please print in ink or type on the application. **PLEASE INDICATE TITLE OF POSITION** for which you are applying and sign the application. Failure to answer all questions on the application may cause your application to be delayed or rejected.
3. You will be contacted by mail. **IT IS IMPORTANT THAT YOUR COMPLETE ADDRESS INCLUDING APARTMENT NUMBERS AND ZIP CODES BE ON THE APPLICATION.** If you move, you must update your address with the Board Secretary. Failure to have a correct mailing address on file may result in missing an examination or removal of your application from the hiring process.
4. COPIES of the following **MUST BE ATTACHED** to your application before you return it to the Civil Service Board. DO NOT place originals in the application.
 - a. Birth Certificate.
 - b. High School Diploma or GED equivalent.
 - c. Form DD-214, if you qualify for veteran's preference. (See application for qualifications).
5. If you answer "yes" to any of the questions listed under "Background Information", i.e., past terminations, arrests, convictions, please explain by giving complete details in the explanation section of the application for each and every instance. Prior to hiring, the appointing authority will conduct a complete background investigation. Falsification, misrepresentation, or omission of any information in your application, will cause the civil service board to remove your name from the eligibility list.
6. Please note the following:
 - a. It has generally been the Appointing Authority's policy not to hire individuals; discharged with less than honorably from military service, or convicted of a felony, convicted of misdemeanors or multiple traffic violations in the past two years.
 - b. All applicants for firefighter will be required to take a Candidate Physical Ability Test (CPAT), a physically challenging test consisting of a sequence of eight tasks performed while wearing a fifty pound vest designed to demonstrate whether a candidate possesses the strength, endurance, and physical agility to perform the essential duties of the position of Firefighter.
 - c. After a Conditional Offer of Employment all applicants must pass a polygraph examination, a psychological examination, a medical examination, and a drug test administered by qualified third parties on behalf of the Appointing Authority, to demonstrate good health and physical fitness sufficient to perform the essential duties of the position with or without accommodations.
 - d. Age Requirements:
FIREFIGHTER
Minimum -- 18 years Maximum -- not reached 29 years of age as of conditional offer of employment.

FIRE COMMUNICATIONS OFFICER (FCO I)

Minimum -- 21 years Maximum - None

APPLICATION FOR COMPETITIVE EXAMINATION FIRE AND POLICE CIVIL SERVICE BOARD

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL QUESTIONS IN THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE DELAYED OR 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? <input type="checkbox"/> YES <input type="checkbox"/> NO					ARE YOU A REGISTERED VOTER OF THE STATE OF LOUISIANA? <input type="checkbox"/> YES <input type="checkbox"/> NO				

TITLE OF POSITION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH TYPE OF POSITION)

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.					
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Am. Indian	<input type="checkbox"/> Asian
<input type="checkbox"/> Female	<input type="checkbox"/> Other: _____				

SPECIAL INSTRUCTIONS FOR DOCUMENTATION WHICH SHOULD BE ATTACHED TO YOUR COMPLETED APPLICATION FOR EXAMINATION
So that our civil service board may evaluate your qualifications for admission to the examination, please attach a <u>copy</u> of the documents checked below to your completed application:
<input type="checkbox"/> VOTER REGISTRATION CARD
<input type="checkbox"/> HIGH SCHOOL DIPLOMA OR GED EQUIVALENCY CERTIFICATE
<input type="checkbox"/> DRIVERS LICENSE
<input type="checkbox"/> COLLEGE TRANSCRIPT, IF APPLICABLE
<input type="checkbox"/> SPECIAL CERTIFICATIONS OR LICENSES REQUIRED FOR ADMISSION TO SPECIFIC CLASSES
<input type="checkbox"/> _____
<input type="checkbox"/> _____

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 EMPLOYER, 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				
<input type="checkbox"/> Voter	<input type="checkbox"/> Citizen	<input type="checkbox"/> Age	<input type="checkbox"/> Education	<input type="checkbox"/> Vet. Pref.
1. CHM	2. V. CHM	3.	4.	5.

BACKGROUND INFORMATION

IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES THE ABILITY TO DRIVE A VEHICLE, PLEASE PROVIDE YOUR DRIVER'S LICENSE NUMBER:

DRIVER'S LICENSE NUMBER & ISSUING STATE: _____

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) TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK
			<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

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 SOFTWARE PACKAGES OR COMPUTER LANGUAGES 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 were discharged honorably or under honorable conditions from the U.S. Armed Forces after having served during any of the following wartime periods: September 16, 1940 through July 25, 1947; June 27, 1950 through January 31, 1955; and between July 1, 1958 through May 7, 1975. After May 7, 1975, you must have served in a peacetime campaign or expedition for which campaign badges were authorized to receive the veteran's preference points. (Exclude active duty for training in Reserves or National Guard.) Should you wish to receive the veteran's points, check the space provided and attach a copy of your DD-214 which verifies the above information. You will not receive the five points if you fail to attach the required documentation.

- I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 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 recent 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.

- The required documentation is attached to this application.

NAME AND COMPLETE ADDRESS OF EMPLOYER	TYPE BUSINESS			
	TITLE OF YOUR POSITION			

DATES OF EMPLOYMENT FROM:	TO:	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
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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:	TO:	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
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DATES OF EMPLOYMENT FROM:	TO:	WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY

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NAME AND COMPLETE ADDRESS OF EMPLOYER	TYPE BUSINESS
	TITLE OF YOUR POSITION

DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> 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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NAME AND COMPLETE ADDRESS OF EMPLOYER	TYPE BUSINESS
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DATES OF EMPLOYMENT						WAS THIS FULL-TIME EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
FROM:			TO:						
MO.	DAY	YR.	MO.	DAY	YR.				

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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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