

224 W. McKinley Ave. Haughton, Louisiana 71037

P.O. Box 729 TEL. (318) 949-9500 FAX (318) 949-8503

Office of the Fire Chief

HAUGHTON FIRE DEPARTMENT

Employment Application

Haughton Fire Department does not discriminate in hiring or employment on the basis of race, color, religion, creed, sex, national origin, handicap, veteran status, or on the basis of age in the case of persons forty years old or over. No question in this application is intended to secure information to be used for discriminatory purposes.

All job offers are contingent upon the successful completion of a background process, which may include a police records check and a medical examination which includes a drug screening.

DO NOT WRITE IN THIS BLOCK

DRIVERS LICENSE CHECK: _____

CRIMINAL HISTORY CHECK: _____

BACKGROUND CHECK: _____

WARRANT CHECK: _____

OFFICER SIGNATURE: _____

CHIEF SIGNATURE: _____

ATTACH
A
COPY
OF
DRIVER'S
LICENSE

Instructions: Write or print clearly. Answer ALL questions. If a question is not applicable, mark it (X). ALL applicants must complete their own application. Do not use typewriter.

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Maiden name of female applicant: _____

Other names and/or nicknames: _____

Residence Address: _____

Street Address Apartment/Unit #

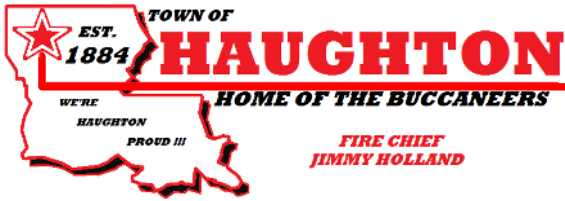
City State ZIP Code

Mailing Address: _____

Street Address Apartment/Unit #

City State ZIP Code

Phone: **(home)** _____ **(cell)** _____ Email _____



224 W. McKinley Ave. Haughton, Louisiana 71037

P.O. Box 729 TEL. (318) 949-9500 FAX (318) 949-8503

Office of the Fire Chief

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____
 Driver's License #: _____ State and Class: _____ Expiration Date: _____
 Restrictions: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Are you under 18 years of age? YES NO Are you over 60 years of age? YES NO
 (Answer only if applying for public safety position)
 Are you related to anyone working for Town of Haughton? YES NO If yes, Name: _____
 Relationship: _____
 Have you ever worked for the Town of Haughton? YES NO If yes, when? _____
 Have you ever been convicted of a felony? YES NO If yes, when and where? _____

Explain: _____

Education

Grammar School: _____ Date Entered: _____
 Junior High School: _____ Date Entered: _____

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____
 Major _____ Minor _____
 Subjects: _____ Subjects: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Scholastic Disciplinary Action taken against me: _____

Professional Licenses or Certifications: _____



224 W. McKinley Ave. Haughton, Louisiana 71037

P.O. Box 729 TEL. (318) 949-9500 FAX (318) 949-8503

Office of the Fire Chief

Social/Fraternal/Civic
Memberships: _____
Other Job Related
Training: _____

Professional
Memberships: _____

References

Please list three reputable citizens who have known you during the last 5 years. DO NOT list relatives or former employers.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Relatives

Father: _____
Name Address Age Employer

Mother: _____
Name Address Age Employer

Brother: _____
Name Address Age Employer

Brother: _____
Name Address Age Employer

Sister: _____
Name Address Age Employer

Sister: _____
Name Address Age Employer

Wife: _____



224 W. McKinley Ave. Haughton, Louisiana 71037

P.O. Box 729 TEL. (318) 949-9500 FAX (318) 949-8503

**FIRE CHIEF
JIMMY HOLLAND**

Office of the Fire Chief

Name	Address	Age	Employer
Husband:			
Name	Address	Age	Employer
Son:			
Name	Address	Age	Employer
Son:			
Name	Address	Age	Employer
Daughter:			
Name	Address	Age	Employer
Daughter:			
Name	Address	Age	Employer

Residence Record

Please list all places you have resided during the last 2 years.

Address: _____ From: _____ To: _____
Reason for move: _____

Address: _____ From: _____ To: _____
Reason for move: _____

Address: _____ From: _____ To: _____
Reason for move: _____

Address: _____ From: _____ To: _____
Reason for move: _____

Address: _____ From: _____ To: _____
Reason for move: _____

Health

Do you suffer from any physical or mental disability that would prevent you from performing your job duties in a safe and efficient manner? YES NO

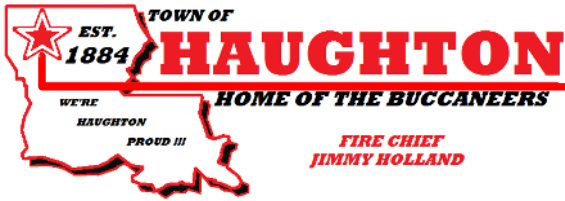
I have have not been treated or confined for a mental disorder.

If have, explain: _____

Legal

Please list your traffic violations during the past 3 years.

Violation: _____ Date: _____
Violation: _____ Date: _____
Violation: _____ Date: _____



224 W. McKinley Ave. Haughton, Louisiana 71037

P.O. Box 729 TEL. (318) 949-9500 FAX (318) 949-8503

Office of the Fire Chief

I have have not been arrested for any offense.

If have, explain: _____

I have have not been convicted for any offense.

If have, explain: _____

I have have not been a defendant in a court action.

If have, explain: _____

Miscellaneous Information

Describe your history with any Fire department, whether volunteer and/or professional, including years of service:

Previous Employment

Please list employment record for the last 10 years beginning with your last (or present) job and working backward.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

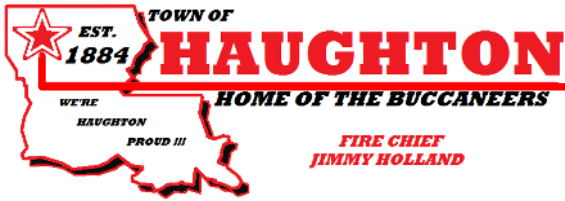
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



224 W. McKinley Ave. Haughton, Louisiana 71037

P.O. Box 729 TEL. (318) 949-9500 FAX (318) 949-8503

FIRE CHIEF
JIMMY HOLLAND

Office of the Fire Chief

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Date at Discharge: _____ Service Number: _____

If other than honorable, explain: _____

Disclaimer and Signature

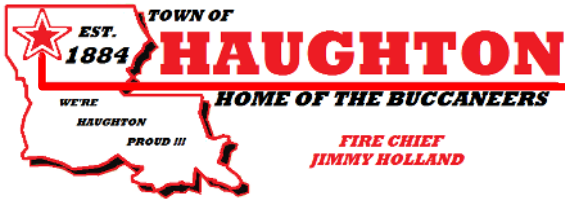
I certify that:

- I do not drink excessively;
- I do not use illegal drugs, controlled substances, designer drugs, or any other substance which may have the effect on the human body of being a narcotic, depressant, stimulant, hallucinogen, or cannabinoid, and I do not use unauthorized prescription drugs.

I HEREBY AUTHORIZE a review and full disclosure of all information of record concerning myself to the Haughton Fire Department related to educational background, medical, alcohol, drug abuse and psychological treatment and/or consultation, employment and pre-employment records, including background reports, efficiency ratings, and any other facts relating to my suitability for employment.

I UNDERSTAND that any information obtained by a personal history background investigation will be considered in determining my suitability for employment by the Haughton Fire Department. I understand and agree that as an applicant for employment and during the course of my employment with the Haughton Fire Department, I am subject to and may be tested in the following manner: Psychological tests, polygraph tests, physical fitness tests, honesty tests, and drug screens.

I HERBY RELIEVE, RELEASE AND HOLD HARMLESS the Fire Chief, his firefighters, and the individuals and/or agencies or institutions who supply requested information from any liability or damage which may result from furnishing the information requested above.



224 W. McKinley Ave. Haughton, Louisiana 71037

P.O. Box 729 TEL. (318) 949-9500 FAX (318) 949-8503

Office of the Fire Chief

I UNDERSTAND that the Haughton Fire Department will sometimes come into contact with controlled dangerous substances (C.D.S. – drugs) and alcoholic beverages in the line of duty, as well as the prescription drugs that may be stored and used by Haughton Fire Department for certain medical emergencies, and that the use, possession, concealment, transportation, promotion or sale of the following items or substances by any employee is strictly prohibited on or off duty: (1) illegal drugs, controlled substances (including trace amounts), designer drugs, or any other substance which may have the effect on the human body of being a narcotic, depressant, stimulant, hallucinogen or cannabinoid (herein called “drugs”); (2) unauthorized alcoholic beverages; (3) unauthorized items-drug paraphernalia; and (4) unauthorized prescription drugs. Use includes being on duty, or reporting for duty, with any detectable quantity of the above in the employee’s system.

I WILL comply with the above policy and consent to testing for the presence of the above substances in my body as a part of the pre-employment processing, when I am considered for transfer or promotion, and at other times considered appropriate by the Fire Chief.

I FURTHER UNDERSTAND AND AGREE that I have not been offered an employment contract or employment for any specified period of time, and that my employment can be terminated by the Fire Chief or his designee at any time with or without cause, and with or without notice. I also understand that I may terminate my employment at any time, with or without cause, upon giving proper notice.

I CERTIFY that this application contains no willful misrepresentations of false statements, and I know of no legal or moral prohibitions against my employment by the Haughton Fire Department.

IT IS FURTHER AGREED that in the event I am employed, information concerning such employment may be released to any future prospective employers.

Signature: _____ Date: _____