

PLEASE RETURN SIGNED APPLICATIONS WITH THE FOLLOWING ITEMS:

- ∴ RESUME*
- ∴ COPY OF DRIVER'S LICENSE*
- ∴ COPY OF HIGH SCHOOL DIPLOMA/HIGH SCHOOL EQUIVALENCY CERTIFICATE*
- ∴ COPY OF SOCIAL SECURITY CARD*
- ∴ COPY OF BIRTH CERTIFICATE*
- ∴ SIGNED AUTHORIZATION TO RUN A CRIMINAL HISTORY*
- ∴ COPY OF A CURRENT CIVIL SERVICE SCORE*
- ∴ COPY OF ICS 100 (must be within 5 years)*
- ∴ COPY OF ALL FIRE, RESCUE AND MEDICAL CERTIFICATIONS*

- ✂ **EMRs**- Provide an EMR License to practice from the State of LA and a BLS Provider Card*

- ✂ **EMTs**- Provide an EMT License to practice from the State of LA, an EMT Card from NREMT and a BLS Provider Card*

- ✂ **Paramedics**- Provide an EMT License to practice from the State of LA, a NRP Card from NREMT, a BLS Provider Card and an ACLS Provider Card.*



CITY OF GONZALES EMPLOYMENT APPLICATION

120 South Irma Blvd

Gonzales, LA 70737

Phone (225) 647-2841 Fax (225) 647-9557

www.gonzalesla.com

Part -Time /Full -Time

APPLICANT INFORMATION

| | | | | |
|--|------------------------------|-----------------------------|--|--|
| Last Name | | First | M.I. | Date |
| Street Address | | | Apartment/Unit # | |
| City | State | | ZIP | |
| Phone | | E-mail Address | | |
| Date Available | Social Security No. | | Date of birth | |
| Driver's license number | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | |
| Applying for Full-Time or Part- Time | | | | |

EDUCATION

| | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

PREVIOUS EMPLOYMENT

| | | | |
|-----------|--------------------|------------------|--|
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone () | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |

| MILITARY SERVICE | |
|----------------------------------|-------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|--|------|
| <p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> | |
| Signature | Date |

FIRE AND POLICE CIVIL SERVICE BOARD APPLICATION FOR COMPETITIVE EXAMINATION

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. | | STATE/ZIP |
| CITY/TOWN | | |
| 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:

- 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 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?

G YES G NO

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

G YES G NO

3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?

G YES G 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

| | |
|---|--|
| <p>A. HIGH SCHOOL</p> <p>G DIPLOMA OR EQUIVALENCY CERTIFICATE</p> <p>DATE RECEIVED: _____</p> | <p>NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:</p> |
|---|--|

| B. COLLEGE | 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 |
|--|----------|----------------|-------------------|-----------------------|
| | | | 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.

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

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 | | 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 | | |

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

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



Chief Tracey Normand
Gonzales Fire Department
724 W. Orice Roth Rd.
Gonzales, LA 70737

Dear Applicant,

The goal of the Gonzales Fire Department is to provide the residents of the City of Gonzales with the finest fire department in the state of Louisiana. In order to accomplish this goal, we must be selective in hiring.

In order to be considered for employment, certain minimum requirements must be met. To be hired, applicants must be at least 18 years of age, have a high school or equivalent diploma, and take and obtain a passing score on the Firefighter civil service entrance exam. Other factors that strongly influence the employment selection process are previous work experience, previous fire service experience, a clear driving record, and no history of prior criminal activity.

Below is a waiver designed to release the aforementioned information to the selection committee. This committee does a thorough investigation of each applicant and makes recommendations to me for final approval of hiring. If you wish to continue with the Gonzales Fire Department hiring process, read the below waiver, sign and return this form to the Gonzales Fire Department along with your application. Thank you in advance for your interest in the Gonzales Fire Department and good luck in your future endeavor.

Fire Chief Tracey Normand

By signing this waiver, I grant permission to the Chief of the Gonzales Fire Department or his designee to interview my present or prior employers, have the Ascension Parish Sheriff's Office make inquiries into my criminal and driving history, and/or make whatever inquiries deemed necessary to any and all persons, agencies, etc. By signing below, I declare and attest that the information supplied to the Gonzales Fire Department is true and correct to the best of my knowledge and belief, and I understand that any misrepresentation(s) shall give cause for disqualification of and/or refusal to consider my application.

I further agree to hold harmless from any civil or criminal liabilities, the Gonzales Fire Department and the Ascension Parish Sheriff's Office due to the outcome of these record and background checks.

Applicants Signature

Date