Shreveport Municipal Fire and Police Civil Service Board

7300 Mansfield Road
Shreveport, Louisiana 71108

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).
   d. FCO I applicants – Certified verification of 25 word per minute typing ability.

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 or 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 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? ☐ YES ☐ 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.

☐ Male ☐ Female	☐ White ☐ Black ☐ Hispanic ☐ Am. Indian ☐ Asian ☐ 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 (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

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
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ 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 OF 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:			WAS THIS FULL-TIME EMPLOYMENT? ☐ YES ☐ NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY
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: MO. / DAY / YR. TO: MO. / DAY / YR.	WAS THIS FULL-TIME EMPLOYMENT? ☐ YES ☐ 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? ☐ YES ☐ NO	AVERAGE NUMBER OF HOURS WORKED PER WEEK:	BEGINNING SALARY	ENDING SALARY

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