

**RED RIVER FIRE DISTRICT EMPLOYMENT APPLICATION**

This questionnaire is to be completed in its entirety and returned to the Red River Fire District by date and time stated in the verbal or written notification. Questionnaires will be accepted in person or by email no later than date and time stated in the verbal or written notification only between 8:00 am and 4:00 pm.

Applicant: Do not write in this area

<b>For Official Use Only</b>	Date Returned: _____
Physical Fitness: Yes No	Date: _____
Psychological: Yes No	Date: _____
Interview Board: Yes No	Date: _____

**POSITION OF INTEREST:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Name

**Address:** \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City Parish State Zip

**Contact Information:** \_\_\_\_\_  
Area Code Home Work Mobile Email Address

Please read each question carefully and answer truthfully. The information you provide will be verified during your background investigation. Therefore, accuracy is essential. Any false statement or information you knowingly supply will be cause for rejection of your application. All questions are to be completely answered. If you feel the space provided is insufficient to properly answer the question, feel free to attach additional sheets of paper to satisfactorily complete the questionnaire. If a question does not apply to you, answer "N/A."

**RED RIVER FIRE DISTRICT  
Background Investigation Information Release**

I understand that the Red River Fire District Fire Department will be conducting a thorough background investigation including, but not limited to: Verification of past employment history and performances; Education; Medical History; Criminal arrest records and traffic offense and accident records.

I hereby grant my permission to the Red River Fire District Fire Department to investigate my background and authorize any persons or agencies questioned by the Red River Fire District Fire Department to provide information they deem pertinent to the investigation. I hereby release the Red River Fire District, officers and its background investigators, as well as any agency that provides information as requested by investigators, from liability in connection with furnishing such information.

\_\_\_\_\_  
Applicant Printed Name Signature Date

**PERSONAL INFORMATION**

NAME: Last First Middle Name Gender  
Male Female

Maiden Name, Aliases, or Any Other Name Used Before:

Location of Birth (City, Parish/County, State, Country):

Date of Birth: Social Security Number:

Driver's License Information: State Class Restrictions

**WORKING ENVIRONMENT**

Do you object to wearing a uniform? Yes No If yes, explain:

Do you object to working 24 hour shifts? Yes No If yes, explain:

Do you object to being away from home overnight, holidays, or during periods of off time for training or to perform official duties? Yes No

Do you have any relatives that are currently employed by the Parish? Yes No If yes, who? What department?

**CAREER OBJECTIVES**

Briefly explain your reasons for wanting to work at the Red River Fire District and what you expect to attain from your fire service career:

**EDUCATION**

School	Name and Location of School	Course of Study	Years Completed	Degrees or Certifications Earned
Elementary				
Junior High/Middle				
High School				
College				
Certifications, licensures, etc				
Training				

Please use this space to describe any experience, education, knowledge, skills, training, accomplishments, licenses, machine operations, computer programs or special skills you possess.

Are you currently attending school?	Yes	No	What do you expect to accomplish?
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**MILITARY HISTORY**

Have you ever been rejected for military service?      Yes      No      If yes, what branch and for what reason were you rejected?

Have you ever served in any branch of the military?      Yes      No      If yes, what branch of the military did you serve in?

What date did you enter military services?	What rank did you attain?	When were you discharged?	Was your discharge honorable?	What type of discharge did you receive?
_____	_____	_____	Yes      No	_____

Did you ever receive any type of disciplinary action while you were in the service?      Yes      No

If you answered "YES," describe in detail the type of action filed against you, the circumstance, and the outcome of the action:

\_\_\_\_\_

Were you ever court-martialed?                      Yes                      No

If you answered "YES," to the question of being court-martialed, describe the circumstances below:

Are you now or have you ever received compensation from the federal government for a service related disability?                      Yes                      No

What was the reason for compensation?

Are you currently in a reserve or national guard unit?                      Yes                      No                      If yes, what branch do you serve in?

Where is your unit located?                      What job do you have in your unit?                      List the name, address, and telephone of the commanding officer in your unit.

**DRIVING RECORD**

Driver's License Number:                      State                      Expiration Date                      Type or Class                      Restrictions

Have you ever received a traffic citation?                      Yes                      No

If you answered yes, list below the dates, the offenses, and the court dispositions of each citation you have received:

OFFENSE                      DATE                      LOCATION                      DISPOSITION

Have you ever had a traffic accident?                      Yes                      No                      If yes, how many?                      How many were your fault?                      How many that was your fault resulted in injury to another person?

List the accidents which were your fault and resulted in injury to another party:  
DATE                      LOCATION                      CITY/PARISH/COUNTY                      # OF PEOPLE

Has your driver's license ever been suspended?  Yes  No

If yes, for what reason? \_\_\_\_\_

How long was it suspended or revoked? \_\_\_\_\_

Suspension Dates: \_\_\_\_\_

What agency suspended your license? \_\_\_\_\_

Have you ever been cited for the following: **Reckless Operation?**  Yes  No **DWI?**  Yes  No

**EMPLOYMENT HISTORY**

Have ever applied with the Red River Fire District?  Yes  No If yes, when? \_\_\_\_\_

Have you ever applied for any other position with the Parish?  Yes  No If yes, which department? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever applied to any other fire department before?  Yes  No If yes, please explain below. \_\_\_\_\_

Name of Department	Location	Date
_____	_____	_____
_____	_____	_____

Have you ever worked for a fire department in the past?  Yes  No

If yes, list the departments, locations, dates, and positions below:

\_\_\_\_\_

\_\_\_\_\_

Did you leave any of these departments for any reason other than voluntary resignation?  Yes  No

If you answered "yes," identify the position and explain why you left:

\_\_\_\_\_

Were any disciplinary actions taken against you during your employment with a fire department?  Yes  No

Did you ever engage in any misconduct that went undetected while you were serving any fire department?  Yes  No

If you answered "yes," please explain:

\_\_\_\_\_

Are you currently employed with a fire department?                      Yes                      No                      If yes, what department?  
 \_\_\_\_\_

Why do you want to leave the agency you currently work with to work for the Red River Fire District?  
 \_\_\_\_\_

Have you ever been fired from any position you have held?                      Yes                      No                      Where and when?  
 \_\_\_\_\_

If you answered "yes," for what reason?  
 \_\_\_\_\_

Have you ever been asked to resign in lieu of being fired?                      Yes                      No                      If yes, with what company, why, and when?  
 \_\_\_\_\_

Have you ever quit a job without giving sufficient notice?                      Yes                      No                      If yes, which employer and why?  
 \_\_\_\_\_

Are you currently employed?                      Yes                      No                      Do you think your present employer will give you a good recommendation?                      Yes                      No                      If no, why?  
 \_\_\_\_\_

**List below all the employment positions you have held for the past ten (10) years, regardless of how long you were employed. Beginning with the position you now hold, list all other jobs held in reverse chronological order.**

Dates of Employment		Name of Employer and Location	Telephone No.	Position(s) Held	Reason for Leaving	Supervisor's Name
To:	From:					
To:	From:					
To:	From:					
To:	From:					
To:	From:					
To:	From:					

**ARREST RECORD**

Have you ever been arrested or issued a summons for a criminal offense?  
(Affirmative answers won't automatically disqualify you.)  
If you have, for what charges?

Yes

No

**Arresting Agency**

**Date of Arrest**

**Disposition**

**Sentence, if convicted.**

Have you ever been questioned by the police as a suspect during an investigation into a felony offense?  
Describe the circumstances and the reason the investigation focused on you:

Yes

No

Are you currently a suspect in any police criminal investigation?  
If you are, why are you being investigated, and by whom are you being investigated?

Yes

No

**PARTY and ORGANIZATIONAL AFFILIATION**

Are you, or have you been in the past, a member of any organization which might be considered radical or subversive?

Yes

No

Which group(s)?

Have you ever attended any meeting of an organization or group which might be considered radical or subversive?

Yes

No

Which group(s)?

Do you sympathize with any organization which might be considered subversive or radical?

Yes

No

Which groups(s)?

List the clubs and/or organizations you are a member of below. Include name, location and number of years.

**ALCOHOL/DRUG USE**

Do you consider yourself a light, moderate, or heavy drinker?	What do you usually drink when you consume alcoholic beverages?	How often do you consume alcoholic beverages?	How much alcohol do you consume during a week?	How many times have you been intoxicated during the past 12 months?
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How many times have you had a "buzz" or been "tipsy" during the past 12 months?	How many times have you driven a vehicle after having consumed alcoholic beverages within the past 12 months?	Have you ever been arrested as a result of alcohol consumption?	Yes	No
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If you answered "yes," explain the circumstances below:

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Have you ever been admitted to a substance abuse clinic?      Yes      No      If so, where?

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What type of substance addiction were you being treated for?

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Have you ever experimented or used the following drugs or substances?

Drug	# of Times Used	Last Time Used	Ever Addicted?
Marijuana	<hr/>	<hr/>	<hr/>
Hashish	<hr/>	<hr/>	<hr/>
Speed	<hr/>	<hr/>	<hr/>
Heroin	<hr/>	<hr/>	<hr/>
L.S.D	<hr/>	<hr/>	<hr/>
Cocaine	<hr/>	<hr/>	<hr/>
"Crack" Cocaine	<hr/>	<hr/>	<hr/>
PCP	<hr/>	<hr/>	<hr/>
Other	<hr/>	<hr/>	<hr/>

Have you ever taken any barbiturates, amphetamines, or any other type of controlled medication without a prescription?      Yes      No

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**THEFT AND DISHONESTY**

List below any and all items and/or cash you have stolen in your lifetime. This includes any cash or property you took without authorization from an individual, employer, business, store, etc. Include the item, the quantity, the approximate date, the approximate value, and from whom the item was taken.

Item	Quantity	Date	Value	From Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever switched price tags to cause the value of an item to be lower than its actual value?

Yes                      No

Have you ever participated in refund fraud?

Yes                      No

Have you ever purchased items that you suspected or knew were stolen?

Yes                      No

What were the items?

How much did you pay for the items?

How much should the items have been valued at?

**PAST RESIDENCES**

Street Address of Residence	City, State, Zip Code	Landlord's Name (if applicable)	Length of Residence	
			To	From
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFERENCES**

List the names of three responsible people, other than relatives or past employers, who can provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Telephone #	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AFFIRMATION**

I attest that the answers I have provided to these questions are complete and true to the best of my knowledge and belief. I understand that if I have falsified, misrepresented, or knowingly omitted any information from this questionnaire that my application may be rejected, and I may be terminated from employment if I have been offered employment following the application process.

\_\_\_\_\_

Applicant Printed Name
Applicant Signature
Date