

OFFICE USE ONLY Vote On:



# Little Caillou Fire Department

5016 Hwy 56, Chauvin, La 70344

(985) 594-7775



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS (PHYSICAL): \_\_\_\_\_

ADDRESS (MAILING): \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ EMAIL \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

MARRIED ( ) SINGLE ( ) IF MARRIED, SPOUSE'S NAME: \_\_\_\_\_

BENEFICIARY: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS EMPLOYMENT: \_\_\_\_\_

EMPLOYER PHONE # \_\_\_\_\_

DO YOU HAVE ANY PAST OR PRESENT MEDICAL CONDITION THAT THIS FIRE DEPT. NEEDS TO KNOW. YES ( ) NO ( ) IF YES LIST CONDITION: \_\_\_\_\_

ARE YOU A MEMBER OF ANY OTHER FIRE DEPT. OR HAVE YOU EVER BEEN A MEMBER OF ANOTHER FIRE DEPT. YES ( ) NO ( ) IF YES, NAME OF FIRE DEPARTMENT(S): \_\_\_\_\_

HAVE YOU HAD ANY CERTIFICATIONS IN THE FIRE SERVICE YES ( ) NO ( ) IF YES, NAME OF CERTIFICATIONS WITH DATE & YEAR: \_\_\_\_\_

HAVE YOU HAD ANY TRAINING IN EMERGENCY MEDICAL SERVICE YES ( ) NO ( ) IF YES, NAME OF CERTIFICATIONS WITH DATE & YEAR: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF D.W.I. YES ( ) NO ( )

IF YES, DATE OF INCIDENT: \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ARSON OR ANY FELONY

YES ( ) NO ( ) IF YES, DATE OF INCIDENT: \_\_\_\_\_

I THE UNDERSIGNED, DO HERE BY GIVE LITTLE CAILLOU VOL. FIRE DEPT. THE PERMISSION TO A CRIMINAL BACKGROUND CHECK. I ALSO UNDERSTAND, AND BECAUSE IT HAS BEEN EXPLAINED TO ME BY MY SPONSOR, THAT CERTAIN CRITERIA HAS TO BE MET BEFORE I CAN BE ACCEPTED, AS A MEMBER OF THIS FIRE DEPT. I ALSO UNDERSTAND THAT MY PROBATION PERIOD WILL LAST APPROXIMATELY 6 MONTHS. IN THAT TIME I SHALL ATTEND 9 HRS. OF TRAINING, 2 MONTHLY MEETINGS AND TOUR ALL 4 STATIONS.

I DO SOLEMLY SWEAR THAT ABOVE INFORMATION IS TRUE, TO THE BEST OF MY KNOWLEDGE, IF ANY OF THE ABOVE INFORMATIONIS PROVEN TO BE FALSIFY, APPLICATION IS SUBJECT TO REJECTION.

NEW MEMBER SIGNATURE: \_\_\_\_\_

**TRAINING**

#1) INSTRUCTOR	_____	COURSE	_____	DATE	_____
#2) INSTRUCTOR	_____	COURSE	_____	DATE	_____
#3) INSTRUCTOR	_____	COURSE	_____	DATE	_____

**MEETING**

#1) CHAIRMAN	_____	DATE	_____
#2) CHAIRMAN	_____	DATE	_____

STATION 1, 4588 HWY 56

STATION 2, 5016 HWY 56

STATION 3, 5610 HWY 56

STATION 4, 6868 HWY 56

FF ON DUTY SIGNATURE

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