

HOUMA FIRE DEPARTMENT EMPLOYMENT APPLICATION INSTRUCTIONS

Terrebonne Parish Consolidated Government



Thank you for your interest in working for the Houma Fire Department. Follow the instructions exactly to fill out your application. Terrebonne Parish Consolidated Government is an Equal Opportunity Employer and does not discriminate based on race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Your application will become public record and is subject to disclosure.

Complete the Application



- Fill out all fields on the application. If something doesn't apply to you, enter **N/A**.
- If filling out by hand, write legibly in blue or black ink (not pencil).
- Resumes will not be accepted in lieu of the applications unless stated in the job notice. However, if you have a resume and/or cover letter handy, attach it to your application!
- Be sure to sign the waiver and application where indicated.

Provide Additional Documentation



If you have taken the Civil Service Exam in any other jurisdiction, the following must be attached to your personal history packet when it is returned:

- Copy of driver's license
- Copy of high school diploma or GED
- Copy of diploma from any other educational institution
- Copy of Social Security card
- Copy of military discharge paperwork (for prior military personnel)
- Copy of any certificates that involve fire service certifications and emergency medical certifications

Submit it to Houma Fire Department



Applications should be delivered in person to:

Central Fire Station

600 Wood Street

Houma, LA 70360

For more information, visit houmafire.com or call 985-873-6391.



AUTHORIZATION TO RELEASE INFORMATION (PERSONAL INQUIRY WAIVER)

To Whom It May Concern:

I respectfully request and authorize you to furnish the Houma Fire Department copies of all medical records (physical, medical, mental) including reports, labs, x-rays, EKGs, and any other medical information you may have concerning treatment to or for me for any purpose and at any time. This information is to be used to assist the Houma Fire Department in determining my qualifications and fitness for the position of which I am seeking.

I respectfully request and authorize you to furnish the Houma Fire Department with all information you have concerning my employment, including my entire personnel file, my application for employment, the report of my pre-employment physical, reports of personal injury and medical records which reflect the terms of my employment (i.e., the number of days, weeks, months, etc.) and my gross earnings. This information is to be used to assist the Houma Fire Department in determining my qualifications and fitness for the position of which I am seeking.

I respectfully request and authorize you to furnish the Houma Fire Department with all education records and all background and character information as requested. Please include all information that is of confidential or privileged nature. This information is to be used to assist the Houma Fire Department in determining my qualifications and fitness for the position of which I am seeking.

I respectfully request and authorize you to furnish the Houma Fire Department with the copies of my military services records (including medical, physical, and mental records and reports). This information is to be used to assist the Houma Fire Department in determining my qualifications and fitness for the position of which I am seeking.

I hereby relieve, release, and hold harmless the Houma Fire Department and the individuals, agencies, and/or institutions that supplied the requested information from any liability or damage, which may result from furnishing this information, requested above. I further authorize a copy of this waiver to be used in lieu of the original.

Applicant Signature

Date

Printed Name

Service Number (if applicable)

By signing below, you affirm that you personally witnessed the above person sign this document.

Witness Signature

Witness Signature

Printed Name

Printed Name

EMPLOYMENT APPLICATION

Houma Fire Department



Section 1. POSITION TYPE

Position Being Applied For

☐ Firefighter ☐ Other _____

Section 2. PERSONAL HISTORY

APPLICANT INFORMATION

Name <i>Last</i>	<i>Suffix</i>	<i>First</i>	<i>Maiden</i>
Current Home Address <i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Date of Birth <i>Month, Day, Year</i>	Driver's License <i>Number/State</i>	Race	City of Birth
Physical Attributes <i>Height</i>	<i>Weight</i>	<i>Hair Color</i>	<i>Eye Color</i>
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Phone Number <i>Mobile</i>	<i>Home</i>	<i>Business</i>	
Email Address			

CURRENT LANDLORD INFORMATION ☐ N/A

Landlord Name	Phone Number
Address <i>Street</i>	<i>City</i> <i>State</i> <i>Zip</i>

FAMILY INFORMATION – SPOUSE ☐ N/A

Spouse Name <i>Last</i>	<i>First</i>	<i>Maiden</i>	
Address (if differs from yours) <i>Street</i>	<i>City</i> <i>State</i> <i>Zip</i>		
Home Phone Number	Mobile Phone Number	Date of Birth	# of Years Married
Occupation	Employer	Employer Phone Number	
Employer Address <i>Street</i>	<i>City</i> <i>State</i> <i>Zip</i>		

FAMILY INFORMATION – PARENTS ☐ N/A; If raised by someone other than parents, skip to GUARDIAN OTHER THAN PARENTS.

Father's Name <i>Last</i>	<i>First</i>	<i>Middle</i>
Address <i>Street</i>	<i>City</i> <i>State</i> <i>Zip</i>	
Home Phone Number	Mobile Phone Number	

FAMILY INFORMATION – PARENTS CONTINUED			
Mother's Name <i>Last</i>		<i>First</i>	<i>Middle</i>
Address <i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Home Phone Number		Mobile Phone Number	
FAMILY INFORMATION – GUARDIAN OTHER THAN PARENTS <input type="checkbox"/> N/A			
Name <i>Last</i>		<i>First</i>	<i>Middle</i>
Address <i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Phone Number		Relation	
FAMILY INFORMATION – SIBLINGS <input type="checkbox"/> N/A			
FULL NAME	ADDRESS		AGE
CITIZENSHIP/RESIDENCE INFORMATION			
Have you ever resided outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>		
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, explain:</i>		
List your residences for the past ten years (most recent to oldest).			
STREET ADDRESS	CITY/STATE	STARTING DATE	ENDING DATE

Section 3. LEGAL INFORMATION

Have you ever been arrested or received any summons from any law enforcement agency? *If yes, enter the details below.*

☐ Yes ☐ No

MONTH/YEAR	CHARGE/VIOLATION	CITY/STATE	DISPOSITION
Were you ever summoned or subpoenaed to any court of law in a civil or criminal action? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>		
Were you ever under investigation by a law enforcement agency for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>		
Do you believe in the judicial system of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, explain:</i>		
Do you/would you object to the Houma Fire Department using mechanical means such as a lie detector or voice stress equipment in determining your qualifications for a position in this department and using such equipment for internal investigations? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>		
Do you have any legal issues you feel we should be aware of that have not already been covered in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>		

Section 4. FINANCIAL INFORMATION

Have you ever had lawsuits or civil judgements ruled against you?

☐ Yes ☐ No

If yes, explain:

Have you ever filed civil suits?

☐ Yes ☐ No

If yes, explain:

Section 5. EMPLOYMENT INFORMATION *Begin with present employer. Include all employment from the past ten years.*

Will inquiries to your present employer compromise your employment?

☐ Yes ☐ No**EMPLOYMENT HISTORY****EMPLOYER 1** *Your current/most recent job.*

Company Name		Phone Number	Job Title	
Company Mailing Address <i>Street</i>		City	State	Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name	Supervisor Position	
Salary Per Month		Reason for Leaving		

JOB DUTIES

List your job duties and responsibilities.

EMPLOYER 2

Company Name		Phone Number	Job Title	
Company Mailing Address <i>Street</i>		City	State	Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name	Supervisor Position	
Salary Per Month		Reason for Leaving		

JOB DUTIES

List your job duties and responsibilities.

EMPLOYMENT HISTORY CONTINUED				
EMPLOYER 3				
Company Name		Phone Number		Job Title
Company Mailing Address <i>Street</i>		City	State	Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name	Supervisor Position	
Salary Per Month		Reason for Leaving		
JOB DUTIES				
List your job duties and responsibilities.				
EMPLOYER 4				
Company Name		Phone Number		Job Title
Company Mailing Address <i>Street</i>		City	State	Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name	Supervisor Position	
Salary Per Month		Reason for Leaving		
JOB DUTIES				
List your job duties and responsibilities.				
EMPLOYER 5				
Company Name		Phone Number		Job Title
Company Mailing Address <i>Street</i>		City	State	Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name	Supervisor Position	
Salary Per Month		Reason for Leaving		
JOB DUTIES				
List your job duties and responsibilities.				

EMPLOYMENT HISTORY CONTINUED				
EMPLOYER 6				
Company Name		Phone Number		Job Title
Company Mailing Address <i>Street</i>		City	State	Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name	Supervisor Position	
Salary Per Month		Reason for Leaving		
JOB DUTIES				
List your job duties and responsibilities.				
EMPLOYER 7				
Company Name		Phone Number		Job Title
Company Mailing Address <i>Street</i>		City	State	Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name	Supervisor Position	
Salary Per Month		Reason for Leaving		
JOB DUTIES				
List your job duties and responsibilities.				
EMPLOYER 8				
Company Name		Phone Number		Job Title
Company Mailing Address <i>Street</i>		City	State	Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name	Supervisor Position	
Salary Per Month		Reason for Leaving		
JOB DUTIES				
List your job duties and responsibilities.				

EMPLOYMENT HISTORY CONTINUED				
EMPLOYER 9				
Company Name		Phone Number		Job Title
Company Mailing Address <i>Street</i>		City		State Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name		Supervisor Position
Salary Per Month		Reason for Leaving		
JOB DUTIES				
List your job duties and responsibilities.				
EMPLOYER 10				
Company Name		Phone Number		Job Title
Company Mailing Address <i>Street</i>		City		State Zip
Dates Employed (month/year) <i>From: To:</i>	Number of Hours Worked Per Week	Supervisor Name		Supervisor Position
Salary Per Month		Reason for Leaving		
JOB DUTIES				
List your job duties and responsibilities.				
EMPLOYMENT QUESTIONS				
Were you ever subject to any disciplinary proceedings in connection with any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , explain:		
Have you ever been dismissed or terminated from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , explain:		
Have you ever applied for employment with another fire department, ambulance service, or law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes , for which position did you apply?		
Were you ever employed by another fire department, ambulance service, or law enforcement agency? If yes , provide agency details on the following page. <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT QUESTIONS CONTINUED			
AGENCY 1			
Agency Name	Phone Number	Job Title	
Agency Mailing Address <i>Street</i>	City	State	Zip
Supervisor Name/Position	Reason for Leaving		
AGENCY 2			
Agency Name	Phone Number	Job Title	
Agency Mailing Address <i>Street</i>	City	State	Zip
Supervisor Name/Position	Reason for Leaving		

Section 6. EDUCATION INFORMATION			
PRIMARY/SECONDARY EDUCATION			
Elementary School	Dates Attended <i>From: To:</i>		
Middle School	Dates Attended <i>From: To:</i>		
High School	Dates Attended <i>From: To:</i>	Graduation Date	
COLLEGE/UNIVERSITY <input type="checkbox"/> N/A			
SCHOOL	DATES ATTENDED	NO. OF HOURS COMPLETED	IF GRADUATED, TYPE OF DEGREE/DIPLOMA EARNED
	<i>From: To:</i>		
	<i>From: To:</i>		
TECHNICAL SCHOOL <input type="checkbox"/> N/A			
SCHOOL	DATES ATTENDED	DIPLOMA, DEGREE, OR CERTIFICATION EARNED	
	<i>From: To:</i>		
	<i>From: To:</i>		
	<i>From: To:</i>		
OTHER SCHOOLING <input type="checkbox"/> N/A			
List any other schooling/certificates including GED			

EDUCATION/TRAINING QUESTIONS	
Have you ever been suspended, expelled, or asked to withdraw from any educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain:
List any foreign languages you speak, read, and/or understand.	
List any special training, skills, courses, and/or studies, including any Fire/EMS training.	

Section 7. MILITARY HISTORY <input type="checkbox"/> N/A	
MILITARY HISTORY	
Branch of Service	Dates of Service <i>From:</i> _____ <i>To:</i> _____
Highest Rank Attained	List Reserve or National Guard Status
Type of Discharge	If other than honorable , explain:
Were you released from military service before completing regular tour of duty but under honorable conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain the early release:
While enlisted, were you subject to any disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain:
Were there are medical reasons connected with your discharge from military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain:
While enlisted, did you receive any specialized training with vehicles, weapons, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain:
List the type of work you did while enlisted in the armed forces.	
VETERAN INFORMATION <input type="checkbox"/> N/A	
What is your present selective classification?	If classified 1Y , explain:
Have you ever filed a claim with the Veterans Affairs for any physical or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain and include claim number and where you filed:

VETERAN INFORMATION CONTINUED	
Have you ever been rejected for enlistment, reenlistment, or inductions into any branch of the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain and include branch of service and dates:
Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain:
Are you presently receiving any disability benefits from Veterans Affairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , explain:

Section 8. REFERENCES			
HFD REFERENCES <input type="checkbox"/> N/A			
List friends or relatives who are presently employed by the Houma Fire Department.			
NAME	RANK	RELATIONSHIP	YEARS KNOWN
PERSONAL REFERENCES <i>Must provide four.</i>			
NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

Section 9. LANDLORDS/NEIGHBORS		
LANDLORD HISTORY <input type="checkbox"/> N/A		
List landlords for the past five years.		
NAME	ADDRESS	PHONE NUMBER
NEIGHBOR HISTORY <input type="checkbox"/> N/A		
List any neighbors you have had problems with in the last ten years.		
NAME	ADDRESS	PHONE NUMBER

Section 10. DRIVER'S LICENSE & VEHICLE INFORMATION

Driver's License Number	State	Class	Expiration Date
Endorsements Listed		Restrictions Listed	
Has your driver's license ever been denied, cancelled, suspended, or revoked in this state or any other? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:		

Section 11. MISCELLANEOUS

Do you have any prejudice against any race, color, creed, or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Is there anything in your personal life that could embarrass the Houma Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever committed a crime for which you were not arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever stolen anything of value? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever committed the act of shoplifting? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever taken anything from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever bought or sold stolen merchandise, or do you have any stolen merchandise or property in your possession? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever bribed or attempted to bribe a public official? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever tried or used marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever tried or used any type of illegal drug other than marijuana, e.g., cocaine, heroin, LSD, or any other harmful or habit-forming drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever taken any narcotic substances, sedatives, stimulants, "designer drugs," or tranquilizer drugs, except those prescribed by a licensed physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:

MISCELLANEOUS CONTINUED	
Have you ever been involved in the sale of illegal drugs, directly or indirectly? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>
Has your use of alcoholic beverages ever resulted in the loss of a job, arrest by police, or injury to others? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>
Have you ever been treated by a physician for drug and/or alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain and provide the name of the physician and location of treatment:</i>
Have you ever belonged to or associated with anyone belonging to an organization, past or present, that would place the integrity of the Houma Fire Department in question (e.g., KKK, Nazi organization, gang member, organized crime, terrorist organization)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>
Have you ever physically abused a spouse, boyfriend, girlfriend, parent, or child? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>
Have you ever lied under oath? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, explain:</i>
In a brief paragraph, explain why you would like to become a Houma Firefighter.	
In a brief paragraph, describe how you will add value to the Houma Fire Department.	

Section 12. SIGNATURE	
ACKNOWLEDGMENT	
<p>My signature below indicates that I have read and understand this form and to the best of my knowledge and belief, the information on this application is true and correct. My signature also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between the Houma Fire Department/TPCG and me concerning the nature of my employment and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations, and promises, expressed or implied, between Houma Fire Department/TPCG and me. I understand and agree that, except as noted above, no person who is either an agent or employee of the Houma Fire Department/TPCG may modify, delete, vary, or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.</p>	
Applicant Signature	Date