

State any specific reason(s) why you would like to become a Volunteer/Jr. with the Jennings Fire Department: _____

EDUCATION

Do you have a High School Diploma or its equivalency? Yes No If no, what is the last grade completed? _____

Describe any special training you may have that may benefit you for this position: _____

Do you have any College experience? Yes No If yes, please explain courses, major and minors: _____

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes No If yes, which branch? _____

Dates of duty: From: _____ to _____

Rank at discharge: _____ Type of discharge: _____

EMPLOYMENT

List all present and past employment, beginning with the most recent.

Name & Address Of Employers	From	To	Work Detail Explained	Reason For Leaving

List any relatives or friends employed at the Jennings Fire Department, or as Volunteers: _____

Signature of Applicant

MEMBER OF N.F.P.A.
TELEPHONE (337) 821-5508

BOBBY VASSEUR
Chief

MEMBER OF L.S.F.A.
FAX (337) 821-5529



JENNINGS FIRE DEPARTMENT
110 NORTH BROADWAY
JENNINGS, LOUISIANA 70546

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the Jennings Fire Department with any and all information they may request concerning my work record, educational history, military record, criminal record, and past and present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photo-copies of such documents, if requested.

I hereby release you and your organization from any liability, which may or could result from furnishing the information above or from any subsequent use of such information.

APPLICANT

DATE

NOTE: This form may be retained in your files.