



APPLICATION

Completed applications may be emailed to apps@lafayettefd.com or dropped off at LCFD Central Station at 50 CR 1032, Oxford MS. A copy of your Driver's License and all certifications must be included for the application to be accepted.

Position Applying For: (May only check one)

Volunteer Part-Time Full-Time

First Name: _____ Middle Name.: _____ Last Name: _____

Preferred Name: _____ Date of Birth: ___/___/___ Sex: _____

Physical Address: _____ City, State, Zip: _____

Permanent Address: _____ City, State, Zip: _____

Cell Phone Number: _____ Social Security #: _____

Email Address: _____

• YOU MUST SUBMIT A COPY OF YOUR DRIVER'S LICENSE WITH THIS APPLICATION.

(Note: Application will not be accepted without a copy)

The name of person who referred you to the Lafayette County Fire Department. If none, please indicate:

Check any of the following certifications you currently hold and include copies of each certification:

- Volunteer Certification
- 1001
- 1002
- EMR
- EMT-B
- EMT-A
- Paramedic

LAFAYETTE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

List any other certifications (fire, EMS, or other) you currently hold and include copies of each certification:

Describe any firefighting or EMS experience you may have had with another firefighting/EMS unit or department and dates. If none, please indicate: _____

Education

	Elementary School	High School	Undergraduate	Graduate/Professional
School Name & Location				
Years Completed				
Diploma/Degree				
Course of Study				

References – List 3 people not related to you

Name of Reference	Reference Phone Number

Employment

Dates Employed	Employer	Supervisor Name & Phone #
	Address	Job Title
	Reason for Leaving	Work Performed

Dates Employed	Employer	Supervisor Name & Phone #
	Address	Job Title
	Reason for Leaving	Work Performed

Dates Employed	Employer	Supervisor Name & Phone #
	Address	Job Title
	Reason for Leaving	Work Performed

Have you ever filed an application with us before? YES NO

If yes, give date _____

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment). YES NO

Are you currently on lay-off status and subject to recall? YES NO

Have you ever been convicted of a misdemeanor or a felony? YES NO

If yes, please explain _____

Have you ever been convicted of DUI or drug offense? YES NO

If yes, please explain: _____

I certify my answers are true and complete. I further authorize Law Enforcement agencies to verify/check any information contained herein. If this application is accepted, I agree to abide by all rules, regulations, and policies of the Lafayette County Fire Department. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that the false or misleading information given in my application or interview may result in discharge.

Applicant Signature: _____ Date: _____

Authorization for Release of Background Information

I have carefully read and understand this Disclosure and Authorization form. By signing below, I hereby authorize the Company to procure and Verified Person to provide a consumer report and/or investigative consumer report on me for use in connection with my employment, application for employment, or contract for services. I authorize all entities possessing information about me, including (but not limited to) governmental agencies and courthouses, educational institutions, present and former employers, and/or other information sources as limited by national and regional law, to release such information to Verified Person.

I understand that the information that can be released to Verified Person and its agents includes, but is not limited to, verification of Social Security number, current and previous residences, criminal records and history, public court records, driving records, credit history and reports, bankruptcy filings, employment history, education, professional licenses and certifications, drug/alcohol testing results, and other information related to my character, general reputation, and mode of living.

I also understand that if the Company hires me or contracts for my services, my consent will apply indefinitely, and the Company may obtain additional background reports pertaining to me from Verified Person and/or other consumer reporting agencies without asking for my consent again throughout my employment or contract period, unless I revoke or cancel my consent.

By signing below, I also certify the information I have provided on and in connection with this form is true, complete and accurate. I agree that this form, in its original, faxed, photocopied, or electronic (including electronically signed) form, will be valid for any consumer reports that may be requested by or on behalf of the Company.

Applicant Full Legal Name (Please Print): _____

SSN: _____ - _____ - _____ DOB: ____ / ____ / ____ Former Names: _____

Street Address: _____ City: _____ State: _____

Applicant Signature: _____ Date: _____