

**St. George Fire Department
14100 Airline Highway
Baton Rouge, LA 70817
225-251-4800**

APPLICATION FOR FIREFIGHTER/OPERATOR

Date: _____

Name: _____

Address: _____

City: _____

State & Zip: _____

Home Phone: _____

Cell: _____

Driver's License #: _____

Exp. Date: _____

Social Security #: _____

D.O.B.: _____

Emergency Contact Name/#: _____

Applicant Email Address: _____

EMPLOYMENT HISTORY

Employer:	
Address:	
Phone:	Date From/To:
Job Description:	

Employer:	
Address:	
Phone:	Date From/To:
Job Description:	

Employer:	
Address:	
Phone:	Date From/To:
Job Description:	

Education

Name of High School Attended: _____

Diploma Received: _____ or GED Received: _____ Date: _____

College Attended	Dates Attended	Credit Hours Earned	Degree Earned

List any certifications or special training that may be applicable:

Applicant's Signature: _____ Date: _____

Approved by Fire Chief: _____ Date: _____

Approved by SGFD Civil Service Board: _____ Date: _____

Please return this application along with copies of the following documents: High School Diploma or GED, Social Security Card, Driver's License, Birth Certificate, and any applicable training or certifications