



CENTRAL FIRE DEPARTMENT

East Baton Rouge Parish
11646 Sullivan Rd.
Baton Rouge, La 70818
Phone (225) 261-2000
Fax (225) 261-6932

Bill Porche
Fire Chief

EMT (MEDIC) APPLICATION

Name: _____ DOB: _____ Age: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Sex: _____
S.S. Number: _____ Driver's License #: _____
EMT #: _____ Expiration Date: _____
CPR Expiration Date: _____
Married _____ Single _____ Spouse's Name: _____
of Dependents: _____ **Ages:** _____ **Employer:** _____
Occupation: _____ Hours Worked: _____
Education: _____ Height: _____ Weight: _____

Military Record: Unit and Duties: _____
Discharge: _____

If you answer YES to any of the following questions, please explain on back.

1. Have you had surgery **in** the last 3 years?
2. Are you presently on any medications? _____
3. Do you have any physical conditions that would prevent you from being A medic?

4. Have you had any moving violations in the past 3 years? _____ List any

skills and training that would be beneficial to the fire department:
(Attach Certificates)

List any college or other type courses that you have taken:(Attach Certificates)

Would you be willing to take a physical and an agility test? _____ Do you understand that as a member, you will be required to attend meetings, training, drills, and possibly work on committees as well as respond to medical emergencies?

I certify that the answers on this application are true to the best of my knowledge. I know that any false answers may cause this application to be rejected. I also know that along with being a Medic comes a certain degree of danger and personal risk. I release the CFPD #4 to obtain any information concerning my membership with the Central Fire Protection District #4.

Signed: _____ Date: _____

Please attach copies of EMT, CPR, AED training, Driver's License, and proof of insurance.

SERVING

GOD LIFE COMMUNITY PROPERTY