



Iberia Parish Fire Protection District #1

2309 Avery Island Road, New Iberia, LA. 70560

Phone: (337)365-5872

Fax: (337)367-5060

Fire Chief

GUY M. BONIN



Volunteer Firefighter Recruit Requirements and Application Procedures

Thank you for your interest in becoming a volunteer firefighter with the Iberia Parish Fire Protection District #1. Once you have completed the application and filled out the background check form, you can mail or drop it by our Operations Center at 2309 Avery Island Road, New Iberia, LA 70560. If you have any questions, you can contact us at (337) 365-5872.

I. Minimum requirements for Firefighter Recruit Positions:

1. Must be eighteen (18) years of age or older.
2. Should possess a high school diploma or GED.
3. Must possess a valid Louisiana driver's license. Should not have more than three points assessed on driver's record, or shall not be allowed to operate emergency vehicles.
4. Must possess the ability to meet training and attendance requirements as specified for recruits as well as continuing training requirements as specified.
5. Must be available to respond to incidents.
6. Must be mentally and physically able to perform firefighting and rescue functions.
7. Must successfully pass a background check conducted by the Iberia Parish Sheriff's Office.

Applicants with felony convictions shall be reviewed by the Iberia Parish Fire Protection District #1 Board of Commissioners.

II. Entrance procedures for Firefighting Recruit Candidates:

Step 1 - The application will be reviewed to ensure that minimum qualifications are met. A background check to include driver's license, criminal record, and references will be made.

Step 2 - Upon the successful completion of Step 1, the candidate will be invited to an interview with Fire District personnel. The application review and interview committee shall be comprised of the Fire Chief, District Captain, and two personnel from the station where the applicant will be assigned.

Step 3 - Candidates who successfully complete the interview will be assigned a complete set of personnel protective gear and will be allowed to attend training, however the candidate will not respond to emergency incidents. The Battalion Chief of the station where the candidate will be assigned has, in a support-only mode or not to allow the candidate to respond to incidents at all for up to 90 days.

Step 4 - The candidate must then successfully complete the Fire Academy. Candidates who already have a valid Firefighter I certification in accordance to NFPA 1001 shall not be mandated to complete the Fire Academy; however the candidate must complete certain classes as specified by the Fire Chief before being promoted to Probationary Firefighter level.

Step 5 - Upon successful completion of the Fire Academy, the candidate will be appointed to the position of Probationary Firefighter. At this point, the Probationary Firefighter will be assigned a pager and will be allowed to begin responding to emergency incidents. The probationary period lasts one year from the time of appointment as a Probationary Firefighter. During this time, the Probationary Firefighter must take and successfully pass the Firefighter I certification test as well as meet regular training and attendance requirements.



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VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Position interested in _____

Name _____ Social Security No. _____

Physical Address _____

Mailing Address _____

Home Phone No. _____ Work No. _____ Cell No. _____

Marital Status _____ Birth Date _____

Spouse's Name _____ No. of Children _____

Name and Number to notify in case of an emergency _____

Insurance Beneficiary _____ Relation _____

EMPLOYMENT:

Employer Name _____ Position _____

Address _____ Phone _____

Work Schedule _____

EDUCATION

Education Level Completed (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 +

High School _____ Received Diploma/GED _____

College _____ Degree Received _____

Major area of study _____



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Other education or training:

Course	Location Attended	No. Hours	Instructor

Certifications:

Certification	Certified Agency	Date Received	Date Expires

EXPERIENCE: (Include any volunteer or career fire service experience)

1. Name of Employer _____ Supervisor _____

Address _____

Positions Held _____ From _____ To _____

Description of Duties _____

Reason for Leaving _____

2. Name of Employer _____ Supervisor _____

Address _____

Positions Held _____ From _____ To _____

Description of Duties _____

Reason for Leaving _____

3. Name of Employer _____ Supervisor _____

Address _____

Positions Held _____ From _____ To _____

Description of Duties _____



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Reason for Leaving _____

Have you ever been convicted of any traffic violations, including speeding violations? _____
If yes, describe _____

Have you ever been convicted of a crime other than violation of motor vehicle laws ordinances?
_____ If yes, describe _____

PERSONAL REFERENCES (No relatives)

	Name & Occupation	Address	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Any other relevant information:

I hereby certify that the answers given by me to the foregoing questions and statements made are true and correct. It is understood and agreed that any misrepresentation made by be herein is cause for my dismissal.

Signature of Applicant _____
Date _____

FOR OFFICE USE ONLY	
Remarks	_____
Accepted	_____ Position _____
Station Assigned	_____ Date appointed Candidate _____
Denied	_____ Reason _____
Date Promoted to Probationary Firefighter	_____ Fire Chief _____
Date Promoted to Firefighter	_____ Fire Chief _____
	_____ Fire Chief _____



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APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with Iberia Parish Fire Protection District #1, I _____
Hereby authorize past employers, educational institutions, law enforcement agencies, and
references to release information about my past work, criminal, and educational history for use in
determining my qualifications for the position of _____. I understand that the
Iberia Parish Fire eligibility for this position. My failure to authorize this release of information
may result in my disqualification for this position.

Signature

Date

Name (Print)

Social Security No.

Address

LADL No.

City, State, Zip

Telephone No.

Date of Birth



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EQUIPMENT ISSUED

Helmet _____	Date Issued _____	Date Returned _____
Hood _____	Date Issued _____	Date Returned _____
Coat _____	Date Issued _____	Date Returned _____
Pants _____	Date Issued _____	Date Returned _____
Gloves _____	Date Issued _____	Date Returned _____
Boots _____	Date Issued _____	Date Returned _____
Gear Bag _____	Date Issued _____	Date Returned _____
Pager and Ch. _____	Date Issued _____	Date Returned _____
Port Radio _____	Date Issued _____	Date Returned _____
Identification _____	Date Issued _____	Date Returned _____
Uniform _____	Date Issued _____	Date Returned _____