



LAFAYETTE COUNTY FIRE DEPARTMENT
 APPLICATION FOR FIREFIGHTER
 (Please Type or Print in Ink and Sign Back)



Name: _____ Date of Birth: ____/____/____ Sex: _____

Physical Address: _____ City: _____ Zip: _____

Permanent Address: _____ City: _____ Zip: _____

Phone Numbers: (home) _____ (cell) _____ (work) _____

Drivers License: (State & #) _____ Ht: ____ Wt: ____

I HAVE SUBMITTED A COPY OF DRIVERS LICENSE WITH APPLICATION (app will not be accepted without a copy)

Employer: _____ Email: _____

Please add me to your email list. Send an email request to LafayetteCountyFD@gmail.com and you will be added once your application is approved.

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

Describe any firefighting training / experience you may have had with another firefighting unit or department and how recently. If none, please indicate. _____

Have you ever been convicted of a Felony? YES () NO ()

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

Details of above: _____

I certify that my answers are true and complete. I have **read and signed** the requirements on the back page. 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 and regulation, and policies of the Lafayette County Fire Department.

Applicants Signature: _____ Date: _____

Please see **back** for minimum requirements and requirements to remain active.

=====DO NOT WRITE BELOW THIS LINE=====

County Unit Number: _____ Drivers Lic. Check: _____

Fire Unit Captain: _____ Date: _____

Authorized Unit Officer Signature: _____ Date: _____

Lafayette County Fire Chief: _____ Date: _____



Requirements to remain an active member of the Lafayette County Fire Department

Applicants must complete Volunteer Certification within the first year of membership with the Lafayette County Fire Department.

Firefighter must meet the training requirements set by the Fire Board. Training consists of Lafayette County Fire Department / Mississippi State Fire Academy.

Firefighters must attend meetings of the unit which you are assigned and participate in support of the unit.

Firefighters must maintain a high level of professionalism while representing the LCFD.

Firefighters must agree to operate within the guidelines of established by the LCFD Fire Board.

Firefighters must agree to return all equipment issued to you by the LCFD and/or home unit when you become inactive or leave the LCFD.

Firefighters agree to abide by all laws and requirements set down by the Federal Government, State of Mississippi, and the County of Lafayette.

Violation of any of the above requirements is considered grounds for immediate dismissal from the Lafayette County Fire Department.

Signature: _____

Print Name: _____

Date: _____